

University of Nebraska - Lincoln

DigitalCommons@University of Nebraska - Lincoln

Intervention Summaries

Child Welfare Quality Improvement Center for
Workforce Development (QIC-WD)

Supportive Supervision and Resiliency Ohio - Resilience Alliance Facilitator Manual

Quality Improvement Center for Workforce Development (QIC-WD)

Follow this and additional works at: <https://digitalcommons.unl.edu/qicwdintervene>



Part of the [Industrial and Organizational Psychology Commons](#), [Performance Management Commons](#), [Public Policy Commons](#), [Social Policy Commons](#), [Social Welfare Commons](#), [Social Work Commons](#), and the [Training and Development Commons](#)

This Article is brought to you for free and open access by the Child Welfare Quality Improvement Center for Workforce Development (QIC-WD) at DigitalCommons@University of Nebraska - Lincoln. It has been accepted for inclusion in Intervention Summaries by an authorized administrator of DigitalCommons@University of Nebraska - Lincoln.

THE RESILIENCE ALLIANCE

Promoting
Resilience
and
Reducing
Secondary
Trauma
Among
Child Welfare
Staff

**ACS-NYU
CHILDREN'S
TRAUMA
INSTITUTE**

SEPTEMBER 2011



The ACS-NYU Children’s Trauma Institute (CTI) is a unique and successful collaboration between the nation’s largest local government child welfare system (New York City’s Administration for Children’s Services) and an academic research institution (New York University Langone Medical Center). The mission of the CTI is to partner with child welfare stakeholders and use trauma-related knowledge in order to improve child welfare practice and outcomes on both the individual and system levels.

The Resilience Alliance intervention was conceptualized by Claude Chemtob, and was modified and implemented by Roni Avinadav and Fernando Lorence.

This manual was developed by Dr. Avinadav, with support and assistance from Erika Tullberg, Mr. Lorence and Seth Pitman. The handouts and exercises in this manual were created or modified by Dr. Avinadav.

The CTI is a member of the National Child Traumatic Stress Network, which is funded by the Substance Abuse and Mental Health Services Administration. For more information about the Network’s efforts, go to www.NCTSN.org.

This manual was made possible in collaboration with Casey Family Programs, a national foundation whose mission is to provide, improve, and ultimately prevent the need for foster care. The findings and conclusions presented in this document are those of the ACS-NYU Children’s Trauma Institute and do not necessarily reflect the views of Casey Family Programs. To learn more, visit www.casey.org.

ACS-NYU Children’s Trauma Institute

Department of Psychiatry
New York University Langone Medical Center
New York, New York 10016

Claude Chemtob, Ph.D., *Director*
Erika Tullberg, MPA, MPH, *Administrative Director*
Roni Avinadav, Ph.D., *Assistant Clinical Director*
Fernando Lorence, MSW, *Resilience Alliance Co-Facilitator*
Seth Pitman, *Research Assistant*

TABLE OF CONTENTS	5	Introduction
	6	Intervention Structure
	7	Intervention Delivery
	8	Facilitator Preparation
	9	Stakeholder Engagement Process
	10	Staff Preparation/Buy-In
	11	Pre-Intervention Meetings
	24	Intervention Sessions
	119	Relaxation Handouts
	148	Glossary of Terms
	150	Measures
	153	References
	154	Additional Resources
	155	Additional Reading
	159	Index of Handouts

ACKNOWLEDGEMENTS

The Resilience Alliance resulted from the hard work and collaboration of many people. We would like to thank the following individuals for their support for this important work: Jan Flory, Marie Philippeaux, Rafael Ortiz, Jr., Charita Thomas, Martha Marcano, Braulio Guzman, Deborah George-West, Nicole Fluellen-Young and Gilbert Taylor from the Administration for Children's Services, and Zeinab Chahine, Melissa Baker and Erin Maher from Casey Family Programs. Special thanks to Children's Services' Commissioner John Mattingly for his personal support and advocacy, and for providing us with access to his staff's time and talents.

We would like to acknowledge Rohini Luthra and John Nikkah, who were involved in earlier stages of the Resilience Alliance work and made important contributions to the intervention design. We would also like to recognize Fernando Lorence, who co-facilitated many of the resilience groups on his own time, and has been an internal ambassador for our work.

Lastly, we are particularly appreciative to the child protective specialists, supervisors and managers in Manhattan Zones A, B and C, whose participation and collaboration was critical to the development of this manual. Your professionalism and dedication to the children and families of New York City has shone through every day, and we hope our work has helped you as much as we have learned from you.

INTRODUCTION

Child welfare staff are first responders; just like police officer and fire fighters, they are asked to respond to emergency situations with very little information, and by doing so often put themselves at risk. In addition to the very real physical risks involved with responding to a report of suspected child abuse or neglect, there are equally real psychological risks involved with taking care of children and families that have experienced abuse, neglect, family and community violence, and other traumas. Unlike police officers and fire fighters, however, child welfare staff get very little public recognition for the hard work they do. When the child welfare system is in the news, it is often for negative reasons, which serves to increase rather than mitigate the stress and pressure its staff work under.

Secondary traumatic stress (STS) refers to the experience of people – usually professionals – who are exposed to others’ traumatic stories as part of their jobs and as a result can develop their own traumatic symptoms and reactions. Child welfare staff are particularly susceptible to STS because of the vulnerable nature of their clients, the unpredictable nature of their jobs, and their relative lack of physical and psychological protection.

This manual describes a project undertaken by the ACS-NYU Children’s Trauma Institute (CTI) to mitigate the impact of STS among child protective staff in New York City, and thereby increase staff job satisfaction, resilience, optimism, self-care and social support, and decrease staff attrition, stress reactivity and burnout. The Children’s Trauma Institute is a collaboration between the Administration for Children’s Services (ACS), New York City’s public child welfare agency, and the New York University Langone Medical Center’s Family Trauma Research Program. The CTI’s mission is to partner with child welfare stakeholders and use trauma-related knowledge in order to improve child welfare practice and outcomes on both the individual and system levels..

We call this project the Resilience Alliance because its goal is to work together with child protective staff to increase their ability to protect themselves and their co-workers. This is not a one-directional training provided to staff, but rather an intervention that is done in partnership with child welfare at all levels, from the front line to the senior leadership of the agency.

We have been lucky to have the opportunity to share our experiences with this project with child welfare systems across the country. Given the high rates of turnover within the child welfare system, and the positive feedback we've gotten to our work to date, it is clear that there is a need for information and tools that can help agencies better support their staff so that they in turn can work more effectively with clients.

This manual provides the reader with information about the content of our intervention, but just as importantly it also describes our process in creating buy-in and support for this work, which is critical. In addition to providing information about how we delivered this intervention in New York City, it provides suggestions about how it could be structured to meet the needs of child welfare systems that are smaller and/or structured differently. Lastly, it provides information about the tools we used to collect data from staff, which helped us make adjustments to the intervention and showed us where and how our work was most effective. We encourage other jurisdictions to use these or other measures as they roll out this work in their system to ensure that it is best addressing the needs of their staff.

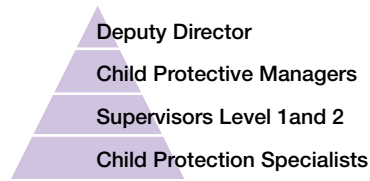
Intervention Structure

While we believe STS is something experienced by staff in all areas of child welfare, we conducted the Resilience Alliance with child protective staff, who are perhaps at greatest personal risk during the course of their jobs.

In New York City, there are approximately 3,000 child protective staff who are responsible for responding to over 60,000 reports of suspected child abuse and neglect every year. Front-line Child Protective Specialists (CPSs) are responsible for making contact with the child within 24 to 48 hours of the report, depending on the allegation, and have up to 60 days to make a determination of child abuse or neglect, or to determine that the report is unfounded.

New York City's CPS staff are organized into units of five, who are supervised by a Supervisor Level 2; some units are also supported by a Supervisor Level 1. Each supervisory unit in turn reports to a Child Protective Manager (CPM), who typically oversees three or four supervisory units. Generally three to four Child Protective Managers report to a Deputy Director; the Deputy Director's unit of responsibility is referred to as a Zone. Depending on their size, most boroughs have multiple Zones, all of which report to a Borough Commissioner. Each Zone is made up of approximately 70–100 child protective staff, in addition to administrative and conferencing staff that support the Zone's work.

Zone Structure



The structure we used for the Resilience Alliance addressed each level in the Zone’s hierarchy. The meetings we had with staff followed a four-week cycle, which is reflected in the “participant” list for each module:

1. CPS alone, by units;
2. CPS/Supervisor units;
3. Child Protective Manager and his/her CPS/Supervisor units;
4. CPSs and Supervisors/Managers separately.

In our experience, it is essential that all levels of staff participate in the intervention and learn the same resilience skills. However, we recognize that most child welfare organizations have smaller numbers and/or fewer levels of staff. To this end, agencies can adapt the structure of this intervention and/or the exercises to meet their own needs, as long as the sequence of the material in modules 1–12 is maintained.

Intervention Delivery

Each of the intervention modules follows a similar structure:

1. Transition period/review of previous week’s work
2. Introduce objective for the day’s work
3. Review of new concepts
4. Group activity and discussion
5. Take Away activity
6. Wrapping up

The number of people participating in each session will somewhat depend on the size and structure of your organization, but our recommendation is to keep the groups between 10 and 15 people; smaller than that can make group exercises challenging, and larger than that can be difficult to manage effectively.

At the beginning of each module, guidance is given regarding which staff members should participate in that week’s session, and which handouts/exercises/materials are used with the module. Some of the handouts are used during the group activity, others are designed for staff to take with them afterwards, and can also be distributed to other members of the team that did not participate in that week’s module. Each module wraps up with a relaxation or exercise to help staff transition back into their work responsibilities; the facilitator can pick among the selection provided based on their sense of what would be helpful for the group.

The first three months (modules 1–12) of the intervention provide more structured opportunities for participants to learn resilience concepts and skills and begin applying them to their day-to-day work with clients and colleagues. While the second three months (modules 13–24) follow a similar structure of introducing a topic/skill and then having the group apply the skill, the topic being focused on each week can be adjusted to meet the needs of the staff at that time. For example, if a unit is struggling with a case that reminds people of a past fatality, that unit may need more of a focus on optimism and self-care compared with their colleagues in other areas of the agency. To this end, the exercises included with these modules can be delivered in a different order, repeated or modified as needed.

Facilitator Preparation

We had the good fortune to have our groups co-facilitated by an NYU clinician and a senior manager from within ACS. This combination provided the best of both worlds: an external person who had expertise in working with trauma survivors and was removed from agency decision-making and politics, and an internal person who understood the pressures and realities of the job. We understand that not everyone will have the advantage of having two facilitators, and believe that the intervention can be successfully delivered by either an internal or external person, as long as the accompanying dynamics are understood and adjusted for.

Regardless of who delivers the intervention, from our experience it is critical that he/she spends ample time (ideally 2–3 weeks) interacting with the participants in their work environment prior to the start of the intervention, and then has time to both facilitate the hour-long groups and to interact with staff and leadership “on the floor” on an ongoing basis, hearing first-hand about what they are struggling with, what organizational decisions are being considered, and how the intervention can provide needed support.

The facilitator needs to have credibility with staff members of all levels. The facilitator must be able to offer positive feedback and solutions that are relevant to the knowledge base and work-related experiences of the staff. He/she must also address and treat all members equally regardless of their titles.

The facilitator must develop a positive, trustworthy relationship with the leadership of the work area, and work to involve them in the intervention’s integration into the day-to-day practice of their staff. If the area’s supervisors and managers do not attend sessions and/or do not work to apply the resilience skills to their interactions with their staff, the intervention’s credibility and impact will be limited.

As emphasized during the initial intervention modules, all discussions that take place during group meetings are to be kept situational. One of the facilitator’s roles is to help staff focus their comments on situations and avoid identifying names, units or managerial areas.

The facilitator will also be instrumental in maintaining a focus on the impact child welfare work has on the people who do it, rather than on the work itself. This intervention is not supervision, where decisions around cases are reviewed. The goal of the Resilience Alliance is to create a better and healthier work environment, and to help staff develop skills and behaviors that promote their physical and psychological well-being, thereby putting them in the position to do good child welfare work.

Lastly, the facilitator should use and model the resilience concepts as he/she facilitates the groups. He/she should reflect with the group on what takes place in the room, acknowledge negative emotions and experiences, and reframe them in a more positive light before the end of each meeting. The facilitator may face some resistance, reactivity and other difficult behavior from group members, particularly at the beginning of the intervention, when skepticism may be high. Group members may also get emotional when reflecting on the impact their work has had on them during their careers. The facilitator must remain calm regardless of the group's responses, and be able to handle challenging situations and maintain a focus on the positive.

We have added “notes” to the facilitator throughout the manual to help guide the facilitator's work in this area — they are marked with green boxes. Most of the information contained in these notes is related to group dynamics, issues that may come up related to the module's topic or the activity, etc. — things that we hope will be helpful in guiding the facilitation of the group. In some cases, the information in the “note” may also be helpful for the facilitator to share with the group — that is up to the individual facilitator's discretion.

Stakeholder Engagement Process

Before beginning working directly with staff, we worked to get the support of the leaders within the ACS division that “owns” the child protective operations. This was critical, because we were asking for time to be set aside for staff to participate in the intervention. Just as importantly, however, our project was going to be looking at the organizational climate within the Zone and attempt to make changes in how staff communicated and worked with each other, and such change could only be sustained if there was commitment to doing so from the top.

We had the advantage of being able to pilot our intervention in 2007 with a small group of brand new CPS staff, and got very good results: in addition to improving resilience, optimism and job satisfaction and reducing reactivity and burnout, we reduced attrition substantially (25% vs. 45%), which was a key goal of the agency's leadership. These positive results — along with the requests for this intervention from veteran staff and the support of the borough leadership — helped us gain the support of the agency's commissioner and the child protective deputy commissioner, and allowed us to ramp up our work to cover full Zones of both new and veteran child protective staff.

Throughout the three years that we have conducted our intervention with different groups of child protective staff, we had regular meetings and phone calls with the Borough and Zone leadership, and worked together with them to address issues as they came up and make necessary adjustments to our work. This close collaboration was critical to our success.

Equally important as developing Borough and Zone leadership support was getting the support of the supervisors and managers who oversee the day-to-day child protective work. Before the most recent Resilience Alliance cycle, we met separately with the Zone's supervisors and managers to brief them on the intervention and how our efforts would support their ongoing work. This framing is critical: given the workload-related demands on child welfare staff, anything that is perceived as a luxury, or as competing with other system demands, will not be successful. In addition, fostering a change in the organizational climate could only happen with the active participation and support of these mid-level managers. Finally, discussing the intervention with the supervisors and managers before the formal roll-out allowed us to address any questions or concerns they had and make adjustments as necessary.

Staff Preparation/Buy-In

Before formally beginning the Resilience Alliance intervention, we held two pre-intervention meetings (included in this manual) with all members of the Zone to introduce them to the concepts of secondary traumatic stress and resilience, describe the intervention, and give a high-level review of some of the main themes of the intervention. We also used this opportunity to talk about the data that we would be collecting before, during and after the intervention, and to answer any questions people had about the intervention or the research.

We found these meetings to be very useful in preparing people for the intervention and helping them understand its relevance to their day-to-day work. By getting their support beforehand, we demonstrated respect for their time, questions and concerns, and began the process of providing support back to them.

1 FIRST PRE-INTERVENTION MEETING

Participants Entire work area (caseworkers, supervisors, managers, director)
Time 90 minutes
Materials Handouts 1 2

AGENDA

1. Review the concepts of trauma, secondary traumatic stress, survival mode, and introduce the resilience intervention
2. Introduce topics and objectives for this session
3. Distribute Handouts 1 2
4. Questions and Answers

TOPIC **IMPACT OF TRAUMA ON CHILD WELFARE STAFF**

TRAINING OBJECTIVE 1 **Recognize work-related adversities that can lead to Secondary Traumatic Stress (STS) in child welfare work**

TEACHING POINTS

- STS is the stress that results from working with an individual who has been traumatized.
- Like other *de facto* first-responders (fireman, policeman, etc.), child welfare workers are at risk for STS as a result of:

Direct contact

- Interviewing abused and neglected children.
- Interviewing immediate family members such as mothers, fathers, and siblings.
- Interviewing extended family members such as grandparents, uncles, aunts, cousins, etc.
- Interviewing collateral contacts such as teachers, physicians, neighbors, etc.
- Family team meetings.
- Child removal.

Indirect contact

- Reading case files, medical records, court records, and school records.
- Pre-investigative conferences.

**TRAINING
OBJECTIVE 2**

Identify the effects of STS on child welfare workers

GROUP ACTIVITY Ask participants to identify work-related stressors they experience.

- How do these stressors impact the way you see the world?
- How do they impact your ability to do your job well?
- How do they impact your ability to collaborate with your co-workers?
- How do they impact your ability to self-care?
- How does all of this affect turnover rates?

TEACHING POINTS ○ **Symptoms of STS include:**

- *Emotional indicators* such as anger, sadness, prolonged grief, anxiety, depression, feelings of hopelessness, emotional numbing.
- *Physical indicators* such as headaches, stomachaches, lethargy, hyper-arousal, increased fatigue or illness.
- *Personal indicators* such as self-isolation, cynicism, mood swings, irritability with spouse, family or friends, social withdrawal.
- *Workplace indicators* such as avoidance of certain clients, missed appointments, tardiness, lack of motivation, reduced productivity, job dissatisfaction, and increased job turnover.

○ **Impact of STS on the agency:**

- Low rates of staff satisfaction and retention.
- Decrease in agency efficiency and morale.
- Increase in staff turnover.
- Disruption of relationship continuity with clients.
- Miscommunication and/or mistakes that may occur when a child's case is transferred to a new caseworker.
- Increase in caseloads and stress levels for those workers who stay behind.
- Expensive economic loss to the agency, given the costs associated with training.

**TRAINING
OBJECTIVE 3**

**Demonstrate link between building resilience and enhancing
child welfare practice**

TEACHING POINTS

- The Resilience Alliance intervention is designed to educate child welfare leaders and workers about secondary traumatic stress and train them techniques to mitigate and cope with it.
- Resilience is a person’s ability to “bounce back” from hardship or a difficult situation. The Resilience Alliance intervention is structured around cultivating well-being and building on people’s pre-existing strengths (borrowing from positive psychology).
- The intervention provides psycho-education around normal responses to trauma and helps people to regulate their emotions and not engage in avoidance behaviors in response to traumatic stressors (drawing on trauma prevention principles).
- The curriculum involves:
 - Identifying work-related adversities common in child welfare practice.
 - Enhancing stress-protective attitudes by promoting optimism and self-efficacy.
 - Supporting the development of skills to manage work-related adversity.
 - Increasing collaboration between co-workers and across all levels in addressing the work-related adversities inherent in child welfare work.
- Enhancing optimism and resilience will help workers maintain relationships with each other and their supervisory teams, which in turn will decrease their levels of burnout and stress reactivity and improve their ratings of job satisfaction.

Note: Throughout the intervention we use the terms “resilience framework,” “resilience gear” and “resilience lens.” These all describe ways to approach things positively, using the skills taught during the intervention.

GROUP ACTIVITY

Ask participants to identify and share with the group the impact of STS they have experienced.

