

# THE RESILIENCE ALLIANCE

Promoting  
Resilience  
and  
Reducing  
Secondary  
Trauma  
Among  
Child Welfare  
Staff

**PARTICIPANT  
HANDBOOK**

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

**SEPTEMBER 2011**



**T**he 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](http://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](http://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*

<b>TABLE OF CONTENTS</b>	<b>5</b>	Introduction
	<b>6</b>	Intervention Structure
	<b>7</b>	Intervention Handouts
	<b>54</b>	Relaxation Handouts
	<b>82</b>	Glossary of Terms
	<b>84</b>	References
	<b>85</b>	Additional Resources
	<b>86</b>	Additional Reading
	<b>90</b>	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 are working 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 vulnerable 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.

The Resilience Alliance is a project undertaken by the Administration for Children’s Services-New York University Children’s Trauma Institute (ACS-NYU CTI) to mitigate the impact of STS among child protective staff in New York City, and thereby increase staff resilience, optimism, self-care, social support and job satisfaction, and decrease stress reactivity, burnout and attrition. While we have conducted this intervention with child protective staff, we feel that it is relevant to child welfare staff generally.

We call this project the Resilience Alliance because its goal is to work together with child welfare staff to build 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 staff at all levels, from the front line to the senior leadership of the agency.

## Intervention Structure

This intervention is active — while we hope you will learn some new concepts, most of the time will be spent learning and practicing skills that, in turn, will help you better manage the stress of child welfare work. The handouts and exercises in this Participant Handbook will be used throughout the course of this intervention.

Before formally beginning the Resilience Alliance intervention, you will meet with your colleagues to learn about the intervention and receive a high-level review of some of the intervention's main themes. If you have any questions about the intervention's content or delivery, they can be addressed during these meetings.

As noted above, this intervention will involve all levels of staff in your agency/area — caseworkers, supervisors and directors. The intervention is structured this way because all levels of staff are impacted by secondary traumatic stress, and all need to learn the same resilience skills. Having everyone's participation will also help to address the impact STS can have on the workplace climate and functioning, which has a large influence on how well people are able to do the hard work of child welfare. However, there will be times when you are meeting only with your peers (e.g., caseworkers with other caseworkers), which will provide an additional chance to support and learn from each other.

Thank you for taking the time to participate in this important effort. Child welfare work is critically important, but often goes unrecognized. This time is for you, and we hope it provides you with tools and skills to manage the challenges of your job.