**TRAINING
OBJECTIVE 4**

**Recognize different responses to stress, understand the concept of
“Survival Mode”**

**TEACHING
POINTS**

- The typical way people react to threat is by going into survival mode, also known as the “flight or fight” instinct.
- Survival Mode is extremely useful in emergencies because it is fast at turning itself on and takes over all other functions in order to orient and help protect us from the perceived threat.
- In non-emergency situations survival mode can be maladaptive. When it is switched on in non-emergency situations — which can happen when one is working in a crisis-driven environment — it has a hard time switching itself off and can take a toll on a person’s body and mind.
- One can manage survival mode by learning when it’s appropriate to let it turn on and by learning how to turn it off when it’s not needed.
- Skills needed to become aware of, monitor and control the activation of survival mode:
 - Being aware of what initiates its activation.
 - Learning how prolonged activation impacts your body, feelings, thoughts, and social behavior.
 - Increasing awareness of how work-related stress impacts your physical, mental, and social behaviors.
 - Learning techniques to reduce the tendency to go into survival mode.
- **Physical** symptoms of survival mode:
 - Increased heart rate
 - Shallow breathing
 - Sweating
 - Stomach aches
 - Headaches
 - Tightening of the muscles
 - Fatigue
 - Immune suppression
 - Sleep problems
 - Increased risk for alcohol or substance abuse problems

more ▼



Emotional symptoms of survival mode:

- Being overwhelmed
- Not feeling in control
- Having intense negative feelings
- Emotional numbing
- Avoiding intimacy
- Mood swings

Cognitive symptoms of survival mode:

- Heightened awareness of outside threat
- Reduction in self-monitoring
- Inflexibility
- Negative, pessimistic thinking

Social symptoms of survival mode:

- Withdrawal and isolation
- Avoidance of others

Note: Open the floor for questions from the group, focusing on the content covered during the session.

If data collection will be done as part of the intervention, this process should be discussed as well.

by a child welfare supervisor

describing the impact of her secondary traumatic experience

I thought I was doing well as a child welfare supervisor of one of the highest-risk areas in Ottawa, Canada. But that changed when I began having dreams—nightmares, really. As a manager for a unit of 10 child and family workers, I was struggling with cases that I could not assign. The workers had at least 30 cases already, many of which were extremely challenging.

As I began having the repeating nightmare, I took it as a warning sign to get the cases assigned and badgered my director to get other units to take the cases. But every night for two weeks, I had the same nightmare. I would see a young child around age 2 being sexually abused. It made me feel incompetent, because I could not stop it from happening. I would wake myself up, and then sit for hours with the images repeating in my mind. I did not share them with anyone, as I felt they were a reflection of weakness and inability to cope. Shaken by the nightmares and the intense situation at work, I found it difficult to stay focused. When I finally transferred the last case, I thought the nightmare would end, but it happened again that night.

When I went to work the next morning, I found out that a toddler had been brutally abused and murdered, then placed in a trash bin. The victim was part of an open case in another unit, but was the biological child of a mother in an open case in our unit—one that we had been intensely monitoring. What followed was an extremely difficult period of time for the already overwhelmed staff.

As I have become familiar with literature on the effects of exposure to traumatic stress, I wish I would have known about it at that time. This situation had a significant impact on me, particularly because it touched my own early traumatic experiences. Many years later, I still cannot speak about the circumstances of the death of this child without my eyes welling up.

But I am not alone!

Excerpted from “Addressing Secondary Traumatic Stress: Emerging approaches in child welfare” by Julie Collins, from Children’s VOICE, March/April 2009, <https://www.cwla.org/voice/0903stress.htm>

S Secondary Traumatic Stress (STS)

■ STS is the stress that results from working with an individual who has been traumatized.

■ Like other *de facto* first-responders (fireman, policeman, etc.), child welfare workers are at risk for STS as a result of:

Direct contact

- Interviewing abused and neglected children.
- Interviewing immediate family members such as mothers, fathers, and siblings.
- Interviewing extended family members such as grandparents, uncles, aunts, cousins, etc.
- Interviewing collateral contacts such as teachers, physicians, neighbors, etc.
- Family team meetings.
- Child removal.

Indirect contact

- Reading case files, medical records, court records, and school records.
- Pre-investigative conferences.

■ **Symptoms of STS include:**

- **Emotional indicators** such as anger, sadness, prolonged grief, anxiety, depression, feelings of hopelessness, emotional numbing.
- **Physical indicators** such as headaches, stomachaches, lethargy, hyper-arousal, increased fatigue or illness.
- **Personal indicators** such as self-isolation, cynicism, mood swings, irritability with spouse, family or friends, social withdrawal.
- **Workplace indicators** such as avoidance of certain clients, missed appointments, tardiness, lack of motivation, reduced productivity, job dissatisfaction, and increased job turnover.

■ **Impact of STS on the Agency:**

- Low rates of staff satisfaction and retention.
- Decrease in agency efficiency, morale and quality of casework practice.
- Increase in staff turnover.
- Disruption of relationship continuity with clients.
- Miscommunication and/or mistakes that may occur when a child's case is transferred to a new caseworker.
- Increase in caseloads and stress levels for those workers who stay behind.
- Economic loss to the agency, given the costs associated with hiring and training.

2 SECOND PRE-INTERVENTION MEETING

Participants Entire work area (caseworkers, supervisors, managers, director)
Time 90 minutes
Materials Handouts **3** **4**

- AGENDA**
1. Review the concepts of optimism, mastery, and collaboration and their connection to resilience
 2. Distribute Handouts **3** **4** (during meeting, when indicated)

TOPIC **UNDERSTANDING AND IMPLEMENTING OPTIMISM**

TRAINING OBJECTIVE 1 Use Cognitive Behavioral Therapy (CBT) strategies to reframe and normalize responses.

TRAINING OBJECTIVE 2 Understand and promote techniques to manage avoidance, control self-defeating statements and encourage a sense of hopefulness.

DISCUSSION OF OPTIMISM:

In the field of child welfare, we often pay more attention to things that are going wrong than all of the things that are going well. With a hyper-focus on the shortcomings of our work, there is a strong tendency to feel uninspired and unenthusiastic. This in turn leads to feeling overwhelmed, pessimistic, and ultimately *less resilient*.

- TEACHING POINTS**
- The resilience intervention's promotion of optimism is based on research indicating that individuals who retain hopefulness for the future are likely to have more favorable outcomes after exposure to traumatic stressors.
 - CBT techniques can help staff identify and amplify already exhibited strengths, reframe situations to appraise them more positively, normalize responses, manage avoidance behavior, control self-defeating statements, and encourage adaptive coping behaviors.

more ▼

⊕ **Optimism can be learned.** When faced with work-related stressors, don't waste time and energy thinking, "This *always* happens to me. I can never catch a break." This kind of thinking leads to inaction, helplessness, resentment, avoidance and conflict in the workplace. Instead, respond by focusing your energy on areas of the situation that can be controlled.

⊕ Concept of Optimism (Handout **3**):

Only in this situation
Positive past experience
Temporary
I have support
Mentor's example
Imagine success
Sometimes isn't forever
My effort makes a difference

GROUP ACTIVITY

- ⊕ Ask group for an example of a work-related stressor.
- ⊕ Assist the group in identifying which cognitive distortions were used (e.g. "their fault" versus "my fault," situational versus global, one time versus all the time).
- ⊕ Assist the group in reframing the situation by identifying the cognitive distortions.

TOPIC **UNDERSTANDING AND IMPLEMENTING MASTERY**

TRAINING OBJECTIVE 1 Understand the link between STS and mastery

TRAINING OBJECTIVE 2 Enhance the ability to self-regulate thoughts, emotions and behavior

DISCUSSION OF STS AND MASTERY:

By its very nature, child welfare work is crisis-driven. Caseworkers are constantly putting out one fire after another. This atmosphere can lead to a constant sense of urgency. It is extremely important to know the difference between what is urgent and what can stay on hold for a bit. It is also important to be able to manage work-related stress and regulate your thoughts, emotions, and behaviors. If stress is not managed well, workers are susceptible to feeling overwhelmed.

- Mastery is a two-pronged concept.
 - The first prong involves doing one’s job efficiently and effectively. This includes knowing when (and when not) to act with a sense of urgency.
 - The second involves regulating one’s negative emotional state. This includes being able to manage stress and recognize when you’ve done a good job.
- Having mastery of job skills builds confidence and self-worth.
- Having control over one’s negative feelings fosters a sense of calmness and collectedness.
- Research indicates that people’s belief in their ability to manage work-related stress — principally through regulation of thought, emotions, and behavior — is related to self efficacy, or a belief in one’s ability to succeed in a particular situation.
- Gaining mastery helps an individual to:
 - Recognize their efficacy and value to the mission of child welfare.
 - Develop coping strategies to manage conflict and stress.
 - Gain a sense of control over work-related stressors and regulate professional expectations and goals.
 - Proactively problem-solve.
 - Set achievable goals.
 - Feel less overwhelmed and burnt out.
 - Focus on work-related success, which in turn fosters a sense of control and increases confidence and self-esteem.

Note: Encourage group members to recognize successes even in situations they don’t see as successful.

TOPIC UNDERSTANDING AND IMPLEMENTING COLLABORATION

TRAINING OBJECTIVE 1 Demonstrate the connection between social support and emotional well-being in the context of a stressful environment.

DISCUSSION OF COLLABORATION:

Collaboration is a crucial concept given the impact of stress on people's relationships. When stressed, relationships begin to break down, and individuals either splinter off into smaller groups or isolate themselves. People often begin to see the world in terms of "us against them" or even worse, in terms of "me against you."

TEACHING POINTS

- The resilience intervention's promotion of collaboration is based on research indicating that social support is related to better emotional well-being and recovery following exposure to a traumatic event.
- Collaboration keeps individuals connected, provides a vehicle and encouragement for accessing support, and establishes a workplace atmosphere of positivity, support, teamwork and mutual respect.
- Collaboration among staff:
 - Increases opportunities for people to learn from each other about managing work-related stress.
 - Provides opportunities for a wide range of social support activities including:
 - Practical problem-solving
 - Emotional understanding and acceptance
 - Sharing of traumatic experiences
 - Normalization of reactions and experiences
 - Sharing coping strategies

TRAINING OBJECTIVE 2

Advance collaboration among staff.

GROUP ACTIVITY

1. Identify a work-related stressor that led to a breakdown in collaboration.
2. Use Handout **4** to demonstrate how to promote collaboration.

Optimism

O Only in this situation

P Positive past experience

T Temporary

I I have support

M Mentor's example

I Imagine success

S Sometimes isn't forever

M My effort makes a difference

S Strategies to Promote Collaboration and a Positive Work Environment

- Filter critical comments and remarks
- Minimize negative words (e.g., “can’t,” “no,” “never,” “should”)
- Don’t use sentences like “You are wrong/incompetent...” especially in front of other co-workers
- Remind yourself that most of us are doing the best we can
- Acknowledge people’s best intentions
- Note and comment on people’s accomplishments/strengths
- Be a supportive co-worker, supervisor, manager, leader
- Increase phrases like:
 - “I appreciate your effort”
 - “Thank you for your hard work”
 - “I like your eagerness”
 - “I see you put a lot of time working on this”
 - “You look like you could use some help”
 - “I imagine this project has been difficult for you”
 - “I know we can figure this out”

INTERVENTION MODULE ONE

Participants Caseworkers
Time 1 hour
Materials Handouts **5** **6** **7**

- AGENDA**
1. Transition period
 2. Establish the “Rules of the Road”
 3. Introduce objective for the day’s work
 4. Introduce the day’s topics: resilience and survival mode
 5. Group activity and discussion
 6. Assign Take Away activity
 7. Wrapping up

TRANSITION PERIOD Ask group members to share with the rest of the group one work-related experience the member had during the past week where s/he used at least one of the learned resilience concepts (tools) to turn a negative situation into a more positive one.

RULES OF THE ROAD Distribute the “Rules of the Road” Handout **5**, review with group.

Note: Address any tension among group members as it surfaces, and stress the importance of developing mutual trust, honesty and respect. “We cannot learn how to swim in a stormy ocean.”

OBJECTIVE **Facilitator reviews with group**

- ⦿ Understand how resilience characteristics can minimize the adverse affects of survival mode.

THE DAY'S TOPICS RESILIENCE AND SURVIVAL MODE

- RESILIENCE**
- Resilience involves the interaction between a stressor and an individual's ability to overcome that stressor.
 - Resilient individuals are able to:
 - Confront tough situations.
 - Regulate their emotions.
 - Devise a plan, enact that plan and continue to interact effectively in the world.
 - Rebound from difficult situations.

Note: Facilitator should describe the concept of “emotional regulation” to the group, giving concrete examples as is helpful.

- SURVIVAL MODE**
- Involves a physiologic response, often called the “fight or flight” response.
 - Our body's primitive, automatic, inborn response that prepares the body to “fight” or “flee” from perceived attack, harm or threat to our survival.
 - In most cases today, when our fight or flight response is activated, we cannot flee. We cannot fight. We cannot physically run from our perceived threats. When we are faced with modern day “tigers,” we have to sit in our office, “control ourselves” and “deal with it.”
 - Major stressors trigger our fight or flight response, causing us to become aggressive, hyper-vigilant and over-reactive, which in turn causes us to act or respond in ways that are actually counter-productive to our survival.
 - When one is working in a crisis-driven environment, their body can go into survival mode even when it is not an emergency. Over time, this can be very draining and also make it difficult to distinguish true emergencies from other situations.
 - One goal of the resilience intervention is to teach participants how to recognize when they're in survival mode and how to “turn it off” when it isn't necessary.

**GROUP ACTIVITY
AND
DISCUSSION**

- Hand out a picture of a tiger, Handout **6** (or any other image that activates the “fight or flight” system).
- Ask members to stare at the picture for about 30 seconds and then to share their thoughts, emotions and bodily reactions triggered by this image with the rest of the group.
- Then, ask members if they identify any of these sensations while dealing with clients and/or other members of the agency.

**TAKE AWAY
ACTIVITY**

- Select a resilience characteristic you have. Write it on a piece of paper and hang it by your desk so you can see it.
- Select a resilience characteristic you would like to acquire or enhance. Write it on a piece of paper and hang it next to the first one.
- During the upcoming week try to notice if you have been using the resilience characteristic you chose more frequently.

WRAPPING UP Relaxation exercise; distribute Handout **7**

R Resilience Alliance

“Rules of the Road”

- 1 CONFIDENTIALITY**

Nothing said in this room will be repeated to anyone outside the room.
- 2 SITUATIONAL DISCUSSION**

No names are mentioned, only the situations — our work is focused on problem-solving, not blaming or singling people out.
- 3 ATTENDANCE**

One of the goals of this intervention is to develop group cohesion and trust, and to develop a common language among staff that promotes resilience and mutual support. This can only happen if everyone — staff, supervisors and managers — attends meetings regularly and on time.
- 4 VENTING**

Venting is not allowed during the meetings. It exacerbates negative emotions, which can have a negative impact on one’s cognition (thinking), affect (emotions) and behavior. Instead, venting will be converted into a constructive discussion — we will learn the skills to do this as part of the intervention.
- 5 FOCUS ON THE POSITIVE**

All group members are encouraged to speak with each other in positive terms, and to work together in learning, problem-solving and mutual support. Unspoken issues and assumptions can be destructive.
- 6 WALK THE WALK**

The knowledge and skills learned during the Resilience Alliance have to be practiced and applied “on the floor” (i.e., in the office) and in the field (i.e., working with clients) for change to happen. It is human nature to fall back into old patterns, but saying one thing during group meetings and doing another thing with your clients, staff, supervisors and/or colleagues will only ensure that things stay the same. One goal of this intervention is to become more aware of your day-to-day actions and reactions and, with the support of your colleagues, develop a new and more successful way of managing difficult situations.



6 HANDOUT

10 Characteristics of a Resilient Child Welfare Worker

- 1 Resilient Child Welfare Workers (CWWs) realize the importance of having a strong social support system and surround themselves with supportive people.
- 2 Resilient CWWs look at the positive side of a situation. During a crisis they are good to have around because of their optimism.
- 3 Resilient CWWs have faith in themselves.
- 4 Resilient CWWs are curious about situations and focus on the new possibilities.
- 5 Resilient CWWs are connected to their values and see meaning and purpose in what they do.
- 6 Resilient CWWs focus on the important things and don't fight things they cannot control. Resilient CWWs save their energy to fight the battles that are necessary — they know what they can control and what is out of their reach.
- 7 Resilient CWWs take responsibility for their physical self-care, which allows them to be physically and emotionally resilient.
- 8 Resilient CWWs seek solutions when a problem arises. They can live with uncertainty and ambiguity until they find the solution.
- 9 Resilient CWWs always see something negative as an opportunity. They consider adversity a challenge, not a threat.
- 10 Resilient CWWs have a sense of humor about life's challenges.

Adapted from <http://ezinearticles.com/?10-Characteristics-of-Resilient-People&id=5648714>

INTERVENTION MODULE **2**

Participants Caseworkers and their supervisors
Time 1 hour
Materials Handouts **5** **8** **9** **10**

- AGENDA**
1. Transition period
 2. Establish/review the “Rules of the Road”
 3. Introduce objectives for the day’s work
 4. Review of prior week’s concepts
 5. Introduce the day’s topic: reactivity (“heat level”)
 6. Group activity and discussion
 7. Take Away activity
 8. Wrapping up

TRANSITION PERIOD Ask for volunteers to share how they did with last week’s Take Away activity (using/enhancing a resilience skill/characteristic). As an alternative, people can share a positive work-related experience from the past week.

RULES OF THE ROAD Distribute and review the “Rules of the Road” handouts (Handout **5**), discuss how they apply to caseworkers and supervisors.

Note: Emphasize that The Resilience Alliance is not something for frontline staff alone — for change to occur, all members of the area/organization must learn and apply its concepts and skills.

OBJECTIVES **Facilitator reviews with group**

- Learn how to recognize when your “heat level” or your co-workers’ “heat level” is rising.
- Learn how to regulate your “heat level” when you have negative thoughts.

REVIEW OF RESILIENCE CONCEPTS Facilitator asks group members to briefly recap each of the following resilience concepts and reiterate the concepts to the group as necessary.

- **Resilience**
- **Survival mode**

THE DAY'S TOPIC REACTIVITY

○ Reactivity describes our emotional and physical reactions to events that take place in our environment.

○ When we perceive our environment negatively, we are more likely to be aggressive, hyper-vigilant and over-reactive.

○ Present the “Reactivity Color Zone” concept to the group (Handout **8**).

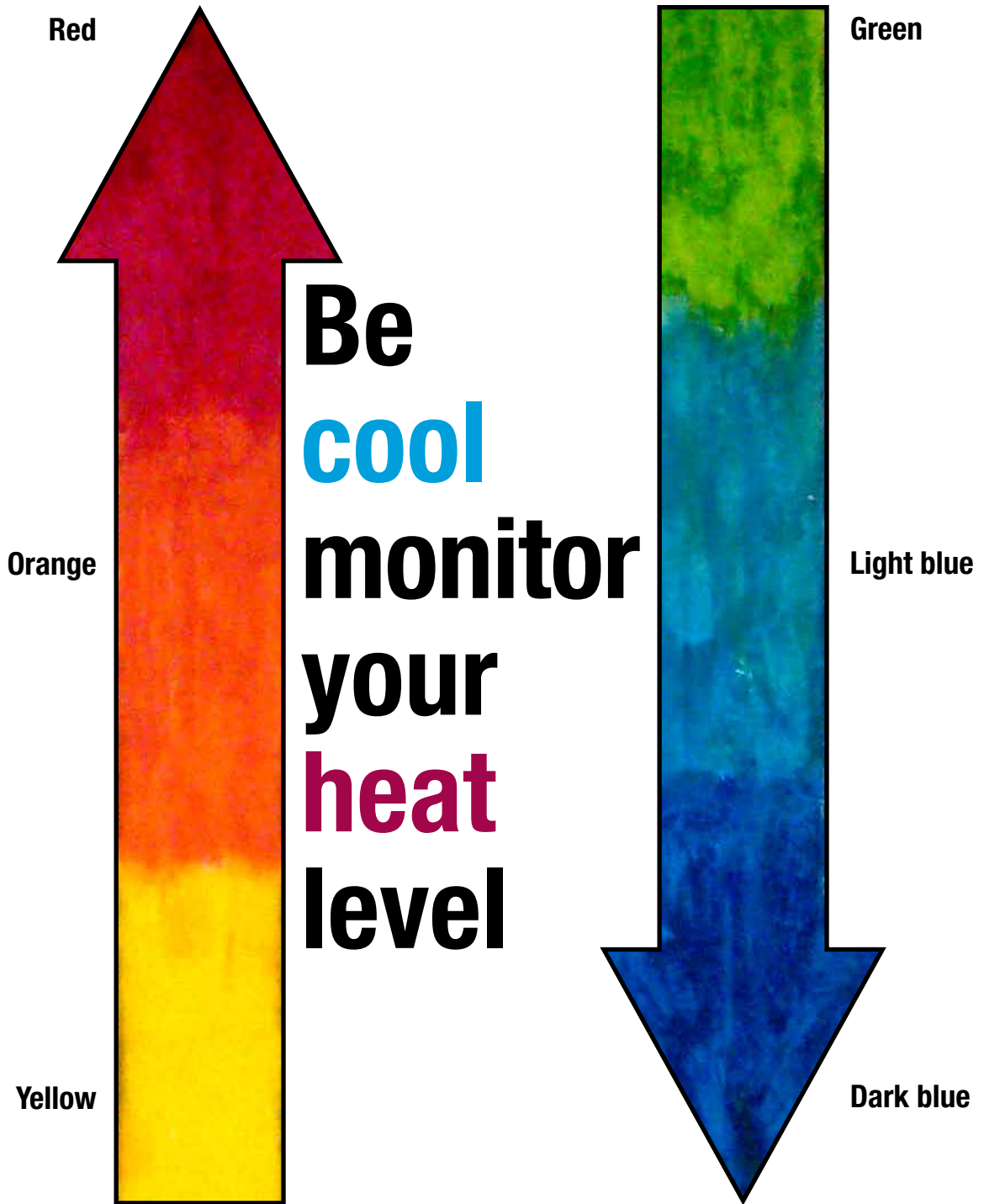
Be cool, monitor your heat level

- The up arrow symbolizes an increase in our reactivity level (yellow, orange, red).
- The down arrow symbolizes either a declining or stable reactivity level (green, light blue, dark blue).

○ Be aware that how people present to others can differ from how they are feeling internally — you should not assume you know how someone is feeling without asking them.

Note: Facilitator should describe “hypervigilance” to the group, giving concrete examples as is helpful.

Reactivity Color Zone



**GROUP ACTIVITY
AND
DISCUSSION**

- ① Distribute Handout 9, “Characteristics of Reactivity – Level of Heat.”
- ② Ask members to complete the handout, using adjectives to describe their responses when highly reactive, and when their reactivity is low, in terms of body tension/arousal, emotions, thoughts, speaking style (e.g., speed of delivery, tone of voice), facial expression, and otherwise if they have additional experiences.
- ③ Ask members to share their experiences with the rest of the group.
- ④ Ask members if they were surprised by some of their co-workers’ responses and if they learned new things about one another.
- ⑤ Ask members to discuss reactivity’s effects on the individual, the unit and the interaction between the caseworkers and supervisors.
- ⑥ Ask the group to suggest ways in which they can support and encourage each other in the midst of a highly reactive situation.

**TAKE AWAY
ACTIVITY**

- ⑦ Ask participants to monitor the “3Ps” during the week and report back during the next session, distribute Handout 10 (can be done verbally or in writing):
 - Perceive (or notice) your emotions, both positive and negative
 - Process the intensity of your negative emotions
 - Practice monitoring your negative emotions

WRAPPING UP Relaxation exercise; distribute Handout 11

C Characteristics of Reactivity — Level of Heat

	HIGH	LOW
Body tension/arousal		
Emotions		
Thoughts		
Speaking style		
Facial expressions		
Others		

Promote the 3Ps

P

Perceive your emotions, both positive and negative.

Identify the emotions you are experiencing. Notice your thoughts, and behaviors associated with each particular emotion.

P

Process the intensity of your negative emotions (reactivity).

Recognize the level of intensity you feel when you experience negative emotions.



P

Practice monitoring your negative emotions.

Practice controlling your negative emotions and the thoughts and behaviors associated with these emotions. Learn to step back, collect your coolness and resume the conversation when you are cool and collected.

Learning to Notice and Monitor Your Reactivity Level

- 1** Plan ahead — Before you find yourself in a heated situation (survival mode):
 - Determine what you are going to do to help you cool down.
 - Decide where you'll go should you need to remove yourself from the situation.
 - Find a place that is quiet and relaxing for you.
- 2** Notice when your heat level (reactivity) is rising. The sooner you catch it the better you'll be at dealing with it.
- 3** Once you've realized that your heat level is rising, tell the person you had the interaction with that you need some time to cool down. Be sure to use "I statements." Don't just get up and leave.
 - For example, say: "I am feeling upset. I need to take a few minutes to calm down, and then I would like it if we could continue where we left."
- 4** Once you have identified your needs and the steps you need to take to cope with your negative emotions,
 - Don't ruminate about the situation.
 - Don't engage in negative self-talk.
- 5** Once you feel your heat level has decreased and is under control, think about the situation and decide what you would like to say and how you are going to say it.
- 6** When you return to the situation, express your gratitude to the person you interacted with for giving you the opportunity to cool down.

INTERVENTION MODULE **3**

Participants Caseworkers, their supervisors, managers and director
Time 1 hour
Materials Handouts **5 12 13**
Easel with poster-sized paper and markers, rubber bands

- AGENDA**
1. Transition period
 2. Establish/review the “Rules of the Road”
 3. Introduce objectives for the day’s work
 4. Review of prior weeks’ concepts
 5. Introduce the day’s topic: collaboration
 6. Group activity and discussion
 7. Take Away activity
 8. Wrapping up

TRANSITION PERIOD Ask for volunteers to share how they did with last week’s Take Away activity (using the 3 Ps: perceive, process and practice). As an alternative, people can share a positive work-related experience from the past week.

RULES OF THE ROAD Distribute and review the “Rules of the Road” handout (Handout **5**), discuss how they apply to caseworkers, supervisors and managers.

Note: While these rules apply equally to all participants, more senior levels of staff have the additional challenge of maintaining them with their staff both inside and outside of the weekly groups.

OBJECTIVES **Facilitator reviews with group**

- Understand how STS impacts one’s ability to collaborate with others.
- Understand the benefits of collaborating with all levels of staff.
- Develop skills to better collaborate with co-workers, supervisors and managers.

REVIEW OF RESILIENCE CONCEPTS

Facilitator asks group members to briefly recap each of the following resilience concepts and reiterate the concepts to the group as necessary.

- Resilience
- Survival mode
- Reactivity

THE DAY'S TOPIC **COLLABORATION**

- Collaboration is an essential piece of resilience in the workplace.
- When stressed, relationships begin to break down, and individuals either splinter off into smaller groups or isolate themselves.
- People often begin to see the world in terms of “us against them” or even worse, in terms of “me against you.”
- Working together toward a common goal and helping each other is crucial given the nature of child welfare work and the impact of stress on people’s relationships.

GROUP ACTIVITY AND DISCUSSION **COLLABORATION EXERCISE**

- Distribute collaboration handout (Handout **12**).
- If there is more than one work unit participating in the exercise, break group into work units.
- Each group member answers the first two questions on the exercise handout, discusses their responses with their group, and completes questions three and four together.
- Ask the senior staff member to write all the statements made by each group on a separate poster and to place a check mark for each repetitive statement.
- Ask all members to look at the poster and discuss the positive statements made by them.

The Facilitator’s task is to observe how members interact with each other across all titles (caseworkers, supervisors, managers, director) and address the following with the group:

- Do they collaborate across all levels?
- Was there any conflict between personal and agency principles (ethics)?
- Did members display professionalism?

Note: Help members communicate their opinions in a way that respects others, focusing on “what can we learn?” rather than “who is to blame?”

TAKE AWAY ACTIVITY

- Using the handout “Evaluate Your Heat Level” (Handout 13) notice if there is any pattern in your reactivity level (e.g., time of the day, interaction with specific co-workers, specific kinds of cases, etc.).
- At the end of that week period check which color zone you were in most of each work day.

WRAPPING UP

GROUP ACTIVITY We’re All Tied Together

- Divide the group into work units.
- Provide each member with a rubber band. Ask each unit to tie the rubber bands together creatively.
- Have those units who have successfully completed the task assist those units that are still working on it.

Note: This exercise provides insight into ways that particular people work together, as well as the degree of collaboration across groups. Help the group reflect on their experiences with the activity.

Collaboration Can Make Us A High-Performing Team

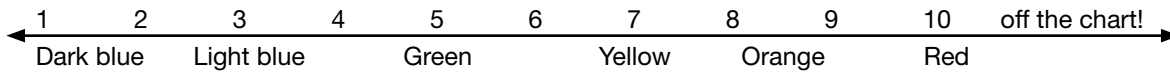
- 1** What is important to you about this work?
- 2** What makes you want to come to work?
- 3** As a unit, what responses to questions 1 and 2 do you have in common?
- 4** What would you like to be known for as a unit?

Evaluate Your Heat Level...

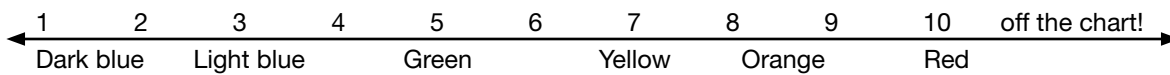
*less
intense*

*more
intense*

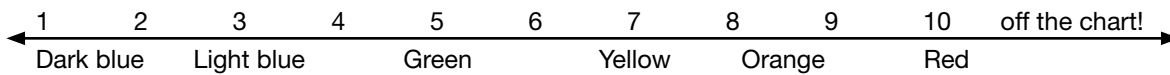
Monday



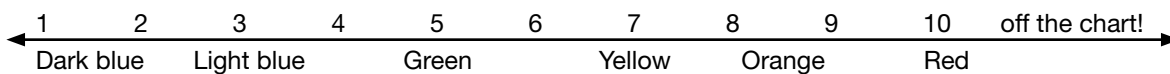
Tuesday



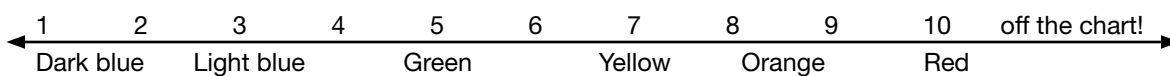
Wednesday



Thursday



Friday



Comments:

INTERVENTION MODULE **4**

Please note that every fourth week of the intervention there are two separate meetings, one with caseworkers on their own, and the other with supervisors, managers and the director on their own.

- Participants** **First group:** Caseworkers
Second group: Supervisors, managers and director
- Time** 1 hour
- Materials** Handouts **5** **14** **15**

- AGENDA**
1. Transition period
 2. Establish/review the “Rules of the Road”
 3. Introduce objective for the day’s work
 4. Review of prior weeks’ concepts
 5. Introduce the day’s topic: optimism
 6. Group activity and discussion
 7. Take Away activity
 8. Wrapping up

TRANSITION PERIOD Ask for volunteers to share how they did with last week’s Take Away activity (monitoring their heat level throughout the week). As an alternative, people can share a positive work-related experience from the past week.

RULES OF THE ROAD Distribute and/or review the “Rules of the Road” (Handout **5**), discuss how they apply to all levels of staff.

Note: The Resilience Alliance is not something for frontline staff alone — all levels of staff must be open to examining and changing their actions and reactions in order for change to happen and be sustained.

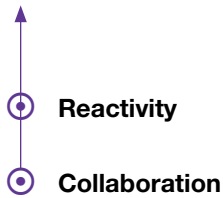
OBJECTIVE **Facilitator reviews with group**

- Learn to use positive thinking and maintain positive emotions during potentially reactive situations.

REVIEW OF RESILIENCE CONCEPTS

- Resilience
- Survival mode

4 MODULE *more*



THE DAY'S TOPIC **OPTIMISM**

○ **Optimism** (aka positivity, positive thinking, positive emotions)

- Individuals who retain hopefulness for the future are likely to have more favorable outcomes after exposure to ordinary as well as traumatic stressors.
- Optimists “make lemonade out of lemons” — they see the positive in most situations and believe in their own strength. This quality can positively affect mental and physical health.
- Being an optimist is more than looking on the bright side. It’s a way of viewing the world that allows you to maximize your strengths and accomplishments, and minimize your weaknesses and setbacks. Developing a more optimistic world view can help you become more resilient.
- Optimism allows you to see the positive aspects of any situation and use it for your benefit.
- *The good news: optimism can be learned.*

○ **Optimism Skill-Building**

- Reframe situations to appraise them more positively (e.g., avoid all-or-nothing thinking, overgeneralization, jumping to conclusions).
- Normalize responses.
- Manage avoidance behavior.
- Control self-defeating statements.
- Encourage adaptive coping behaviors.
- Replace automatic negative thoughts with positive ones.
- Positive self-talk expands your ability to achieve, to learn, and to accomplish.

**GROUP ACTIVITY
AND DISCUSSION**

- Handout “Optimism — Working the Positive” (Handout 14).
- Ask group members to replace each negative statement with at least two positive statements.
- Facilitator reads the first negative statement and asks each group member to share his/her corresponding positive statements with the rest of the group.

**TAKE AWAY
ACTIVITY**

Practice positive reframing during the upcoming week any time you find yourself engaged in negative experiences or negative thoughts.

WRAPPING UP

Relaxation exercise; distribute Handout 15.

Optimism — Working the Positive

FOR EACH NEGATIVE STATEMENT WRITE TWO POSITIVE/OPTIMISTIC RESPONSES:

This is all messed up, it's not going to work.

(Example: It will work if I try another way.)

1. _____

2. _____

This is not the way it should be.

1. _____

2. _____

After four hours of trying, this is looking worse and worse.

1. _____

2. _____

None of my clients see what I am trying to do for them.

1. _____

2. _____

You are never able to get anything right.

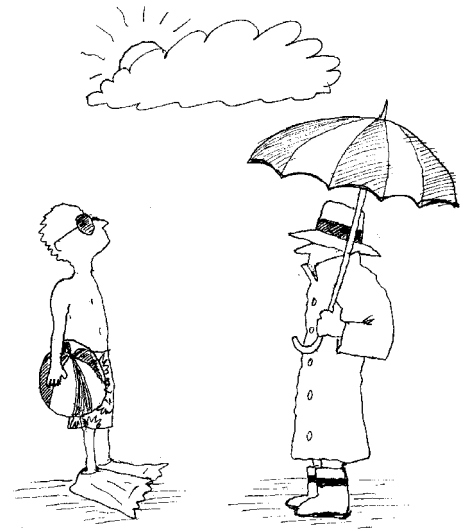
1. _____

2. _____

Facts about Optimism

Optimism

is the skill of focusing on the **positive** — without denying the **negative** — and channeling one's energy towards what is **controllable**



Optimistic people:

- Tend to have greater motivation, greater resilience, more positive moods, higher achievement and a greater sense of control
- Tend to feel and perform better
- Tend to have more positive relationships

INTERVENTION MODULE FIVE

5

Participants Caseworkers
Time 1 hour
Materials Handout **16**

- AGENDA**
1. Transition period
 2. Introduce objective for the day's work
 3. Review of resilience concepts
 4. Group activity and discussion
 5. Take Away activity
 6. Wrapping up

TRANSITION PERIOD Ask for volunteers to share how they did with last week's Take Away activity (practicing positive reframing). As an alternative, people can share a positive work-related experience from the past week.

OBJECTIVE **Facilitator reviews with group**

- Learn to use positive thinking and maintain positive emotions in the face of adversity, survival mode, and highly reactivated situations.

REVIEW OF RESILIENCE CONCEPTS Facilitator asks group members to briefly recap each of the following resilience concepts and reiterate the concepts to the group as necessary.

- **Resilience**
- **Survival mode**
- **Reactivity**
- **Collaboration**
- **Optimism/positivism**

GROUP ACTIVITY AND DISCUSSION

- Ask the group to come up with a recent or past negative work-related experience.
- Ask group members to use a “resilience lens” to reframe their negative experience using collaboration and optimism. Refer to Handout 16 as necessary.

TAKE AWAY ACTIVITY

During the upcoming week, practice positive self-talk when you find yourself engaged in negative incidents.

Note: Facilitator should describe “positive self talk” to the group, using examples as is helpful.

WRAPPING UP Relaxation exercise; distribute Handout 16 if not previously used.

R Reframing: Learning to Turn a Negative Perspective Into a Positive One

Negative perspective: “My manager did not greet me today. He is probably disappointed with my work.”

Reframing: “I’m jumping to conclusions. So far my manager has been pleased with my work — he may just be having a bad day.”

Negative perspective: “I’ll never get this project done on time.”

Reframing: “If I remain focused and take it one step at a time, I’ll make progress.”

Negative perspective: “I don’t want to tell my supervisor about my last visit because it went so badly.”

Reframing: “Even though my last visit didn’t go well, my supervisor can help me think through how it can go better next time.”

Adapted from http://hprc.stanford.edu/pages/classes/006_stress/step02/05Reframing.asp

INTERVENTION MODULE **SIX**

Participants Caseworkers and their supervisors
Time 1 hour
Materials Handouts **17 18 19**

- AGENDA**
1. Transition period
 2. Introduce objective for the day's work
 3. Review of resilience concepts
 4. Group activity and discussion
 5. Take Away activity
 6. Wrapping up

TRANSITION PERIOD Ask for volunteers to share how they did with last week's Take Away activity (using positive self-talk). As an alternative, people can share a positive work-related experience from the past week.

OBJECTIVE **Facilitator reviews with group**

- Learn to use positive thinking and maintain positive emotions in the face of adversity, survival mode, and highly reactivate situations.

REVIEW OF RESILIENCE CONCEPTS Facilitator asks group members to briefly recap each of the following resilience concepts and reiterate the concepts to the group as necessary.

- **Resilience**
- **Survival mode**
- **Reactivity**
- **Collaboration**
- **Optimism/positivism**

GROUP ACTIVITY AND DISCUSSION

- ⦿ Hand out the exercise “Reactivity and Optimism in a Staff-Supervisor Interaction” (Handout 17).
- ⦿ Explain the assignment to the group: two people will role-play a typical work-related experience, demonstrating different levels of reactivity and optimism. The rest of the group members will classify the levels of reactivity and optimism exhibited by both the caseworker and supervisor.
- ⦿ Ask for one caseworker to volunteer to role-play a supervisor, and one supervisor to role-play a caseworker. Take both volunteers aside and ask them to choose a scenario they would like to role-play and the level of reactivity and optimism s/he would like to portray.
- ⦿ Distribute Handout 16 to the rest of the group.
- ⦿ After observing the role-play, ask the group to rate the level of reactivity each person displayed in terms of the color zones we discussed (red, orange, yellow, green, light blue, dark blue), and the levels of optimism (1 = low and 10 = high).
- ⦿ Discuss the following with the group:
 - The levels of reactivity and optimism demonstrated by both the caseworker and supervisor.
 - The different perceptions of the same characters — why does one person view the supervisor’s reactivity as blue while another person sees it as orange? Address these differences and discuss how they can affect the interaction among co-workers.
 - Ways in which one can shift negative responses to positive responses, and how one can monitor one’s reactivity and optimism levels when interacting with others.
 - Ways in which co-workers can address their difficulties in communication. For example, one must be professional and respectful of one another — if someone needs time to step away from a heated situation, say so in a calm, respectful manner, come back to it after cooling down, and don’t be defensive.
 - The consequences of positive versus negative (low versus high reactivity and low versus high optimism) interactions between staff members and supervisors, and its effects on individuals, the unit, the agency and the families receiving services.