# 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>

# 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.



# 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”

# 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.



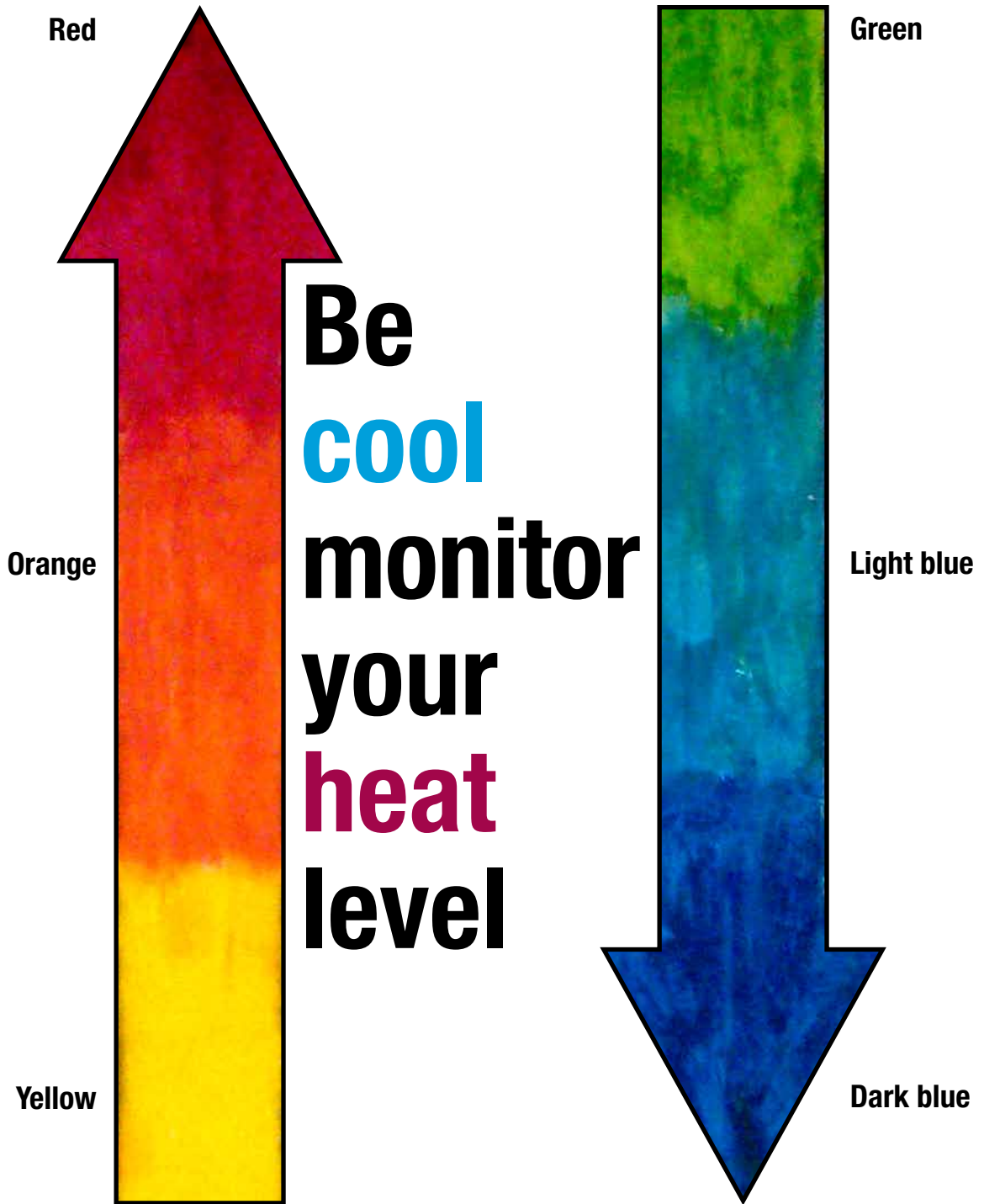
# 6 HANDOUT

# 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>

# Reactivity Color Zone



# 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.

Adapted from <http://ptsd.about.com/od/selfhelp/ht/anger.htm>

# Collaboration Can Make Us A High-Performing Team

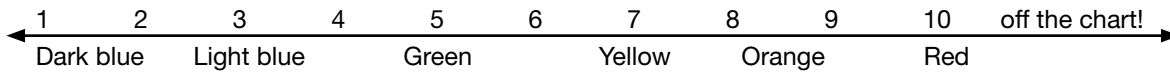
- 1 What is important to you about this work?
- 2 What makes you want to come to work?
- 3 As a unit, what responses to questions 1 and 2 do you have in common?
- 4 What would you like to be known for as a unit?

# Evaluate Your Heat Level...

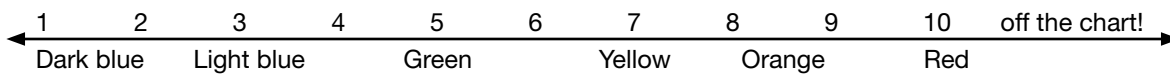
less  
intense

more  
intense

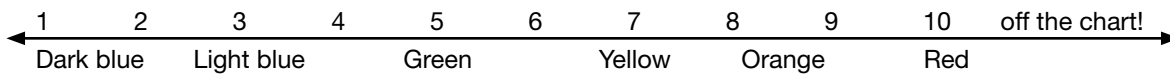
## Monday



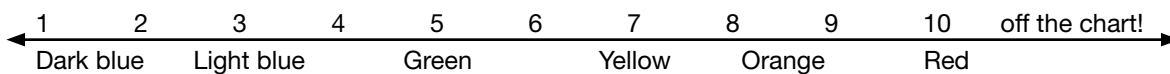
## Tuesday



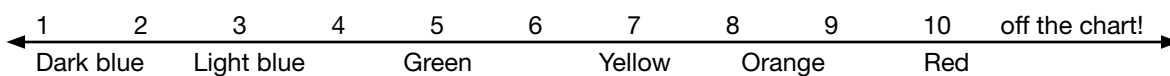
## Wednesday



## Thursday



## Friday



Comments:

# 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

# 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.”

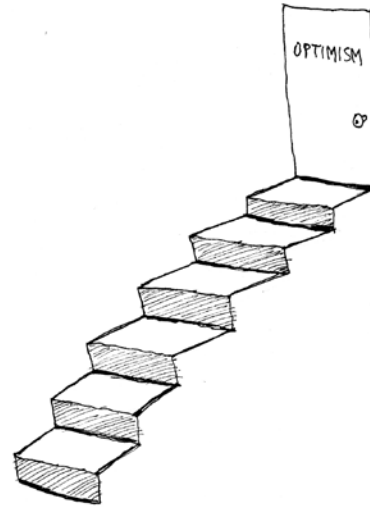
**Reframing:** “If I remain focused and take it one step at a time, I’ll make progress.”

**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.”



# Steps to Optimism



Steps to increasing optimism and reducing reactivity:

1

---

---

---

---

2

---

---

---

---

3

---

---

---

---



# 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.

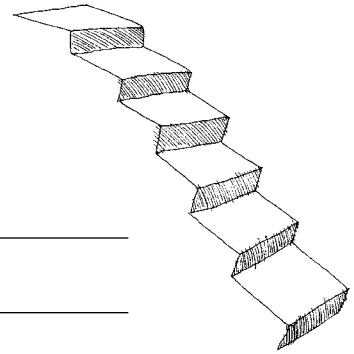
# C Characteristics of Self-Efficacy

A person with self-efficacy

A person without self-efficacy

	A person with self-efficacy	A person without self-efficacy
<b>Responsibilities</b>		
<b>Emotions</b>		
<b>Collaboration</b>		
<b>Mastery</b>		
<b>Reactivity</b>		
<b>Others?</b>		

# One Step at a Time



Goal: \_\_\_\_\_  
\_\_\_\_\_

Steps (objectives) to achieve goal:

1

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# M Managing Time Effectively

**I**n 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



# Self-Care Behaviors

Ideas for self-care practices

<b>PHYSICAL</b>	
<b>EMOTIONAL</b>	
<b>PROFESSIONAL</b>	
<b>SPIRITUAL</b>	
<b>SOCIAL</b>	
<b>PSYCHOLOGICAL</b>	

HANDOUT  
23

# 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

# 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**ake 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.

Adapted from <http://www.higherawareness.com/self-awareness/>

# 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. 

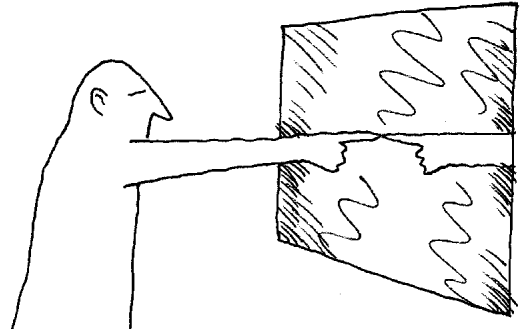
---
3. 

---

# 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

# Self-Reflection

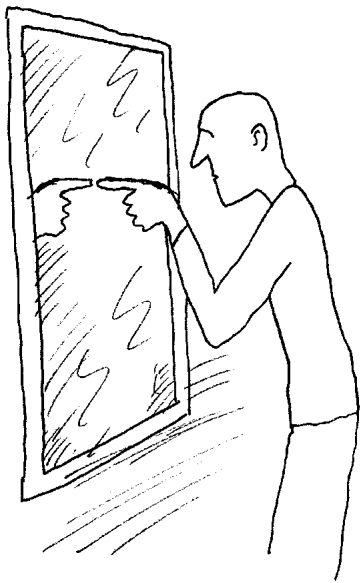


**T**aking the time to look at yourself and your work gives you the opportunity to acknowledge strengths and challenges, and improve your skills.