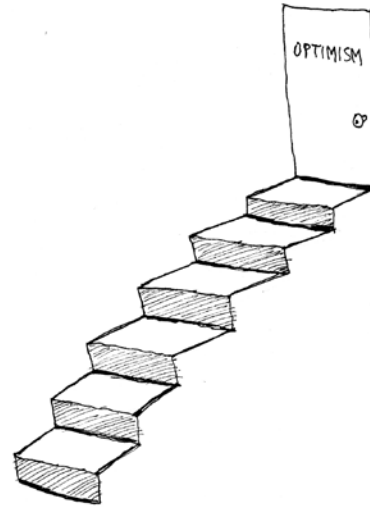
TAKE AWAY ACTIVITY

Using “Steps to Optimism,” Handout 18, indicate what the steps you can take to increase your optimism and reduce your reactivity.

WRAPPING UP

Relaxation exercise; distribute Handout 19.

Steps to Optimism



Steps to increasing optimism and reducing reactivity:

1

2

3

D Dealing with Workplace Conflict

- 1 Be specific:**
Avoid statements like “s/he always does this...” or “I can never get anything right...”
- 2 Be aware of your triggers:**
Identify what causes you to react.
- 3 Maintain professionalism:**
 - Take a “breather.”
 - Remain respectful of others and yourself no matter how upset you are.
- 4 Resist the temptation to involve yourself when you are in the “red” zone:**
Walk away from a situation when you feel out of control.
- 5 Don’t “personalize” the problem:**
Some criticism is to be expected — it doesn’t mean you’re a bad person/worker.
- 6 Be open and listen:**
Try to understand and appreciate others’ perspectives.
- 7 Stay connected:**
Talk with your co-workers, supervisors and managers.
- 8 Consider a mediator:**
Ask for help when you cannot solve the problem yourself.

INTERVENTION MODULE SEVEN

Participants Caseworkers, their supervisors, managers and director
Time 1 hour
Materials Handouts 20 21 22

- AGENDA**
1. Transition period
 2. Introduce objectives for the day's work
 3. Review of resilience concepts
 4. Introduce the day's topic: mastery
 5. Group activity and discussion
 6. Take Away activity
 7. Wrapping up

TRANSITION PERIOD Ask for volunteers to share how they did with last week's Take Away activity (steps they can take to increase optimism and reduce reactivity). As an alternative, people can share a positive work-related experience from the past week.

OBJECTIVES **Facilitator reviews with group**

- Learn the concept of emotional regulation.
- Learn how to gain mastery over various specified job tasks.

REVIEW OF RESILIENCE CONCEPTS Facilitator asks group members to briefly recap each of the following resilience concepts and reiterate the concepts to the group as necessary. Ask the managers and director if they would like to add anything to the statements made by the caseworkers and supervisors.

- **Resilience**
- **Survival mode**
- **Reactivity**
- **Collaboration**
- **Optimism/positivism**

THE DAY'S TOPIC MASTERY

- Mastery is a two-pronged concept:
 - The first component of mastery refers to one's ability to have the knowledge and skills necessary to complete one's job successfully.
 - The second component of mastery refers to having the ability to regulate negative emotion while doing one's job.
 - Having mastery over job skills as well as one's negative emotions builds confidence and self-worth, which can protect one from feeling overwhelmed.
 - Setting realistic expectations for yourself and others is a key part of mastery.

GROUP ACTIVITY AND DISCUSSION

- Distribute "Characteristics of Self-Efficacy" (Handout 20).
- Ask each group member to write down characteristics of a person who exhibits self-efficacy versus a person who does not.
- Split the group into work units and ask each unit to discuss the unit's characteristics of self-efficacy. Ask each unit to choose one characteristic they feel they do very well and one they wish to improve upon.
- If there are multiple units participating in the exercise, ask the manager to come up with one characteristic of self-efficacy s/he feels would benefit the entire managerial area.

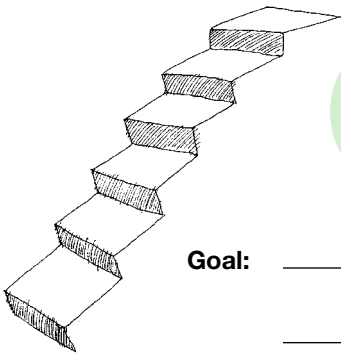
TAKE AWAY ACTIVITY

- Select one work-related characteristic (skill) you would like to master during the upcoming week.
- Using the "One Step at a Time" (Handout 21) write down your goal and the steps you plan on taking in order for you to achieve this goal.

WRAPPING UP Relaxation exercise; distribute Handout 22.

C Characteristics of Self-Efficacy

	A person with self-efficacy	A person without self-efficacy
Responsibilities		
Emotions		
Collaboration		
Mastery		
Reactivity		
Others?		



One Step at a Time

Goal: _____

Steps (objectives) to achieve goal:

1

2

3



M Managing Time Effectively

In child welfare agencies, time is very important. It is both necessary and hard to find. Each staff member, and the agency as a whole, must find the time to complete their responsibilities and meet deadlines to ensure children's safety. However, in order to remain psychologically and physically healthy and energized, despite the constant and frequent changes and challenges, we must use time wisely.

To be productive and manage time successfully, child welfare agencies and staff need:

- Time to listen
- Time to think
- Time to plan
- Time to act
- Time to mend
- Time to take a breather
- Time to take part in decision making
- Time to promote positive changes
- Time to have fun
- Time off



INTERVENTION MODULE EIGHT

Participants **First group:** Caseworkers
Second group: Supervisors, managers and director

Time 1 hour

Materials Handouts **23 24 25**

- AGENDA**
1. Transition period
 2. Introduce objectives for the day's work
 3. Review of resilience concepts
 4. Introduce the day's topic: self-care
 5. Group activity and discussion
 6. Take Away activity
 7. Wrapping up

TRANSITION PERIOD Ask for volunteers to share how they did with last week's Take Away activity (what skills you used to achieve the work-related goal you set for yourself at the end of the last session). As an alternative, people can share a positive work-related experience from the past week.

OBJECTIVES **Facilitator reviews with group**

- Learn to care for yourself across a variety of different domains, which helps you care for and protect children.
- Be more aware of and begin to practice self-care behaviors on a regular basis.

REVIEW OF RESILIENCE CONCEPTS Facilitator asks group members to briefly recap each of the following resilience concepts and reiterate the concepts to the group as necessary.

- **Resilience**
- **Survival mode**
- **Reactivity**
- **Collaboration**



MODULE *more* ↓

- Optimism/positivism
- Mastery

THE DAY'S TOPIC **SELF-CARE**

○ Self-Care:

- Stress affects many aspects of our lives — physical, emotional, personal, and professional. It affects the relationships we develop with others and have with ourselves.
- We believe that self-care strengthens resiliency, which in turn reduces reactivity and enhances self-efficacy.
- Self-care is not just a matter of exercising and getting enough rest, but also involves being attuned to your needs and having healthy boundaries.
- We need to view self-care as a preventive measure, not something we only begin to do because we feel overwhelmed.
- We cannot take care of others unless we first take care of ourselves.

○ Suggested areas of self-care in the work place:

- Professional strategies (e.g., balanced caseloads, accessible supervision)
- Agency strategies (e.g., sufficient release time, safe physical space)
- Personal strategies (e.g., knowing your limits, taking time for self-care activities, seeking collaboration)

○ These areas require collaboration among all levels of staffing (caseworkers, supervisors, managers and directors) as well as an understanding that teaching and learning take place across all levels.

GROUP ACTIVITY AND DISCUSSION

○ Referring to “Self-Care Behaviors” (Handout 23):

- Ask group members to individually write down any ideas they have for self-care techniques under each domain on the handout.
- Ask group members to think about a recent stressful work event they had experienced. Ask one member to volunteer and share her/his experience with the group.
- Ask group members to identify which self-care technique was used during that event. Ask members to offer other self-care techniques that could have been helpful during that event (if necessary/helpful, draw from the list on the following page).

- Drawing on the skills learned so far in the resiliency program, identify other self-care activities you feel would be helpful to have when facing such events in the future.

IDEAS FOR SELF-CARE PRACTICES

- **Physical:**
Eat regularly, exercise, sleep well, take vacations, get regular medical care.
- **Emotional:**
Increase self-awareness, label your emotions, find a healthy outlet for your emotions.
- **Professional:**
Take a break during the day, have lunch away from your desk, seek supervision/consultation, set limits with clients.
- **Spiritual:**
Self-reflection, meaning-making, prayer/meditation.
- **Social:**
Spend time with friends and family, participate in your community, become part of a team sport/activity.
- **Psychological:**
Seek a balanced life with work, family, relationships, play, and rest.

TAKE AWAY ACTIVITY

- **Caseworkers, supervisors, managers and director:**
Using Handout 24, “Practicing Self-Care in the Workplace,” ask each member to select one self-care activity to practice in the upcoming week, and to pay attention to how they felt before and after practicing the self-care activity.
- **Supervisors:**
Ask each supervisor to work with her/his unit to select one self-care activity for the unit to practice in the upcoming week, and to pay attention to how they felt before and after practicing the self-care activity.
- **Managers:**
If applicable, ask each manager to work with her/his units to select one self-care activity for the managerial area to practice in the upcoming week, and to pay attention to how they felt before and after practicing the self-care activity.

8

WRAPPING UP MODULE

Relaxation exercise; distribute Handout 25.

Self-Care Behaviors

Ideas for self-care practices

PHYSICAL	
EMOTIONAL	
PROFESSIONAL	
SPIRITUAL	
SOCIAL	
PSYCHOLOGICAL	

Practicing Self-Care in the Workplace

for
ALL

Select one self-care activity to practice in the upcoming week.

for the
INDIVIDUAL

chosen self-care activity:

This is how I felt before practicing it:

This is how I felt after practicing it:

for the
SUPERVISORS

chosen self-care activity:

This is how the unit's members felt before practicing it:

This is how the unit's members felt after practicing it:

for the
MANAGERS

chosen self-care activity:

This is how the managerial area's members felt before practicing it:

This is how the managerial area's members felt after practicing it:

Ideas for Self-Care

- PHYSICAL**
- Eat and drink regularly
 - Exercise
 - Sleep well
 - Take vacations
 - Get regular medical care

- EMOTIONAL**
- Increase self-awareness and label your emotions
 - Find a healthy outlet for your emotions
 - Listen to your thoughts

- PROFESSIONAL**
- Take a break during the day
 - Have lunch away from your desk
 - Seek supervision/consultation
 - Set limits with clients
 - Set limits with colleagues
 - Solve little problems
 - Be realistic and flexible
 - Be aware of your limitations

- SPIRITUAL**
- Find meaning in things
 - Pray/meditate

- SOCIAL**
- Spend time with friends and family
 - Stay connected with others
 - Participate in your community
 - Become part of a team sport/activity
 - Seek out positive people
 - Learn to ask for help

- PSYCHOLOGICAL**
- Seek a balanced life with work, friends, family, play, and rest
 - Make time for self-reflection
 - Engage in relaxing activities
 - Adopt a positive attitude

INTERVENTION MODULE **9**

Participants Caseworkers
Time 1 hour
Materials Handouts **26** **27**

- AGENDA**
1. Transition period
 2. Introduce objectives for the day's work
 3. Brief review of resilience concepts
 4. Introduce the day's topic: self-awareness
 5. Group activity and discussion
 6. Take Away activity
 7. Wrapping up

TRANSITION PERIOD Ask for volunteers to share how they did with last week's Take Away activity (practicing self-care on an individual basis and as a unit/managerial area). As an alternative, people can share a positive work-related experience from the past week.

OBJECTIVES **Facilitator reviews with group**

- Develop and/or enhance one's self-awareness in order to improve decision making, take responsibility and better handle negative emotions.
- Become aware of the connection between your thoughts, emotions, and behavioral reactions/actions.

Note: The goal is to become aware of your reactions, and more effectively moderate them, before your reactions take over the situation. As you grow in self-awareness, you'll become better able to explain why you feel and behave as you do. That understanding gives you the ability to change the things you'd like to change about yourself and to create the work life that you want and deserve!

REVIEW OF RESILIENCE CONCEPTS

Facilitator asks group members to briefly recap each of the following resilience concepts and reiterate the concepts to the group as necessary.

○ **Mastery**

○ **Self-care**

THE DAY'S TOPIC SELF-AWARENESS

○ Self-awareness includes recognition of our personality, our strengths and weaknesses, our likes and dislikes.

○ Developing self-awareness can help us to recognize when we are stressed or under pressure. It is a precursor of resilience.

○ It is also often a prerequisite of:

- Effective communication.
- Interpersonal relations.
- Developing empathy for others.

○ Self-awareness and secondary traumatic stress:

- Being resilient means being able to “bounce back” after experiencing adversity.
- How fully we are able to bounce back depends on how well we understand what led to the adverse situation in the first place and how the situation impacted us.
- Self-awareness also helps us figure out how to effectively recover from an adverse situation.
- Secondary traumatic stress can make people either overly reactive to emotional stressors or, alternatively, numb to these stressors.
- By actively working to identify your emotional triggers, you will be better able to understand them and come up with ways to deal with them.

Note: Facilitator should describe “emotional triggers” to the group, using examples as is helpful.

GROUP ACTIVITY AND DISCUSSION

Self-Awareness (Part 1)

- Ask group members to identify one professionally challenging event.
- Ask them to remember as many details as they can about the event.
- Now ask group members to close their eyes and visualize the event.
- Ask group members how the event affected their:
 - Body
 - Thoughts
 - Emotions
 - Social functioning
 - Professional functioning

Self-Awareness (Part 2)

Now, ask group members to close their eyes again but this time to visualize the event using the “resilience lens.”

Ask group members how the new perspective affects their:

- Body
- Thoughts
- Emotions
- Social functioning
- Professional functioning

TAKE AWAY ACTIVITY

During the upcoming week, circle items on Handout 26, “Signs of Overstress,” that correspond to your mental and physical state.

WRAPPING UP

Relaxation exercise; distribute Handout 27.

Checklist: Signs of Overstress

- Lack of concentration
- Constantly taking work home
- Memory loss
- Poor decision making
- Poor work quality
- Inconsistency
- Not meeting targets or deadlines
- Irregular attendance and time keeping
- Poor long-term planning
- Accidents
- Clients complaints
- Bad mistakes
- Ineffective problem solving
- Lower standards accepted
- Regularly working late
- Unreasonable complaints
- Tiredness
- Uncooperative relationships
- Worry, anxiety, or fear shown
- Depression
- Emotional outbursts
- Frequent criticism, gossip, or backbiting
- Unpredictability
- Low self-esteem
- Easily disgruntled
- Extreme mood swings
- Overly self-critical
- Only concern shown is for self
- Eating difficulties
- Greater use of alcohol, caffeine, nicotine, drugs
- No sense of humor
- Difficulties with sleep
- Confusion
- Low interest in work
- No one want to work with person
- Physical illness

T Take Five

5-MINUTE DAILY SELF-AWARENESS BREAKS

S
STOP AND PAY ATTENTION!

O
OBSERVE/FEEL WHAT'S GOING ON
INSIDE AND OUTSIDE OF YOU

C
CHOOSE A NEW WAY OF BEING
AND DOING NOW.

During these 5-minute breaks make believe that you are in a bubble and only notice what is happening to you, and around you. Be aware of your feelings, your thoughts, and your behaviors.

These little shifts in self-awareness can transform the quality of our lives.

INTERVENTION MODULE TEN

Participants Caseworkers and their supervisors
Time 1 hour
Materials Handouts 28 29

- AGENDA**
1. Transition period
 2. Introduce objectives for the day's work
 3. Review of resilience concepts
 4. Group activity and discussion
 5. Take Away activity
 6. Wrapping up

TRANSITION PERIOD Ask for volunteers to share how they did with last week's Take Away activity (identifying signs of overstress). As an alternative, people can share a positive work-related experience from the past week.

OBJECTIVES **Facilitator reviews with group**

- Building on last week's session, continue to develop and/or enhance one's self-awareness in order to improve decision making, take responsibility and better handle negative emotions.
- Become aware of the connection between your thoughts, emotions, and behavioral reactions/actions, and those of your team members.

REVIEW OF RESILIENCE CONCEPTS Facilitator asks group members to briefly recap each of the following resilience concepts and reiterate the concepts to the group as necessary.

- **Mastery**
- **Self-care**
- **Self-awareness**

GROUP ACTIVITY AND DISCUSSION

○ Hand out “Using a Resilience Framework” (Handout 28)

- Ask group members to split into work units.
- Ask each unit to identify a stressful experience they recently had at work.
- Ask the unit to record the resilient and non-resilient behaviors of people who were impacted by this experience; note which behaviors were exhibited by caseworkers and which were by supervisors.
- For each non-resilient behavior listed, ask members to re-write the experience using the resilience framework.
- Ask group members to identify three self-care behaviors that could reduce the impact of this experience.
- If there is more than one unit participating in this activity, end by discussing the results among the larger group.

TAKE AWAY ACTIVITY

○ During the upcoming week practice all the resilience skills you have learned so far, especially those you feel would benefit you.

○ Notice which new skills you have acquired and/or which skills you enhanced upon.

WRAPPING UP Relaxation exercise; distribute Handout 29.

Using a Resilience Framework

Describe a stressful experience a member(s) of the unit recently had at work:

Resilient and non-resilient behaviors used during the specific experience:

How things could have gone differently using resilient behaviors:

Self-Care Behaviors that could mitigate the negative impact of this experience:

1.

2.

3.

Checklist: Signs of Healthy Stress

- ✦ Good concentration
- ✦ Clear and confident decision making
- ✦ Clear thinking
- ✦ Strong interest in the work we do
- ✦ Good attendance and time keeping
- ✦ Enhanced achievements
- ✦ Effective problem-solving
- ✦ Good long-term planning
- ✦ Deadlines met
- ✦ High standard of work
- ✦ Good information flow
- ✦ High level of motivation
- ✦ Realistic about self
- ✦ Plenty of energy
- ✦ Cheerful manner
- ✦ Positive comments
- ✦ Concern and care for others
- ✦ Cooperative behavior
- ✦ Constructive criticism given and received
- ✦ Recognizes when needs help
- ✦ Appropriate sense of humor

INTERVENTION MODULE ELEVEN

Participants Caseworkers, their supervisors, managers and director
Time 1 hour
Materials Handouts 30 31

- AGENDA**
1. Transition period
 2. Introduce objective for the day's work
 3. Review of resilience concepts
 4. Introduce the day's topic: self-reflection
 5. Group activity and discussion
 6. Take Away activity
 7. Wrapping up

TRANSITION PERIOD Ask for volunteers to share how they did with last week's Take Away activity (practicing resilience skills). As an alternative, people can share a positive work-related experience from the past week.

OBJECTIVE **Facilitator reviews with group**

- Develop the ability to reflect on past experiences which will enhance decision making, foster responsibility, and improve collaboration and emotional regulation.

REVIEW OF RESILIENCE CONCEPTS Facilitator asks group members to briefly recap each of the following resilience concepts and reiterate the concepts to the group as necessary.

- **Mastery**
- **Self-care**
- **Self-awareness**

THE DAY'S TOPIC SELF-REFLECTION

- Self-reflection helps us incorporate old and new experiences to gain a sense of perspective and continuity. Distribute Handout **30**.
- The act of self-reflection can help us slow our reaction times to stressful events (i.e. think first, then respond appropriately).
- It can help us develop caring, supportive relationships with our colleagues.
- Self-reflection and secondary traumatic stress:
 - Being resilient means being able to bounce back after adversity.
 - One way to build resilience is to engage in self-reflection and learn to see experiences differently.
 - Keeping a personal journal is one self-reflection strategy. Daily journal writing can open our eyes to how we cope and also can generate ideas for different ways of coping.
 - Using the skill of reflection, ask the group for more suggestions about ways to build resilience.

GROUP ACTIVITY AND DISCUSSION

Note: the first part of this exercise is taken from Module **9**.

○ Self-awareness (Part 1)

- Ask group members to identify a professionally challenging event.
- Ask group members to close their eyes and visualize the event, remembering as much detail about the event as possible.
- Ask group members how the event affects their:
 - Body
 - Thoughts
 - Emotions
 - Social Functioning
 - Professional Functioning

○ Self-reflection (Part 2)

- Ask group members to close their eyes and visualize the event again.
- Reiterate that reflection is about thinking and that questions help our brains process information.

more ▼

11

MODULE

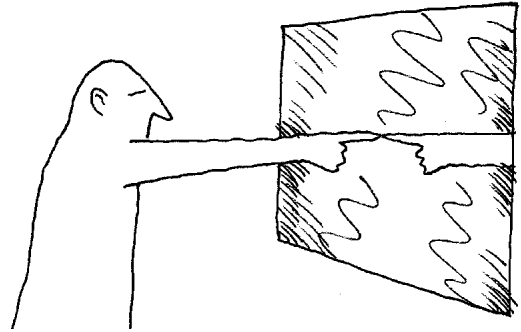
- Distribute Handout **31** and use it to reflect on the event.

Note: Reflect on the activities and interactions of the group and encourage all group members to do so as well. Stress the importance of reflective group discussion and each person's self-reflection.

TAKE AWAY During the upcoming week practice the skills of self-awareness and self-reflection.
ACTIVITY Notice if self-reflection helps you slow your reaction times to stressful events

WRAPPING UP Relaxation exercise

Self-Reflection

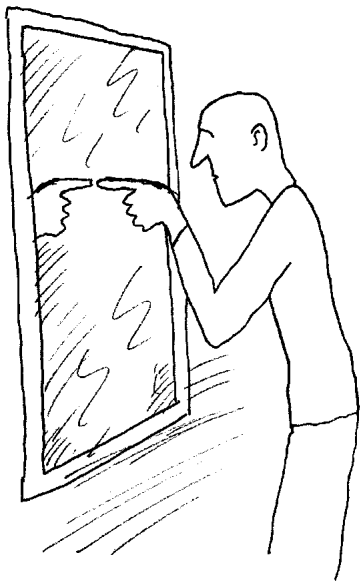


Taking the time to look at yourself and your work gives you the opportunity to acknowledge strengths and challenges, and improve your skills.

Skilled child welfare professionals use self-reflection to:

- Improve their skills in working with children and families
- Improve their ability to communicate and collaborate with their co-workers
- Understand how their own experiences and beliefs influence their work

Look in the mirror, what do you see?



30 HANDOUT

Adapted from <http://eclkc.ohs.acf.hhs.gov/hslc/resources/Professional%20Development/Organizational%20Development/Enhancing%20Staff%20Performance/SelfReflectiona.htm>

5 Five Reflective Questions: What Happened and What You Can Learn

What helped you get through this event? How did it help?

What didn't help? Why not?

How does this experience relate to other situations you've been in?

What can you learn from this experience?

Knowing what you know now, what would you do differently next time?

INTERVENTION MODULE **12** TWELVE

- Participants** **First group:** Caseworkers
Second group: Supervisors, managers and director
- Time** 1 hour
- Materials** Handouts **32** **33** **34**

- AGENDA**
1. Transition period
 2. Introduce objectives for the day's work
 3. Review of resilience concepts
 4. Group activity and discussion
 5. Take Away activity
 6. Wrapping up

TRANSITION PERIOD Ask for volunteers to share how they did with last week's Take Away activity (practicing self-awareness and self-reflection). As an alternative, people can share a positive work-related experience from the past week.

OBJECTIVES **Facilitator reviews with group**

- To integrate all resilience concepts learned thus far and apply them "in the field" and "on the floor."
- To challenge group members not to take things personally, but rather to think of them in terms of specific problems that can be learned from and resolved.

REVIEW OF RESILIENCE CONCEPTS Facilitator asks group members to briefly recap each of the following resilience concepts and reiterate the concepts to the group as necessary.

- **Mastery**
- **Self-care**
- **Self-awareness**
- **Self-reflection**

GROUP ACTIVITY AND DISCUSSION

- Distribute Handout 32, “Integrating Resilience” and Handout 33, “Using the Resilience Lens.”
- On the left-hand side of Handout 33, list the skills that were used and the emotions that were expressed in the scenario described in Handout 32.
- Ask group members to imagine they are “GM” and identify the state they were in during this experience. Were you in survival mode?
- Ask group members to identify the color zone (heat/reactivity level) they were in during this experience.
- On the right-hand side of the handout, reframe each skill/emotion using resilience skills such as mastery (self-efficacy), optimism, positive thinking, collaboration, self-awareness, self-reflection, and self-care. Now, that you’ve thought about and reframed this experience from a resilience perspective, do you still feel as if you are in a survival mode? Has your color zone changed?
- The facilitator can assist the group in reframing different aspects of the case scenario:
 - “Every report” → “This report”
 - “Making my life more difficult” → “She is just doing her job”
 - “Singling me out” → “She returns other people’s reports too”
 - “I don’t have what it takes” → “I may not know everything right now, but I can learn how to do my job better”

TAKE AWAY ACTIVITY

- During the upcoming week, everyone’s goal is to foster an optimistic work environment utilizing all concepts learned in the resilience intervention thus far. This does not mean turning into “Pollyanna” and operating on blind faith that everything will “turn out fine.” It does not mean ignoring discouraging signs and only focusing on positive aspects.
- Practice using these qualities and skills.

WRAPPING UP Relaxation exercise; distribute Handout 34.

Integrating Resilience

Group member (GM) is upset that her supervisor was overly critical about a report that was recently submitted. According to the GM, the supervisor did not approve the report and returned it with several corrections to be made, which will keep her from getting to other work that needs to be done by the end of the week.

GM states that every report she turns in to her supervisor gets returned with a list of corrections to be made. GM thinks that her supervisor is critical just for the sake of making GM's life more difficult. GM says that the supervisor never returns other people's reports, and seems to be singling out GM.

GM thinks "maybe I just don't have what it takes to be a caseworker." The unit has a meeting scheduled for the next day, and GM decides to call in sick rather than have to deal with her supervisor and be embarrassed in front of her colleagues.

U Using Resilience Gear & Lens

ORIGINAL SITUATION REFRAMED SITUATION

Survival mode	Collaboration
Reactivity (heat level)	Optimism/positivism
	Mastery
	Self-care
	Self-awareness
	Self-reflection

M Make a Pact — Use Respect

We all need to be respected and to respect.

We all know when we have respect and when we don't.

We all need to feel valued.

The Golden Rule:

Treat others as you wish to be treated yourself.

Treat one another with dignity and respect.

You can show respect with simple, yet powerful actions:

- Be polite — treat others with consideration and kindness.
- Encourage co-workers to share their opinions and ideas in a constructive manner.
- Refrain from speaking over or cutting off others; listen to what they have to say before expressing your opinion.
- Do not criticize over trivial stuff.
- Do not belittle, denigrate or judge.
- Praise more frequently than you criticize.

Put respect into action:

- Practice the Golden Rule.
- Practice being polite: use “please,” “thank you” and “excuse me.”
- Show kindness toward your co-workers.
- Be patient with yourself and your co-workers when a mistake is made.
- Do not gossip.
- Honor your co-workers’ needs, ideas, differences, and beliefs.
- Follow the policies and rules of your agency.

INTERVENTION MODULES #13–24

As noted earlier, the second three months (modules 13–24) of the Resilience Alliance intervention follow the same general structure of introducing a topic/skill, having the group apply the skill, assigning a “Take Away” activity for people to practice during the week, and having a relaxation “wrap up” before returning to work. However, these modules are labeled “open” to allow the focus of each week to be adjusted to meet the needs of the staff at that time. For example, if a unit is struggling with a case that reminds people of a past fatality, that unit may need more of a focus on optimism and self-care compared with their colleagues in other areas of the agency. The exercises included with these modules can be delivered in a different order, repeated or modified as needed.

OPEN MODULE COLLABORATION AND OPTIMISM



Participants Caseworkers, supervisors and managers
Time 1 hour
Materials Handouts **A** **B**

Note: This session is recommended for caseworkers, supervisors and managers together.

- AGENDA:**
1. Transition period
 2. Introduce objective for the day's work
 3. Group activity and discussion, distribute Handouts **A** **B**
 4. Take Away activity
 5. Wrapping up

TRANSITION PERIOD Ask group members to report on last week's Take Away activity and/or share with the rest of the group one positive work-related experience the member had during the past week, where s/he used resilience to turn a negative situation into a more positive one.

OBJECTIVE **Facilitator reviews with group**

- Learn ways to foster a collaborative and positive work environment.

GROUP ACTIVITY AND DISCUSSION

- Distribute and discuss Handout **A**, "Three-Prism Focus for a Positive Workplace."
- Discuss ways to create a positive workplace environment; have participants give suggestions, pulling from the below list as needed:
 - Learn and teach the power of positive self-talk.
 - Discourage whining at work.
 - Strive for "win-win" situations.
 - Teach and reward "time-out" stress management techniques.
 - Smile at each other.
 - Ask each other how you're doing
 - Start a list entitled "5 Best Things about Working at Our Agency" (see Handout **B**).

more ▼

- ⦿ Describe a work situation where there was a lack of or an unproductive collaboration that led to a negative work environment and experience.
 - Have group members put on their “resilience gear.”
 - Ask them to close their eyes and imagine this difficult situation again but this time wearing their new equipment.
 - Would they manage this situation differently? How?
 - Challenge group members to use flexibility and creativity in their brainstorming.

**TAKE AWAY
ACTIVITY** Practice the power of positive communication. During the upcoming week make a positive comment/observation daily to every member of your unit (caseworker, supervisor and manager).

WRAPPING UP Relaxation exercise

Three-Prism Focus for a Positive Workplace

THE INDIVIDUAL

- Get to know your co-workers, supervisors, managers
- Build confidence and support when a job is well-done
- Give feedback in a constructive, not overly critical, way

THE SUPERVISOR **Supervisors hold the key to a good work environment.**

- Clearly articulate expectations of your workers
- Get your team on your side
 - Motivate employees through enthusiasm
 - Encourage and reward workers
- Set a good example
- Treat people fairly and consistently
- Compliment in public and criticize in private
- Help workers see the contribution they are making toward the mission of the agency
- Encourage and support workers' development

THE JOB

- Use objective criteria to give rewards
- Make sure work is assigned fairly
- Recognize success!

5 Five Best Things about Working at Our Agency

1

2

3

4

5

OPEN MODULE REFRAMING NEGATIVE INCIDENTS: TURNING NEGATIVE THOUGHTS INTO MORE POSITIVE ONES

Time 1 hour
Materials Handout **C**

- AGENDA**
1. Transition period
 2. Introduce objectives for the day's work
 3. Group activity and discussion, distribute Handout **C**
 4. Take Away activity
 5. Wrapping up

TRANSITION PERIOD Ask group members to report on last week's Take Away activity and/or share with the rest of the group one positive work-related experience the member had during the past week, where s/he used resilience to turn a negative situation into a more positive one.

OBJECTIVES **Facilitator reviews with group**

- Understand the negative impact of cognitive distortions.
- Enhance reframing skills.

- GROUP ACTIVITY AND DISCUSSION**
- Ask group members to think of a recent work-related situation that did not turn out as they would have liked — be sure they choose something that happened recently so that the details are still fresh in their minds. Each person should:
 - Identify what his/her initial thoughts were about the cause of the situation.
 - Using Handout **C**, "Shifting Your Thinking," evaluate where the thought fits on the three scales (personalization, pervasiveness and permanence).
 - As a group, discuss how to shift one's thinking to the positive side of each scale (e.g., specific, situational, "one time").

TAKE AWAY ACTIVITY Practice positive self-talk. Choose one word or a phrase that has positive meaning to you and repeat it to yourself any time you begin to feel overwhelmed by negative emotions.

WRAPPING UP Relaxation exercise

S Shifting Your Thinking

How we experience a particular situation has more to do with how we think and feel about the situation and less to do with what the actual situation is.

The following are types of cognitive distortions that lead to negative experiences and contribute to a negative working environment:

- **Personalization**
 - “It’s always my fault.”
- **Pervasiveness**
 - Specific vs. global
 - Situational vs. general
- **Permanence**
 - Once vs. constant
 - “One time” vs. “All the time”

By remembering that negative thoughts can happen automatically, you are already making a move toward the positive. Instead of simply accepting your negative thoughts, practice R.E.M.:

- **Recognize;**
- **Evaluate;** and
- **Modify** your thinking.

The idea here is that, with practice, positive/optimistic thoughts can become as automatic as negative thoughts.

OPEN MODULE **P** POSITIVE REFRAMING

Time 1 hour
Materials Handouts **D** **E**

- AGENDA**
1. Transition period
 2. Introduce objective for the day's work
 3. Group activity and discussion
 4. Take Away activity
 5. Wrapping up

TRANSITION PERIOD Ask group members to report on last week's Take Away activity and/or share with the rest of the group one positive work-related experience the member had during the past week, where s/he used their resilience to turn a negative situation into a more positive one.

OBJECTIVE **Facilitator reviews with group**

- Learn to reframe negative perspective in order to reduce stress and increase positive thoughts, feelings, attitudes and behavior.

GROUP ACTIVITY AND DISCUSSION

- Facilitator read aloud a "negative perspective" from Handout **D**, "Positive Reframing."
- Ask each group member to reframe the sentence just read.
- If time permits, ask one group member to provide an additional negative perspective about a workplace experience, then ask the rest of the group to reframe that sentence.

TAKE AWAY ACTIVITY Use Handout **E** "Practice Reframing," throughout the week.

WRAPPING UP Relaxation exercise

Positive Reframing

Negative perspective “I’ll never complete this project. There are so many things I need to add, I don’t know where to begin.”

Positive reframing

Example: “If I stay focused and take it one step at a time, I’ll make steady progress.”

Negative perspective “My supervisor has been ignoring me all day. She is probably upset with the report I gave her last week.”

Positive reframing

Example: “I’m jumping to conclusions. My supervisor’s bad mood is most likely due to something that happened to her today.”

Negative perspective “I really don’t want to call my client back because she’s going to yell at me like everyone else does.”

Positive reframing

Example: “Each client is unique, and I can’t assume I know how she will react based on my experiences with other clients.”

Adapted from http://hprc.stanford.edu/pages/classes/006_stress/step02/05Reframing.asp

P Practicing Reframing

EXPLORE WHAT'S STRESSING YOU

View your situation with positive eyes.
If you could, what parts of your situation
you would most like to change?

FIND WHAT YOU CAN CHANGE

With positive reframing, you may see
possibilities you weren't aware of before.

IDENTIFY BENEFITS

Find the benefits in the situation you face.

DISCOVER THE HUMOR

Find the aspects of your situation that are
so absurd that you can't help but laugh.

OPEN MODULE **R** REFRAMING DIFFICULT WORK INCIDENTS

Time 1 hour
Materials Handout **F**

- AGENDA**
1. Transition period
 2. Introduce objective for the day's work
 3. Group activity and discussion
 4. Take Away activity
 5. Wrapping up

TRANSITION PERIOD Ask group members to report on last week's Take Away activity and/or share with the rest of the group one positive work-related experience the member had during the past week, where s/he used resilience to turn a negative situation into a more positive one.

OBJECTIVE **Facilitator reviews with group**

- Learn to identify, challenge and reframe cognitive distortions.

GROUP ACTIVITY AND DISCUSSION Practice reframing, utilizing as many resilience skills as you can:

- Ask the group to identify a stressful work-related situation.
- Ask each group member to identify which cognitive distortions were used.
- Ask group members to reframe the incident by challenging and altering the cognitive distortion.

TAKE AWAY ACTIVITY ○ Recognize when you begin to experience automatic negative thoughts.

more ↓



Then practice the following “R.E.M.” process using Handout **F**.

- Recognize
- Evaluate
- Modify your thinking

Note: The goal is for positive/optimistic thoughts to eventually become as automatic as negative thoughts.

WRAPPING UP Relaxation exercise

Cultivating Positive Thinking – R.E.M.

RECOGNIZE

Identify when your thinking automatically goes to the negative.



EVALUATE

Consider whether the situation is really as bad as it first appears. Are there opportunities you didn't see at first because you jumped to being negative?

MODIFY YOUR THINKING

Exchange negative with positive — reframe the negative aspects of your original reaction to find neutral, or even positive, aspects of the situation at hand.

OPEN MODULE COLLABORATION AND MASTERY OF JOB-RELATED SKILLS

Time 1 hour
Materials Handouts  


- AGENDA**
1. Transition period
 2. Introduce objectives for the day's work
 3. Group activity and discussion
 4. Take Away activity
 5. Wrapping up

TRANSITION PERIOD Ask group members to report on last week's Take Away activity and/or share with the rest of the group one positive work-related experience the member had during the past week, where s/he used resilience to turn a negative situation into a more positive one.

OBJECTIVES **Facilitator reviews with group**

- Learn skills and techniques that improve feelings of mastery and work performance.
- Learn the benefits of information-sharing and collaboration among team-members.

GROUP ACTIVITY AND DISCUSSION

- Referring to Handout , "Identifying Mastery," ask group members to start with writing down job-related tasks they would like to master (e.g., safety assessments, court reports, etc.) in the left-hand column.
- In the middle column, ask group members to write the job-related skills (e.g., prioritizing, writing clearly and concisely) they have been using, or could use, to master these tasks. Ask group members to share their thoughts with one another.
- Ask group members to use their "resilience lens" and explore which resilience skills they were using in this exercise (e.g., providing each other with helpful tips, sharing information with one another, teaching each other [collaboration]; learning how to do one's job well by practicing [self-efficacy]). Write down these skills in the right-hand column.

more ▼

- Ask group members to look at the right-hand column of their paper and see if this exercise has provided them with new useful skills that could also enhance the work-related tasks they wish to master.

TAKE AWAY ACTIVITY

- Choose one skill you would like to practice and enhance during the upcoming week.
- On Handout **H** write down that skill as your goal.
- Then, write down the strategies you plan on using as steps to reach your goal.

WRAPPING UP Relaxation exercise

Identifying Mastery

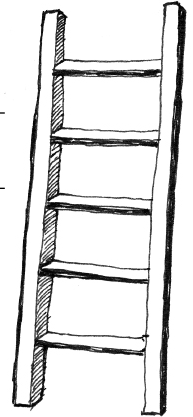
Job-Related Tasks

Job-Related Skills

Resilience Skills

Job-Related Tasks	Job-Related Skills	Resilience Skills

Steps to Mastery



Skill: _____

Steps to master/enhance skill:

1

2

3

OPEN MODULE SELF-AWARENESS AND MASTERY OF NEGATIVE EMOTION STATES

Time 1 Hour

Materials Handout 27

- AGENDA**
1. Transition period
 2. Introduce objectives for the day's work
 3. Group activity and discussion
 4. Take Away activity
 5. Wrapping up

TRANSITION PERIOD Ask group members to report on last week's Take Away activity and/or share with the rest of the group one positive work-related experience the member had during the past week, where s/he used resilience to turn a negative situation into a more positive one.


OBJECTIVES **Facilitator reviews with group**

- Learn to be aware of overwhelming emotions — both yours and those of your co-workers.
- Learn how to use past experiences to better cope with current challenges.
- Learn to be supportive of each other, especially during difficult experiences.

GROUP ACTIVITY AND DISCUSSION

- Ask group members to choose an incident/event that impacted the group where they felt overwhelmed by negative emotions and were having difficulty regulating these emotions. Members are invited to share with each other the emotions they had experienced during and after that particular event. What were their thoughts during that time?
- Ask members to put on their “resilience gear” and discuss this experience using self-awareness and self-reflection skills. Ask them to reflect on that experience:
 - Were they aware of their emotions and its affect on them at that time?
 - Were they aware of their co-workers' emotions at that time?

more ▼

- 
- Were they able to discuss these emotions with their co-workers, supervisor and manager?
 - Were their co-workers, supervisor and manager aware of the effect this experience had on them?

⊕ Ask members to add collaboration to this equation. Did they feel supported by their co-workers, supervisor and/or manager?

⊙ Ask members to use self-awareness, self-reflection and collaboration skills. What will they do differently if and when they are faced with a similar situation?

TAKE AWAY Practice self-awareness and self-reflection at work. Notice if it has any positive
ACTIVITY impact on your work practice and self-regulation. Refer to Handout **27** if helpful.

WRAPPING UP Relaxation exercise

OPEN MODULE COLLABORATION

Time 1 Hour

- AGENDA**
1. Transition period
 2. Introduce objectives for the day's work
 3. Group activity and discussion
 4. Take Away activity
 5. Wrapping up

TRANSITION PERIOD Ask group members to report on last week's Take Away activity and/or share with the rest of the group one positive work-related experience the member had during the past week, where s/he used resilience to turn a negative situation into a more positive one.

OBJECTIVES **Facilitator reviews with group**

- Recognize the value of working together as a team toward a common goal.
- Realize that collaboration can offset the impact of stress on relationships.

GROUP ACTIVITY AND DISCUSSION ○ Ask group members to describe a typical work situation where there is improper collaboration or a lack of collaboration.

- Ask group members to put on their "resilience gear" and role-play that situation using collaboration.

Note: Be sure that the group stays focused on the situation at hand, rather than specific individuals. Remind members that they can also use other resilience skills such as optimism and mastery.

TAKE AWAY ACTIVITY Practice collaboration within the unit or between units depending on the current collaboration status of your unit. If the unit has been practicing collaboration, extend it to other units in the same managerial area.

WRAPPING UP Relaxation exercise

OPEN MODULE COLLABORATION AND CONFLICT RESOLUTION

Time 1 hour

Materials Handout 19, rubber bands

- AGENDA**
1. Transition period
 2. Introduce objective for the day's work
 3. Group activity and discussion
 4. Take Away activity
 5. Wrapping up

TRANSITION PERIOD Ask group members to report on last week's Take Away activity and/or share with the rest of the group one positive work-related experience the member had during the past week, where s/he used resilience to turn a negative situation into a more positive one.

OBJECTIVES Facilitator reviews with group

- Learn to use positive, effective communication to minimize conflict in the workplace.
- Learn the difference between assertive and aggressive behavior.

“The art of reframing is to maintain the conflict in all its richness but to help people look at it in a more open-minded and hopeful way.”
— Bernard Mayer, *The Dynamics of Conflict Resolution*

GROUP ACTIVITY AND DISCUSSION ○ Ask group members to brainstorm ideas for dealing with a conflict in the workplace; as if helpful, refer to Handout 19, summarized below:

- Be specific.
- Be aware of your triggers.
- Maintain professionalism.
- Resist the temptation to involve yourself.
- Don't "personalize" the problem.
- Be open and listen.
- Stay connected.
- Consider a mediator.

more ▼

Ask group members to brainstorm ideas for effective ways to minimize or prevent conflict in the workplace. The following are ideas for the facilitator to share with the group:

- Take a few moments to breathe.
- Do not become defensive; try to hear the other person's message.
- Be open to other viewpoints and other ways of doing things.
- Be aware of your body language.
- Look for "common ground."
- Focus on the issue, not the person.
- If how you are communicating isn't working, do something else.

Ask group members to give examples of assertive versus aggressive behavior. The following are ideas for the facilitator to share with the group:

- **Assertive behavior** involves communicating one's feelings, thoughts, and needs clearly while still acknowledging the feelings and needs of others. It involves standing up for your own rights, while acknowledging the rights of others, and working toward a win-win situation.
- **Aggressive behavior** involves communicating one's feelings, thoughts, and needs but disregarding the feelings or needs of others. It creates the impression of disrespect for the other person.

TAKE AWAY ACTIVITY

- Practice expressing your feelings and asking for your needs to be met without provoking confrontations with others.
- Practice setting boundaries with others in a way that preserves mutual respect and cooperation.

WRAPPING UP **Group activity: We're All Tied Together**

- Provide each member with a rubber band. Ask the group to tie the rubber bands together creatively.
- Have the group collaborate in creating one chain of rubber bands made out of many separate ones.

Note: Help the group identify ways people work together and compete with one another.

OPEN MODULE REACTIVITY AND SELF-AWARENESS

Time 1 hour
Materials Handout **I**

- AGENDA**
1. Transition period
 2. Introduce objectives for the day's work
 3. Group activity and discussion
 4. Take Away activity
 5. Wrapping up

TRANSITION PERIOD Ask group members to report on last week's Take Away activity and/or share with the rest of the group one positive work-related experience the member had during the past week, where s/he used resilience to turn a negative situation into a more positive one.

OBJECTIVES **Facilitator reviews with group**

- Enhance workers' ability to recognize and monitor their reactivity level.
- Learn to identify signs of increased reactivity in their co-workers and respond effectively.

GROUP ACTIVITY AND DISCUSSION

- Ask the group to divide into units.
- Ask each unit to discuss a work-related situation involving at least one caseworker and their supervisor where reactivity had a negative impact on the unit.
- Ask all group members to close their eyes and go back to that incident. Ask them to visualize that incident and try to recall their feelings and thoughts during that time. Can they see the expressions on their co-workers' faces? Can they imagine what their own expressions were like during that incident?
- Ask each member to complete Handout **I** "Evaluate the heat of...", circling the number that corresponds to the reactivity level (color zone) of the caseworker, the supervisor and the manager (if applicable) that were involved in the accident, noting the reason for their rating.
- The group discusses the responses, noting details that each person identified about their co-workers.

Note: During this session, it is important to keep the group focused on the exercise, rather than rehashing old arguments or blaming individuals. Group members may be surprised to find out how they misperceive some of their co-workers' facial expressions or body language. For example, someone may state that when she feels stressed, she stays to herself so she can better focus on her work. Her co-workers could be surprised by this disclosure, saying they thought she was angry with them.

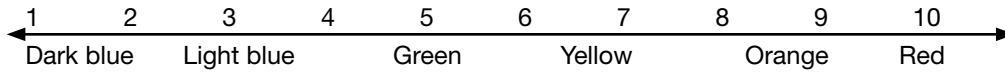
**TAKE AWAY
ACTIVITY**

- Practice self-awareness of your reactivity (heat level).
- Practice monitoring your rising reactivity level. Learn to keep it under control.
- Notice the behaviors and expressions of your co-workers when their reactivity level rises.

WRAPPING UP Relaxation exercise

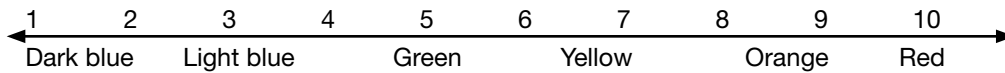
Evaluate the Heat of...

Caseworker rating



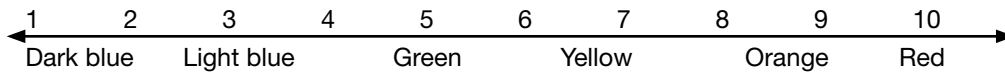
What reactions did this person have to make you give him/her this rating?

Supervisor rating



What reactions did this person have to make you give him/her this rating?

Manager rating



What reactions did this person have to make you give him/her this rating?

OPEN MODULE COLLABORATION

Time 1 hour
Materials Handout 


- AGENDA**
1. Transition period
 2. Introduce objective for the day's work
 3. Group activity and discussion
 4. Take Away activity
 5. Wrapping up

TRANSITION PERIOD Ask group members to report on last week's Take Away activity and/or share with the rest of the group one positive work-related experience the member had during the past week, where s/he used resilience to turn a negative situation into a more positive one.

OBJECTIVE **Facilitator reviews with group**

- Recognize how team-building can improve individual and work unit performance.

GROUP ACTIVITY AND DISCUSSION

- Ask the group to split into units.
- Ask each unit to decide on three core values and three core behaviors that they are willing to collectively commit to (e.g., protecting children, sharing assignments, doing a thorough job, committing to quality practice, supporting each other, etc.).
- Ask each unit to propose a name or a phrase that depicts their shared core values and behaviors.
- Provide each unit with Handout , "Collaboration: Name Your Group," and ask the units to select a volunteer to write down the group responses.
- Ask each unit to discuss what this process was like for its members.

Note: This exercise can be done with an entire department/ work area. In this case all units collaborate together and propose a name or phrase that depicts their core shared values and behaviors.

**TAKE AWAY
ACTIVITY**

Each unit chooses three values/behaviors from the list they composed during the meeting that they would like to practice during the upcoming week both on the floor and in the field.

WRAPPING UP


Relaxation exercise

Collaboration: Name Your Group

Note: group presents this project as “WE” not “I”

- 1 What led you to select this name?
- 2 What does the name mean to you?
- 3 What was the process like for the group?
- 4 What were the challenges in this process?
- 5 What are the rewards?

OPEN MODULE COLLABORATION

Participants Caseworkers, supervisors and managers together
Time 1 hour
Materials Handout , poster-sized paper, markers


- AGENDA**
1. Transition period
 2. Introduce objectives for the day's work
 3. Group activity and discussion
 4. Take Away activity
 5. Wrapping up

TRANSITION PERIOD Ask group members to report on last week's Take Away activity and/or share with the rest of the group one positive work-related experience the member had during the past week, where s/he used resilience to turn a negative situation into a more positive one.

OBJECTIVES **Facilitator reviews with group**

- Recognize the benefits of collaboration across all levels of staff.
- Recognize the benefits of maintaining a positive outlook at work rather than a negative one.

GROUP ACTIVITY AND DISCUSSION

- Divide into work units (caseworkers, supervisors and manager).
 - If there is imbalance between units, break into groups with an equal number of members in each group. The manager should attend each group at least once during the activity.
- Each person should complete Handout , "Positive and Negative Perspectives," by themselves, then discuss it as a group.
- Each unit selects a representative to write the group's ideas on a poster-sized piece of paper under a negative and a positive column.
 - **Negative:** what things or characteristics you don't want to be known for (e.g., turning in assignments late, not collaborating with team members, being disrespectful, etc.)?

more ▼

- **Positive:** what things or characteristics do you want to be known for (e.g., completing assignments in a timely manner, collaborating with team members, respecting others, etc.)?

- Ask the Manager to write all the statements made by each unit/group on a separate poster and to place a check mark for each repetitive statement.
- Ask the group to brainstorm ideas for jointly managing and overcoming three of the negative statements listed.

TAKE AWAY ACTIVITY

- Each unit chooses three characteristics/behaviors they want to improve/enhance, and identifies concrete steps that can be taken over the next week to do so.

WRAPPING UP Relaxation exercise

Positive and Negative Perspectives

Things/characteristics you want to be known for as a unit/managerial area

Things/characteristics you do *not* want to be known for as a unit/managerial area

--	--

HANDOUT **K**

OPEN MODULE INTEGRATING RESILIENCE SKILLS INTO CURRENT PRACTICE

Time 1 hour
Materials Handouts **L** **M**

Note: We recommend that this session be the final session with staff, including all staff that have participated in the intervention.

- AGENDA**
1. Transition period
 2. Introduce objectives for the day's work
 3. Group activity and discussion
 4. Take Away activity
 5. Wrapping up

TRANSITION PERIOD Ask group members to report on last week's Take Away activity and/or share with the rest of the group one positive work-related experience the member had during the past week, where s/he used resilience to turn a negative situation into a more positive one.

OBJECTIVES **Facilitator reviews with group**

- Integrate all resilience concepts/skills learned thus far and practice ways to apply them "in the field" and "on the floor."
- Learn to use self-reflection to limit the impact of secondary traumatic stress.

GROUP ACTIVITY AND DISCUSSION

- Each group member should think about a case that had a big impact on them, and complete Handout **L**.
- Using Handout **M**, "The Past and the Present," each person identifies ways this case might still be impacting them, their current practice and their work-related experiences.
- Using Handout **M**, each group member identifies ways to reframe their current experiences.

TAKE AWAY ACTIVITY Practice resilience skills during the upcoming week (positive thinking, collaboration, mastery of negative emotions, and mastery of job-related skills).

WRAPPING UP Relaxation exercise

Remembering the Past

How this case impacted my ability to reach out to my co-workers, ask for support and work together as a team:

How this case impacted my ability to recognize things that I/we/others did well:

How this case impacted my feelings of competence:

How this case impacted my “heat” level:

How this case impacted my self-care activities (e.g., take lunch, leave work on time, etc.):

How this case impacted my ability to recognize how it was impacting me:

The Past and the Present

How is this case impacting my current work?

How can I change how this case is impacting my current work?

Collaboration		
Optimism/positivism		
Mastery		
Self-care		
Self-awareness		
Self-reflection		

RELAXATION EXERCISES

Note: It may be helpful for group members to have copies of this page and the various relaxation exercises for this reference and use outside of the groups. The facilitator should share these materials as is helpful.

RELAXATION

Our ability to relax is a key part of effectively managing stress. When we feel stressed, our bodies react with what is called the "fight or flight" response: our muscles become tense, our heart beat is more rapid, and our breathing rate increases. Unmanaged stress can lead to both physical and mental burnout, resulting in medical problems, anger, irritability, anxiety, depression, and other problems.

Learning to relax helps to counter the "fight or flight" response.

WHAT CAN HELP ME RELAX?

The following exercises use different techniques — relaxation, breathing, guided imagery, muscle relaxation, affirmation, mantra — to achieve the same goal, which is to move you from a state of stress to a state of calm. Different techniques will work for different people — be open to learning what will be the best match for you.

RELAXATION EXERCISES — DO THEY HELP?

Learning to relax has many benefits. Some include prevention of cumulative stress; reduced anxiety; increased energy, motivation and productivity; improved concentration and problem-solving skills; reduction of some physical problems; and increased self-efficacy.

Relaxation exercises can be viewed as a remedy for stress.

IT'S A SKILL — SO YOU CAN LEARN HOW TO DO IT!

Just like learning to play a musical instrument, learning to relax is a skill that takes time and practice to master! Do not expect to develop the skill after trying it only one or two times. The techniques may seem very easy at first, but the trick is to be able to use them when your stress level is high.

Be patient with yourself — don't let practicing relaxation techniques become yet another stressor!

BREATHING EXERCISES

“HEALFUL” TIP ONE

You can practice relaxation exercises anywhere you are at any time.

You will need to:

- 1. Find a place where you can relax.**
- 2. Choose a relaxation exercise that you enjoy.**
- 3. Get into a comfortable position and begin to practice.**

HEALFUL TIP TWO

Many people prefer to close their eyes during these relaxation exercises. If this is not comfortable for you, you can fix your eyes on a spot on the floor or wall.

HEALFUL TIP THREE

As you breathe in, let your abdomen expand outward, rather than raising your shoulders. This is a more relaxed and natural way to breathe, and helps your lungs fill themselves more fully with fresh air, releasing more “old” air.

HEALFUL TIP FOUR

If during the breathing exercise you cannot stop thinking about your concerns and worries, come up with a word or a phrase that you find peaceful, such as “tranquility” or “I am relaxed.” Focus on this word or phrase as you breathe in and out. If other thoughts pop into your head, don’t get discouraged — just refocus and keep practicing!

1

BREATHING EXERCISE ONE

- Sit up comfortably in your chair. Try to have your feet on the floor and your arms in your lap.
- Close your eyes. If you do not wish to close your eyes, you can fix your eyes on a spot on the floor or wall.
- Slowly relax your body.
- Begin to inhale through your nose if possible. Imagine the air filling in the lower part of your abdomen first, then the middle and top part of your chest. Do this slowly, over 5 to 7 seconds.
- Hold your breath for a second or two.
- Relax and let the air out.
- Wait a few seconds and repeat this cycle for 5–10 minutes.

2

BREATHING EXERCISE TWO

- Sit up comfortably in your chair. Try to have your feet on the floor and your arms in your lap.
- Close your eyes. If you do not wish to close your eyes, you can fix your eyes on a spot on the floor or wall.
- Gradually relax your body.
- Slowly inhale through your nose, counting to 5 in your head.
- Let the air out from your mouth, counting to 8 in your head as it leaves your lungs.
- Repeat this cycle for 5–10 minutes.

3

BREATHING EXERCISE THREE “RE-LAX” OR “I AM RELAXED” BREATHING

- Sit up comfortably in your chair. Try to have your feet on the floor and your arms in your lap.
- Close your eyes. If you do not wish to close your eyes, you can fix your eyes on a spot on the floor or wall.
- Gradually relax your body.
- As you inhale, silently say “re” or “I am.”
- As you exhale, say “lax” or “relaxed.”
- Repeat this cycle for 5–10 minutes.

4 BREATHING EXERCISE FOUR

3-5-7 BREATHING

- Sit up comfortably in your chair. Try to have your feet on the floor and your arms in your lap.
- Close your eyes. If you do not wish to close your eyes, you can fix your eyes on a spot on the floor or wall.
- Gradually relax your body.
- Take three breaths, holding the third breath for several seconds before releasing it. You can do the same after 5 and 7 breaths.
- Resume normal breathing.
- Repeat this cycle for 5–10 minutes.

MUSCLE RELAXATION EXERCISES

“HEALFUL” TIP **1** ONE In this relaxation technique, focus on slowly tensing and then relaxing each muscle group. This helps you focus on the difference between muscle tension and relaxation, and learn to release your muscle tension at will.

1 **MUSCLE RELAXATION EXERCISE ONE** **SHAKE IT!**

- Stand up comfortably.
- Shake your body for a minute or two. Start with your arms and hands, then your head and shoulders, followed by your upper body and end with your legs and feet.
- Loosen up — shaking and dancing.
- This exercise promotes a warm, relaxed, and energized feeling as it increases circulation to the arms and legs.

Adapted from: <http://www.family-stress-relief-guide.com/relaxation-exercises.html>

2

MUSCLE RELAXATION EXERCISE TWO PROGRESSIVE MUSCLE RELAXATION

- Sit up comfortably in your chair. Try to have your feet on the floor and your arms in your lap.
- Close your eyes. If you do not wish to close your eyes, you can fix your eyes on a spot on the floor or wall.
- Feel your feet. Tighten them. Start with your toes and progress to your ankles then relax them.
- Feel your knees. Tighten them then relax them.
- Feel you upper legs and thighs. Tighten them then relax them.
- Feel your abdomen. Tighten it. Now, focus on your belly and chest. Feel your breathing. Relax both your belly and chest. Deepen your breathing slightly.
- Feel your buttocks. Squeeze them, then relax them.
- Feel your hands. Tighten them. Start with your fingers and progress to your wrists. Now relax them.
- Feel your lower arms. Tighten them then relax them.
- Feel your upper arms. Tighten them then relax them.
- Feel your shoulders. Tighten them then relax them.
- Feel your neck. Tighten it then relax it.
- Feel your mouth and jaw. Squeeze them then relax them. Unclench your jaw muscles if you need to.
- Feel if there is tension in your eyes. Now, relax your eyelids and feel the pressure trickle down your eyes.
- Feel your face and cheeks. Tighten them, now relax them.
- At last, feel relaxation engulfing every muscle in your body.
- Now, on the count of 3, slowly open your eyes and continue to feel relaxed and energetic.
- (1 – 2 – 3) Take a deep breath in and out and gently open your eyes.

Adapted from: <http://www.howtocopewithpain.org/resources/basic-relaxation-exercise.html>

GUIDED IMAGERY EXERCISES

“HEALFUL” TIP ONE With regular practice of relaxation imagery exercises, you will be able to evoke sense of peace, calm your mind, and relax your body.

HEALFUL TIP TWO Most techniques follow this guideline:

Close your eyes gently and concentrate on your breathing first.

Once you are relaxed, begin to visualize.

To bring reality to the imagery in your mind, engage all of your senses – sight, smell, hearing, taste and touch.

1

GUIDED IMAGERY EXERCISE ONE

- Sit comfortably in your chair.
- Think of a favorite, peaceful place where you feel safe and relaxed. It may be on a sunny beach with the ocean breezes caressing you, or walking in a park when the flowers have started to bloom.
- Now close your eyes slowly and go to that place.
- Imagine yourself there.
- Walk slowly around your special place, and gradually become aware of the colors and textures in your surroundings.
- What do you see? What do you hear? What do you smell? What do you taste? And what do you feel?
- Relax and enjoy the moment.
- Say to yourself: “I am relaxed,” “I feel safe.”
- Now, on the count of 3, you will return to the present moment relaxed and energized to resume your day.
- (1 – 2 – 3) Slowly open your eyes, take a deep breath in and out, and gently wiggle your fingers and toes.

You can return to this place any time you need to.

2

GUIDED IMAGERY EXERCISE TWO

- Sit comfortably in your chair and gently close your eyes.
- Slowly inhale and exhale until you feel relaxed.
- Imagine yourself sitting in the center of a gigantic circle.
- Become aware of how you feel sitting in the midst of this grand structure. Notice your position, the way you look, and your surroundings.
- Imagine this circle gradually fills up with a warm blue light.
- Feel the energy of this light engulf your heart, your mind, and your body inch by inch.
- Immerse yourself in this experience as you absorb the calm, warm sensations radiating from this light.
- Now, slowly picture yourself returning here. Feel your relaxed head, arms, and feet.
- Gently open your eyes and wiggle your feet, your toes, your hands and your fingers.

Other Ideas for Guided Images:

- Take a mini-vacation as you are guided through the sights, sounds, smells, and sensations of:
 - A pleasant walk along the beach
 - An adventurous hike on a mountain
 - A stroll in a breathtaking countryside
 - A peaceful walk through a beautiful, lush forest alongside a trickling brook.

3

GUIDED IMAGERY EXERCISE THREE

- Sit comfortably in your chair and gently close your eyes. If you do not wish to close your eyes, you can fix your eyes on a spot on the floor or wall.
- Imagine a blackboard placed in front of you. Focus on its color and shape.
- Imagine holding a piece of white chalk in your hand. Focus on its shape, color and the way it feels in your hand.
- Imagine writing all your worries on this blackboard.
- Now, I would like you to imagine a big eraser appearing in your hand. Focus on its color, shape, and texture.
- Lift your arm up with the eraser held comfortably in your hand and slowly and deliberately erase all your worries.
- Place your arms on your lap and stare at the blank blackboard.
- Imagine it gradually being filled with images that bring about positive thoughts and feelings.
- Now, relax your mind and body and on the count of 3 slowly open your eyes.
- When you open your eyes, you will feel more relaxed.
- (1 – 2 – 3) Open your eyes.

Adapted from: <http://www.howtocopewithpain.org/resources/basic-relaxation-exercise.html>

4

GUIDED IMAGERY EXERCISE FOUR

- Sit comfortably in your chair and gently close your eyes. You can focus on one spot in the room, if that is more comfortable for you.
- Begin to focus on your breathing.
- Take one slow, deep breath, visualizing it entering and then leaving your relaxed body.
- Return to your normal breathing. Continue to pay attention to its rate and depth.
- Imagine that with each breath in, you're breathing in comfort and relaxation, and with each breath out, you're breathing out any worries.
- Calm your mind and relax your body, and on the count of 3 slowly open your eyes.
- When you open your eyes, you will feel more relaxed.
- (1 – 2 – 3) Open your eyes.

5

GUIDED IMAGERY EXERCISE FIVE

- Sit comfortably in your chair and gently close your eyes. You can focus on one spot in the room, if that is more comfortable for you.
- Begin to focus on your breath as it enters and leaves your body.
- Now, imagine a sink filled up with clear water.
- Imagine pouring all your worries into this sink.
- Then imagine removing the plug. Observe the water as it spins round and round.
- Imagine the tainted water rushing down the drain, taking with it all your worries.
- Calm your mind and relax your body, and on the count of 3 slowly open your eyes.
- When you open your eyes, you will feel more relaxed.
- (1 – 2 – 3) Open your eyes.

Adapted from: <http://www.howtocopewithpain.org/resources/basic-relaxation-exercise.html>

6

GUIDED IMAGERY EXERCISE SIX

- Sit comfortably in your chair and gently close your eyes. You can focus on one spot in the room, if that is more comfortable for you.
- Begin to focus on your breath as it enters and leaves your body.
- Now, imagine blowing up a balloon. See its color, size and texture.
- Imagine filling up this balloon with all your worries, tying it off and letting it go out of your hand.
- Imagine the balloon gradually rising.
- Watch it float up and away, getting smaller and smaller.
- Keep your eyes on it until it disappears from your sight carrying away all of your worries.
- Now, calm your mind and relax your body, and on the count of 3 slowly open your eyes.
- When you open your eyes, you will feel more relaxed.
- (1 – 2 – 3) Open your eyes.

Adapted from: <http://www.howtocopewithpain.org/resources/basic-relaxation-exercise.html>

7

GUIDED IMAGERY EXERCISE SEVEN

- Sit comfortably in your chair and gently close your eyes. You can focus on one spot in the room, if that is more comfortable for you.
- Begin to focus on your breath as it enters and leaves your body.
- Imagine a candle in front of you. Observe its color and shape. Notice its scent, and feel its texture.
- Imagine its flame. Note its temperature.
- Now, place all your worries into this flickering flame.
- Watch the candle slowly melt away with all your worries in it.
- Now, calm your mind and relax your body, and on the count of 3 slowly open your eyes.
- When you open your eyes, you will feel more relaxed.
- (1 – 2 – 3) Open your eyes.

Adapted from: <http://www.howtocopewithpain.org/resources/basic-relaxation-exercise.html>

8

GUIDED IMAGERY EXERCISE EIGHT

- Sit comfortably in your chair and gently close your eyes. You can focus on one spot in the room, if that is more comfortable for you.
- Begin to focus on your breath as it enters and leaves your body.
- Imagine walking along side the river listening to the peaceful sounds of the current.
- Gather all your worries in your hands and toss them into this river.
- As you continue to stroll, listen to the sound of the rushing water.
- Watch all your worries being carried downstream until you can no longer see them.
- Now, calm your mind and relax your body, and on the count of 3 slowly open your eyes.
- When you open your eyes, you will feel more relaxed.
- (1 – 2 – 3) Open your eyes.

Adapted from: <http://www.howtocopewithpain.org/resources/basic-relaxation-exercise.html>

9

GUIDED IMAGERY EXERCISE NINE

This exercise works well after any module that addresses survival mode and reactivity.

- Sit comfortably in your chair and gently close your eyes. You can focus on one spot in the room, if that is more comfortable for you.
- Begin to focus on your breath as it enters and leaves your body.
- Imagine yourself walking on a beach where you feel safe and relaxed.
- Watch the beautiful blue shades in the sky and the crystal clear water.
- It is a bright sunny day. Feel the warm sun on your body, and the silky sand under your bare feet and between your toes.
- Listen to the sound of gentle waves and calling seagulls.
- Now, take a deep breath and inhale the smell of fresh crisp ocean air. A sense of relaxation soaks your body.
- Imagine yourself lying down, and let your body sink into the warm soft sand. Feel the gentle breeze caressing your body. Immerse yourself in the calming shades of blue sky and water.
- Now, calm your mind and relax your body, and on the count of 3 slowly open your eyes.
- When you open your eyes, you will feel more relaxed.
- (1 – 2 – 3) Open your eyes.

Adapted from: <http://www.howtocopewithpain.org/resources/relaxation-visualization-exercise.html>

10 GUIDED IMAGERY EXERCISE TEN IMAGERY FOR STRESS RELIEF

This exercise works well after any module that addresses survival mode and reactivity.

- Sit comfortably in your chair and close your eyes gently. You can focus on one spot in the room, if that is more comfortable for you.
- Begin to focus on your breath as it enters and leaves your body.
- Think about the color red, which in the resilience intervention symbolizes intense negative emotions related to stress.
- When you have your image, say to yourself: “I let go my stress.”
- Now, imagine the color red gradually changing into something calming. Think what colors you can add to transform it into a beautiful shade of calming blue. Reflect on the shades of blue in our “blue zone,” a place of tranquility, peace and coolness.
- When you complete the transformation, say to yourself: “My mind is calm and my body is relaxed.”
- Slowly open your eyes on the count of 3.
- When you open your eyes, you will feel more relaxed and ready to resume your day.
- (1 – 2 – 3) Open your eyes.

Other ideas for stress-relief images:

- A strong musty smell can slowly turn into a sweet rich aroma.
- A startling loud noise can slowly become a calming sound of gentle ocean waves.
- Something rough to the touch can gradually change into soft silk or smooth velvet.

Adapted from: <http://www.stress-relief-tools.com/guided-imagery-exercises.html>

The following is another way to conclude a relaxation or guided imagery exercise.

10

TEN Imagine a doorway leading back to your daily routine. When you cross this doorway, you will be relaxed.

9

NINE When you cross this doorway, you will be calm.

8

EIGHT When you cross this doorway, you will feel energized to resume your day.

7

SEVEN As you cross this doorway, you will enter the same world you left behind.

6

SIX However, you will now see this world through a new lens.

5

FIVE It is a more peaceful, respectful, and kinder world.

4

FOUR In this world you can manage everything, even the most difficult situations.

3

THREE You will have a better day as you are now in control of your thoughts and emotions.

2

TWO Are you ready?

1

ONE Cross this doorway and open your eyes.


Adapted from: <http://www.selfesteem2go.com/guided-imagery-scripts.html>

COMBINED MUSCLE RELAXATION AND GUIDED IMAGERY EXERCISES

In this relaxation technique, you use both visual imagery and body awareness to reduce stress. You repeat words or suggestions in your mind to help you relax and reduce muscle tension. You may imagine a peaceful place and then focus on controlled, relaxing breathing, slowing your heart rate, or feeling different physical sensations, such as relaxing each arm or leg one at a time.

1 MUSCLE RELAXATION/GUIDED IMAGERY EXERCISE ONE

- Sit up straight in a comfortable chair, with your feet on the floor and your arms on your lap.
- Slowly close your eyes. If this is not comfortable for you, focus on any one spot in the room (e.g., on the wall or on the floor).
- Begin to focus on your breath as it enters and leaves your body. Inhale, feel the air fill your body with relaxation and fresh energy; and exhale, feel your body release tension and stress.
- If you find yourself being distracted by worries, imagine these worries as clouds slowly drifting across the sky, rarely staying for long. Once you resume your attention on your breathing, they begin to float away or evaporate altogether.
- Now, start taking slow, deep breaths. Allow the breath to enter your nose slowly, and let the air exit through your mouth. Continue with slow, deep breaths.
- Focus on your face. Clench your jaw and tightly close your eyes. On the count of 3, relax your jaw and eyes, 1 – 2 – 3. Let the tension in your face go.
- Next, concentrate on your hands. Squeeze them tight into fists. On the count of 3, relax both fists, 1 – 2 – 3. Let any distress flow out through your fingertips.
- Focus on your feet. Press your feet into the floor. On the count of 3, relax your feet, 1 – 2 – 3. Let any distress flow out through the tips of your toes.
- Now, imagine a wave of relaxation wrapping around your entire body, starting at the top of your head and flowing down all the way through your face, eyes, nose, cheeks, and mouth; neck, ears, shoulders, back, chest; abdomen, hips, and down your legs to the tips of your toes. You are now completely relaxed from head to toe. Feel the tension and worries melt away.
- Now that you are physically relaxed, imagine walking barefoot on warm soft sand in a far away sea-shore. Feel how smooth the sand feels between your toes.
- As you approach the ocean, notice the different shades of blue reflecting on the water. Light blues and dark blues.
- Hear the sound of gentle waves lapping.
- Imagine lying down on a soft blanket with your eyes closed. Feel the warmth of the sunrays touching your body.


- 
- Imagine picking up some sand in your hands and letting it trickle down your fingers. Feel its softness.
 - Take a deep breath in filled with the fresh scent of the ocean air, then breathe it out.
 - Enjoy resting on the silky sand for several minutes, engaging all five senses.
 - Now, imagine sitting up again, watching the ocean's waves as they come in and go out. Imagine yourself wrapping your body with the soft blanket and walking back away from the ocean.
 - I will now count down from 10 to zero, and when I reach zero, you can slowly open your eyes.
 - 10, 9, 8, 7, 6, 5...
 - Continuing to feel calm and relaxed, and with energy to resume your day. 4, 3, 2, 1, 0.
 - Slowly open your eyes, take a deep breath in and out, and gently wiggle your fingers and toes.
 - You are now ready to continue your day.

Adapted from: <http://www.howtocopewithpain.org/resources/relaxation-visualization-exercise.html>

2

MUSCLE RELAXATION/GUIDED IMAGERY EXERCISE TWO

- Sit up straight in a comfortable chair, with your feet on the floor and your arms on your lap. If there is a more comfortable position for you, certainly use it.
- Slowly close your eyes. If this is not comfortable for you, focus on any one spot in the room (e.g., on the wall or on the floor).
- Begin to focus on your breath as it enters and leaves your body. Inhale, feel the air fill your body with relaxation and fresh energy; and exhale, feel your body release tension and stress.
- If you find yourself being distracted by worries, imagine these worries as clouds slowly drifting across the sky, rarely staying for long. Once you resume your attention on your breathing, they begin to float away or evaporate altogether.
- Now, start taking slow, deep breaths. Allow the breath to enter your nose slowly, and let the air exit through your mouth. Continue with slow, deep breaths.
- Now, focus on your face. Clench your jaw and tightly close your eyes. On the count of 3, relax your jaw and eyes, 1 – 2 – 3. Let the tension in your face go.
- Next, concentrate on your hands. Squeeze them tight into fists. On the count of 3, relax both fists, 1 – 2 – 3. Let any distress flow out through your fingertips.
- Focus on your feet. Press your feet into the floor. On the count of 3, relax your feet, 1 – 2 – 3. Let any distress flow out through the tips of your toes.
- Now, imagine a wave of relaxation wrapping around your entire body, starting at the top of your head and flowing down all the way through your face, eyes, nose, cheeks, and mouth; neck, your ears, shoulders, back, chest; abdomen, hips, and down your legs to the tips of your toes. You are now completely relaxed from head to toe. Feel the tension and worries melt away.
- Now that you are physically relaxed, imagine walking through a field and coming upon a pond.
- Notice a magical glow emerging from the water, and shades of calming blue surrounding it.
- Imagine walking down the cool marble steps into the lukewarm water until the water reaches your ankles.
- Notice the different shades beautiful, cooling, magical blue in the sky and water, light blues and dark blues.
- Feel the welcoming, warm temperature of the water. Feel its energy flow freely into your feet.

- 
- Take another few steps until the water touches your knees.
 - Sense the glowing water gently caressing your legs, washing away any tension or worry.
 - Descend deeper into the water and sit on one of the stairs so that the water comes up to your waist. Once again, feel the energy soaking into your body and washing away any tension or worry. Notice your body is more relaxed and at peace.
 - As you sit down in the glowing water, let your arms float slowly into the water.
 - Notice that anywhere the water strokes your body it melts away the stress and tension and energizes that part.
 - As you continue sliding down to a lower step and you feel the water against your skin, you catch your reflection and look at yourself for a moment.
 - You notice the comfort and relaxation in your forehead, your eyebrows, your eyes, your cheeks, your jaw and your mouth.
 - Immerse yourself in the shimmering water. You are now feeling more and more relaxed, more at peace, and more in tune with yourself. Your mind is clear and you feel energized to resume your day.
 - Know that you can return here at any time. Invite your body and mind to continue to feel comfortable and relaxed, even as your attention turns elsewhere.
 - Slowly begin to come out of the pond, one step at a time.
 - Imagine the magical glow of the water remains on your skin, continuing to bring comfort and relaxation to your body.
 - Feel the sun gently evaporating the drops of water on your relaxed, energized body. Feel the warmth saturate your skin.
 - I will now count down from 10 to 0, and when I reach zero, you can slowly open your eyes.
 - 10, 9, 8, 7, 6, 5...
 - Continuing to feel calm and relaxed, and with energy to resume your day. 4, 3, 2, 1, 0.
 - Slowly open your eyes, take a deep breath in and out, and gently wiggle your fingers and toes.
 - You are now ready to continue your day.

Adapted from: <http://www.howtocopewithpain.org/resources/guided-imagery-1-special-water.html>

AFFIRMATION TECHNIQUES

Affirmations are simple statements which you repeat to yourself silently in your mind. They are made in the present tense and they are positive.

The following are examples of affirmation statements:

- I am relaxed.
- I am at perfect peace.
- I love and accept myself.
- Everything I need is within me.
- I am in control.
- I express my emotions with ease.
- I am safe and secure.
- I live in the present moment.
- I am my own authority.
- My thoughts are under my control.
- My emotions are under my control.
- My mind is calm.
- I am happy.
- I am energized.
- I am good at what I do.

M MANTRA

A mantra is a sound, syllable, word, or a phrase that you repeat to yourself over and over again in order to create a change. Choose your mantra and sing it, chant it or repeat it to yourself verbally or mentally throughout your day regardless of what’s going on around you.

Recite your mantra: (examples)

- “I am safe”
- “I am relaxed”
- “I am happy”
- “Love”
- “Peace”
- “Calm”
- “I am in control”

IMAGES FOR CHANGE TECHNIQUES

This relaxation exercise should be used with reactivity modules.

When you are faced with a work situation that represents stress to you such as an argument with a co-worker, an overdue case report or a difficult client—

- Close your eyes and take a deep slow breath.
- Imagine yourself relaxed, and in a safe place.
- Your mind is getting clearer.
- Envision yourself managing the situation with poise and calm.
- When you feel more relaxed and in control, open your eyes and handle the situation from the resilience perspective.

Adapted from <http://www.selfesteem2go.com/guided-imagery-exercises.html>

GLOSSARY OF TERMS

Cognitive Behavioral Therapy (CBT) A form of therapy in which the goal is to diminish symptoms by correcting distorted thinking based on negative self-perceptions and expectations. *(Random House Dictionary)*

Cognitive distortions Exaggerated modes of thinking that usually reinforce negative thoughts and/or emotions and keep us feeling bad about ourselves. Some common cognitive distortions include all-or-nothing thinking, overgeneralization, jumping to conclusions, catastrophizing, black-or-white (polarized) thinking, and personalization (assuming responsibility for something negative even when there is no basis for doing so).

Collaboration (Teamwork) An essential piece of resiliency in the workplace. Working together toward a common goal and helping each other is a crucial factor in reducing the impact of stress on people's relationships.

Emotional triggers Incidents, people or things that elicit intense negative emotional reactions within us. If not managed appropriately, emotional triggers can overwhelm us causing acute stress, unhappiness, and interpersonal conflict, and minimize our ability to respond to a situation appropriately.

Hypervigilance The experience of being constantly tense and "on guard," scanning the environment to identify potential sources of threat.

Mastery The ability to complete one's job successfully and to manage negative emotions. Having mastery over job skills builds confidence and self-worth, which in turn inoculates an individual against feeling overwhelmed. Setting realistic expectations for oneself and others is a key part of mastery.

Optimism Using positive thinking and maintaining positive emotions in the face of adverse situations.

Reactivity The emotional and physical responses we have to events that take place in our environment. When we perceive our environment negatively, we are more likely to be aggressive, hyper-vigilant and/or over-reactive. In our intervention program reactivity levels are rated in terms of color zones (red, orange, yellow, green, light blue, dark blue).

Reframing The practice of replacing negative thoughts with a more positive thinking style, which can reduce stress and increase well-being. It teaches us how to make lemonade out of lemons.

- Resilience** Resilience is an individual's ability to overcome or adjust to stressors. Resilient individuals are able to confront tough situations, regulate their emotions, devise a plan, enact that plan and continue to interact effectively in the world.
- Secondary Traumatic Stress (STS)** The stress that results from working with an individual who has been traumatized; and/or learning about a traumatizing event experienced by another person.
- Self-awareness** An awareness of one's own personality or individuality within the workplace (*Merriam-Webster's Medical Dictionary*).
- Self-care** The strategies and techniques by which one addresses the impact of work-related stress on one's professional and personal health.
- Self-efficacy** The belief in one's ability to make a difference and the willingness to take responsibility for one's work.
- Self-reflection** Careful consideration of the impact of work-related stress on one's physical, mental, and social behaviors.
- Stress** Healthy stress can motivate us to accomplish things whereas unhealthy stress can result in significant mental and physical problems.
- Survival Mode** A physiological response to trauma, also called the "fight or flight response." It is our body's primitive, automatic, inborn response that prepares the body to "fight" or "flee" from perceived attack, harm or threat to our survival. Physical symptoms include tension in the muscles, headache, upset stomach, racing heartbeat, deep sighing or shallow breathing. Emotional or psychological symptoms include anxiety, poor concentration, depression, hopelessness, frustration, anger, sadness or fear.
- Trauma** The physical or emotional responses to an event that threatens the life or physical integrity of a person or someone close to him or her (such as a parent, spouse or child).

M MEASURES

This section contains information about the survey tool we used to evaluate staff responses to the Resilience Alliance intervention. We believe that collecting data was a critical component of our intervention, both because it allowed us to evaluate our own success, and provided concrete about the positive impact we were having to the agency leadership, which is key to buy-in and dissemination.

We surveyed the intervention group and a comparison control group before the start of the intervention, half-way through the intervention, at the end of the intervention and 3 months post-intervention. In the last round of our work, we found differences between our treatment and control groups on resilience and collaboration, and reductions in how much negative emotions interfered with staff's functioning.

In 2009 and 2010, we conducted this survey through the use of an on-line tool, which was easy for staff to use and resulted in high (>90 percent) completion rates. We did receive anecdotal feedback that the length of the survey was challenging for some staff to manage, so would encourage other agencies to balance the amount of information they want to collect with the relative burden for staff completing the survey tools.

To collect quantitative data on the impact of the intervention on participants' reported resilience, optimism, mastery, collaboration, burnout and job satisfaction, we adapted questions from the following tools:

- Impact of Events Scale – Revised (Weiss and Marmar) 1997
- Maslach Burnout Inventory (Maslach, Jackson and Leitner) 1996
- Minnesota Satisfaction Questionnaire (Short Form) 1977
- Life Orientation Test – Revised (Schier, Carver and Bridges) 1994
- Connor Davidson Resilience Scale (Connor and Davidson) 2003
- Worker Satisfaction Scale (Mehrabian) 1990

We were also interested in collecting qualitative information about people's experience with the intervention and its impact on their job functioning. To this end, we also incorporated the following questions into our survey:

Below are four questions about collaboration with co-workers. Please indicate how often each statement is true for you.

	<i>Not at all</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Very Often</i>
How often do you ask your co-workers (other CPSs, supervisors or managers) for support or help with your job duties?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you ask your supervisor for support or help with your job duties?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you get support or help from your co-workers with your job duties?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you get support or help from your supervisor with your job duties?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>Much</i>	<i>Very much</i>
How much has the “Resiliency” project helped increase your sense of collaboration with your co-workers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much has the “Resiliency” project helped increase your sense of collaboration with your supervisors and managers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you indicated that the “Resiliency” project increased your sense of collaboration with your co-workers, your supervisors and/or managers, please give specific examples below.

Below are four questions about managing negative emotions (e.g., anger, frustration, distress, reactivity). Please indicate how often each statement is true for you.

	Not at all	Rarely	Sometimes	Often	Very Often
How often do your negative emotions (e.g., anger, frustration, distress, reactivity) interfere with your work with families (e.g., doing interviews, participating in meetings, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do your negative emotions (e.g., anger, frustration, distress, reactivity) interfere with your ability to work with your colleagues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do your negative emotions (e.g., anger, frustration, distress, reactivity) interfere with your ability to receive feedback from your supervisor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, how much do your negative emotions (e.g., anger, frustration, distress, reactivity) get in the way of your completing your daily work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	A little	Somewhat	Much	Very much
Do you think that the “Resiliency” project has helped your ability to manage your negative emotions (e.g., anger, frustration, distress, reactivity) so that they interfere less with your ability to complete your job duties?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If yes, please give examples describing how the “Resiliency” project has helped you manage your negative emotions (e.g., anger, frustration, reactivity) so they interfere less with completing your job duties.

	Not at all	A little	Somewhat	Much	Very much
Do you think that the “Resiliency” project has helped you be more positive in your work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If yes, please give specific examples describing how the Resiliency project has helped you be more positive.

Would you recommend that the ACS start the Resiliency project in other Zones? Yes No

R REFERENCES

RELAXATION TECHNIQUES

Mayo Clinic

[http://www.mayoclinic.com/health/relaxation-technique/SR00007/
NSECTIONGROUP=2](http://www.mayoclinic.com/health/relaxation-technique/SR00007/NSECTIONGROUP=2)

University of Maryland Medical Center

http://www.umm.edu/sleep/relax_tech.htm#d

WebMD. Better information, Better health.

[http://www.webmd.com/balance/stress-management/
stress-management-doing-guided-imagery-to-relax#uz2271](http://www.webmd.com/balance/stress-management/stress-management-doing-guided-imagery-to-relax#uz2271)

About.com

[http://stress.about.com/od/autogenictraining/
Autogenic_Training_for_Stress_Management.htm](http://stress.about.com/od/autogenictraining/Autogenic_Training_for_Stress_Management.htm)

Holisticonline.com

<http://www.holisticonline.com/guided-imagery.htm>

RESPECT

http://humanresources.about.com/od/workrelationships/a/demo_respect.htm

<http://eqi.org/respect.htm>

Authentic-self.com

<http://www.authentic-self.com/self-reflection.html>

SELF-REFLECTION

<http://www.authentic-self.com/self-reflection.html>

SURVIVAL MODE

<http://www.thebodysoulconnection.com/EducationCenter/fight.html>

Neil F. Neimark, M.D. at www.TheBodySoulConnection.com

TEAMWORK

http://cte.uwaterloo.ca/teaching_resources/tips/teamwork_skills.html

ADDITIONAL RESOURCES

<http://www.mayoclinic.com/health/relaxation-technique/SR00007/NSECTIONGROUP=2>

http://www.umm.edu/sleep/relax_tech.htm#d

<http://www.webmd.com/balance/stress-management/stress-management-doing-guided-imagery-to-relax#uz2271>

http://stress.about.com/od/autogenictraining/Autogenic_Training_for_Stress_Management.htm

<http://www.holisticonline.com/guided-imagery.htm>

<http://www.authentic-self.com/self-reflection.html>

http://humanresources.about.com/od/workrelationships/a/demo_respect.htm

<http://eqi.org/respect.htm>

<http://www.authentic-self.com/self-reflection.html>

http://cte.uwaterloo.ca/teaching_resources/tips/teamwork_skills.html

<http://www.thebodysoulconnection.com/>

ADDITIONAL READING ON SECONDARY TRAUMATIC STRESS AND RELATED TOPICS

Arvay, M.J., & Uhlemann, M.R. (1996). Counselor stress in the field of trauma. *Canadian Journal of Counseling, 30*(3), 193–210

Barak, M.E.M., Nissly, J.A., & Levin, A. (2001). **Antecedents to retention and turnover among child welfare, social work, and other human service employees: What can we learn from past research? A review and meta-analysis.** *Social Service Review, 625–660.*

Benedek, D.M., Fullerton, C., & Ursano, R.J. (2007) **First responders: Mental health consequences of natural and human-made disasters for public health and public safety workers,** *Annual Review of Public Health, 28, 55–68.*

Benight, C.C., Freyaldenhoven, R.W., Ruiz, J., Zoschke, T.A., & Lovallo, W.R. (2000). **Coping self-efficacy and psychological distress following the Oklahoma City bombing.** *Journal of Applied Social Psychology, 30*(7), 1331–1334.

Benight, C.C., & Harper, M.L. (2002). **Coping self efficacy perceptions as a mediator between acute stress response and long-term distress following natural disasters.** *Journal of Traumatic Stress, 15*(3), 177–186

Bernotavicz, F. (1997). **Retention of child welfare caseworkers: A report.** Retrieved October 3, 2007, from <http://muskie.usm.maine.edu/helpkids/pubstext/retention.html>.

Bride, B.E. (2004). **The impact of providing psychosocial services to traumatized populations.** *Stress, Trauma, and Crisis, 7, 29–46.*

Bryant, R. & Harvey, A. (1995) **Posttraumatic stress in volunteer firefighters: Predictors of distress.** *Journal of Nervous and Mental Disease, 183*(4), 267–71.

Bryant, R. & Harvey, A. (1996). **Posttraumatic stress reactions in volunteer firefighters.** *Journal of Traumatic Stress, 9*(1), 51–63.

Bryant, R.A., Harvey, A.G., Dang, S., Sackville, T., Basten, C. (1998) **Treatment of acute stress disorder: A comparison of cognitive-behavioral therapy and supportive counseling.** *Journal of Consulting and Clinical Psychology, 66*(5), 862–866.

Carlier, I.v.E., Lamberts, R.D., & Gersons, B.P.R. (1997). **Risk factors for post-traumatic stress symptomatology in police officers: A prospective analysis.** *Journal of Nervous and Mental Diseases, 185, 498–506.*

Carbonell, J.L., & Figley, C.R. (1996) **When trauma hits home: Personal trauma and the family therapist.** *Journal of Marital and Family Therapy, 22*(1): 53–58

Carver, C.S., Smith, R.G., Antoni, M.H., Petronis, V.M., Weiss, S., & Derhagopian, R.P. (2005). **Optimistic personality and psychosocial well-being during treatment predict psychosocial well-being among long-term survivors of breast cancer.** *Health Psychology, 24*(5), 508–516.

Connor, K.M. & Davidson, J.R.T. (2003). **Development of a new resilience scale: the Connor-Davidson Resilience Scale (CD-RISC)**. *Depression and Anxiety*, 18(2): 76–82

Conrad, D. and Kellar-Guenther, Y., (2006). **Compassion fatigue, burnout and compassion satisfaction among Colorado child protection workers**. *Child Abuse & Neglect*, 30, 1071–1080.

Corcoran, K., & Fischer, J. (2000) **Measures for clinical practice: A sourcebook**. New York; Free Press.

Cornille, TA., & Meyers, TW (1999) **Secondary traumatic stress among child protective staff workers: Prevalence, severity and predictive factors**. *Traumatology*, 5(1).

Crowson, J.J., Freuh, B.C., & Snyder, C.R. (2001). **Hostility and hope in combat-related Posttraumatic Stress Disorder: A look back at combat as compared to today**. *Cognitive Therapy and Research*, 25(2), 149–165.

Dane, B. (2000). **Child welfare workers: An innovative approach for interacting with secondary trauma**. *Journal of Social Worker Education*, 36, 27–38

Durham, T.W.M., Allison, S.L., & Jackson, E. (1985). **The psychological impact of disaster on rescue personnel**. *Annals of Emergency Medicine*, 14(7).

Everly, G.S., Phillips, S.B., Kane, D., Feldman, D. (2006). **Introduction to and overview of group Psychological First Aid**. *Brief Treatment and Crisis Intervention*, 6(2), 130–136.

Figley, C.R. (Ed.). (1995). **Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized**. New York: Brunner/Mazel.

Figley, C.R. (1995). **Compassion fatigue: Toward a new understanding of the costs of caring**. In BH Stamm (Ed) *Secondary traumatic stress: Self care issues for clinicians, researchers, and educators* (pp 3–28). Baltimore: The Sidran Press.

Foa, E.B., Hearst-Ikeda, D., & Perry, K.J. (1995). **Evaluation of brief cognitive-behavioral program for the prevention of chronic PTSD in recent assault victims**. *Journal of Consulting and Clinical Psychology*, 63(3), 948–955.

Foa, E.B., & Rothbaum, B.O. (1998). **Treating the trauma of rape: Cognitive-behavioral therapy for PTSD**, in *Treatment manuals for practitioners*. Guilford Press. New York, NY.

Fullerton, C.S., Ursano, R.J., Wang, L. (2004) **Acute stress disorder, posttraumatic stress disorder, and depression in disaster or rescue workers**. *American Journal of Psychiatry*, 161(8), 1370–76.

Homeland Security Presidential Directive (2003). Retrieved March 19, 2008 from <http://www.whitehouse.gov/news/releases/2003/12/20031217-6.html>.

Hopkins, K.M., Cohen-Callow, A., Kim, H.J., Hwang, J. (2010). **Beyond intent to leave: Using multiple outcome measures for assessing turnover in child welfare**. *Children and Youth Services Review* 32; 1380–1387.

- Horowitz, M., (2006). **Work-related trauma effects in child protection social workers.** *Journal of Social Services Research, Vol. 32(3)*, p. 14.
- Horowitz, M.J., Wilner, N., & Alvarez, W. (1979). **Impact of event scale: A measure of subjective stress.** *Psychosomatic Medicine, 41*, 209–218.
- Hyman, O. (2004). **Perceived social support and secondary traumatic stress symptoms in emergency responders.** *Journals of Traumatic Stress, 17(2)*, 149–156.
- Jayarathne, S., & Chess, W.A. (1984). **Job satisfaction, burnout, and turnover. A national study.** *Social Work, 448–453.*
- Litz, B.T., Gray, M.J., Bryant, R.A., & Adler, A.B. (2002). **Early intervention for trauma: Current status and future directions.** *Clinical Psychology: Science and Practice, 9(2)*, 112–134.
- Lowe BL, Bolton B. **21st century EMS retention strategies.** *EMS 31:11, 75–77.*
- Maslach, C., Jackson, SE., & Leiter, MP (1996) **Maslach Burnout Inventory Manual.** Consulting Psychologists Press, Palo Alto, CA.
- McCann, I.L., Pearlman, L.A. (1990). **Vicarious traumatization: A framework for understanding the psychological effects of working with victims.** *Journal of Trauma Stress, 3*, 131–149.
- McMann, I.L., & Pearlman, L.A. (1990). **Psychological trauma and the adult survivor: Theory, therapy, and transformation.** New York: Brunner/Mazel.
- McMillen, J.C., Smith, E.M., Fisher, R.H. (1997). **Perceived benefit and mental health after three types of disaster.** *Journal of Consulting and Clinical Psychology, 65(5)*, 733–739.
- Meichenbaum, D. (1974). **Cognitive behavior modification.** General Learning Press.
- Meyers, T.W., & Cornille, T.A. (2002). **The trauma of working with traumatized children.** In C.R. Figley (Ed.), *Treating compassion fatigue* (pp. 39–56). New York: Brunner-Routledge.
- Pearlman, L.A., & Mac Ian, P.S. (1995). **Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapists.** *Professional Practitioner: Research and Practice, 26(6)*, 558–565.
- Pryce, J., Shackelford, K. and Pryce, D. **Secondary Traumatic Stress and the Child Welfare Professional.** 2007. Lyceum Books, Chicago, IL
- Regehr, C., Chau, S., Leslie, B., & Howe, P. (2002). **An exploration of supervisor's and manager's responses to child welfare reform.** *Administration in Social Work, 26*, 17–36.
- Regehr, C., LeBlanc, V., Shlonsky, A. and Bogo, M. (2010). **The Influence of clinicians' previous trauma exposure on their assessment of child abuse risk.** *The Journal of Nervous and Mental Disease, Vol. 198, No. 9;* 614–618.

Resick, P.A., Nishith, P., Weaver, T.L., Astin, M.C., & Feuer, C.A. (2002). **A comparison of cognitive processing therapy with prolonged exposure and a waiting condition for the treatment of chronic posttraumatic stress disorder in female rape sample.** *Journal of Consulting and Clinical Psychology, 70*, 867–79.

Ritchie, E.C. (2003). **Mass violence and early intervention: Best practice guidelines.** *Primary Psychiatry, 10*(8), 43–48.

Rycraft, J.R. (1994). **The party isn't over: The agency role in the retention of public child welfare caseworkers.** *Social Work, 39*, 75–80.

Seligman, M.E.P., & Peterson, C. (2003). **Positive clinical psychology,** In Staudinger, U.M. & Aspinwall, L.G. (Eds) *A psychology of human strengths: Fundamental questions and future directions for a positive psychology* (pp. 305–317). Washington, DC, US. American Psychological Association.

Seligman, M.E.P., Reivich K., Jaycox L., & Gillham J. (1996). **The optimistic child: A Proven Program to safeguard children from depression & build lifelong resistance.** New York: Harper Collins Publishers.

Stein, B.D., Elliot, M.N., Jaycox, L.H., Collins, R.L., Berry, S.H., David, J., & Schuster, M.A. (2004). **National longitudinal study of the psychological consequences of the September 11, 2001 terrorist attacks: Reactions, impairment, and help-seeking.** *Psychiatry: Interpersonal and Biological Processes, 67*(2), 105–117.

Sundin E.C., Horowitz M.J. (2002) **Impact of event scale: Psychometric properties.** *Br J Psychiatry 180*:205 209.

Van Hook, M. P. and Rothenberg, M., (2009). **Quality of life and compassion satisfaction/fatigue and burnout in child welfare workers: A study of the child welfare workers in community based care organizations in central Florida.** *Social Work and Christianity, Vol. 36, Iss. 1;* 36–55.

Watson, P., & Shalev, A. (2005). **Assessment and treatment of adult acute response to traumatic stress.** *CNS Spectrums, 10*(2), 96–98.

Weiss, D., Marmar, C., Metzler, T., & Ronfeldt, H, (1995). **Predicting symptomatic distress in emergency services personnel.** *Journal of Consulting and Clinical Psychology, 63*, 361–368.

INDEX OF HANDOUTS

- 1 A Narrative by a Child Welfare Supervisor 16
- 2 Secondary Traumatic Stress (STS) 17
- 3 Optimism 22
- 4 Strategies to Promote Collaboration and a Positive Work Environment 23
- 5 Resilience Alliance “Rules of the Road” 27
- 6 Tiger 28
- 7 Ten Characteristics of a Resilient Child Welfare Worker 29
- 8 Reactivity Color Zone 32
- 9 Characteristics of Reactivity Level of Heat 34
- 10 Promote the 3Ps 35
- 11 Learning to Notice and Monitor Your Reactivity Level 36
- 12 Collaboration Can Make Us A High-Performing Team 40
- 13 Evaluate Your Heat Level... 41
- 14 Optimism — Working the Positive 45
- 15 Facts about Optimism 46
- 16 Reframing: Learning to Turn a Negative Perspective Into a Positive One 49
- 17 Reactivity and Optimism in a Staff-Supervisor Interaction 52
- 18 Steps to Optimism 53
- 19 Dealing with Workplace Conflict 54
- 20 Characteristics of Self-Efficacy 57
- 21 One Step at a Time 58
- 22 Managing Time Effectively 59
- 23 Self-Care Behaviors 64
- 24 Practicing Self-Care in the Workplace 64
- 25 Ideas for Self-Care 65
- 26 Checklist: Signs of Overstress 69
- 27 Take Five 70
- 28 Using a Resilience Framework 73
- 29 Checklist: Signs of Healthy Stress 74
- 30 Self-Reflection 78
- 31 “Starter Set” of Reflective Questions: What Happened and What You Can Learn 79
- 32 Integrating Resilience 82
- 33 Using the Resilience Lens 83
- 34 Make a Pact — Use Respect 84
- A Three-Prism Focus for a Positive Workplace 88
- B Five Best Things about Working at Our Agency 89
- C Shifting Your Thinking 91
- D Positive Reframing 93
- E Practicing Reframing 94
- F Cultivating Positive Thinking – R.E.M. 97
- G Identifying Mastery 100
- H Steps to Mastery 101
- I Evaluate the Heat of... 109
- J Collaboration: Name Your Group 112
- K Positive and Negative Perspectives 115
- L Remembering the Past 117
- M The Past and the Present 118