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?



**HANDOUT**

**30**

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?

---

---

# 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.



# 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

---

---

# Shifting Your Thinking

**H**ow 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.

# 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.”

# 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.

# 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.

# Identifying Mastery

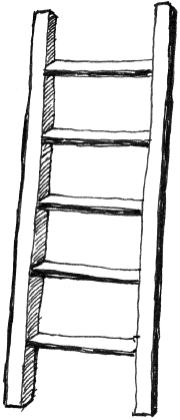
Job-Related Tasks

Job-Related Skills

Resilience Skills

Job-Related Tasks	Job-Related Skills	Resilience Skills

HANDOUT 5



# 3 Steps to Mastery

Skill: \_\_\_\_\_  
\_\_\_\_\_

Steps to master/enhance skill:

1

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

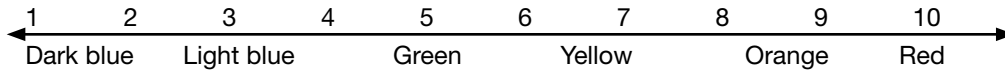
3

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Evaluate the Heat of...

## Caseworker rating

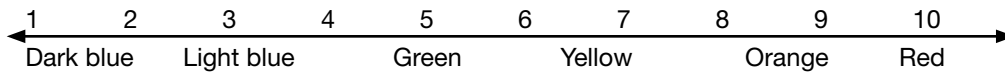


What reactions did this person have to make you give him/her this rating?

---

---

## Supervisor rating

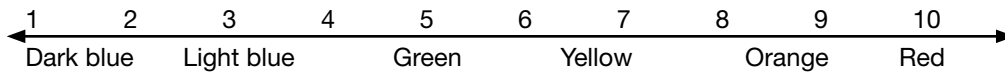


What reactions did this person have to make you give him/her this rating?

---

---

## Manager rating



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

---

---

# 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?

# 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**

# R 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		

# 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 your 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

**I**n 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

**A**ffirmations 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).

# 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](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://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](http://www.TheBodySoulConnection.com)

## TEAMWORK

[http://cte.uwaterloo.ca/teaching\\_resources/tips/teamwork\\_skills.html](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.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://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://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://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 7
- 2 Secondary Traumatic Stress (STS) 8
- 3 Optimism 9
- 4 Strategies to Promote Collaboration and a Positive Work Environment 10
- 5 Resilience Alliance “Rules of the Road” 11
- 6 Tiger 12
- 7 Ten Characteristics of a Resilient Child Welfare Worker 13
- 8 Reactivity Color Zone 14
- 9 Characteristics of Reactivity Level of Heat 15
- 10 Promote the 3Ps 16
- 11 Learning to Notice and Monitor Your Reactivity Level 17
- 12 Collaboration Can Make Us A High-Performing Team 18
- 13 Evaluate Your Heat Level... 19
- 14 Optimism – Working the Positive 20
- 15 Facts about Optimism 21
- 16 Reframing: Learning to Turn a Negative Perspective Into a Positive One 22
- 17 Reactivity and Optimism in a Staff-Supervisor Interaction 23
- 18 Steps to Optimism 24
- 19 Dealing with Workplace Conflict 25
- 20 Characteristics of Self-Efficacy 26
- 21 One Step at a Time 27
- 22 Managing Time Effectively 28
- 23 Self-Care Behaviors 29
- 24 Practicing Self-Care in the Workplace 30
- 25 Ideas for Self-Care 31
- 26 Checklist: Signs of Overstress 32
- 27 Take Five 33
- 28 Using a Resilience Framework 34
- 29 Checklist: Signs of Healthy Stress 35
- 30 Self-Reflection 36
- 31 “Starter Set” of Reflective Questions: What Happened and What You Can Learn 37
- 32 Integrating Resilience 38
- 33 Using the Resilience Lens 39
- 34 Make a Pact – Use Respect 40
- A Three-Prism Focus for a Positive Workplace 41
- B Five Best Things about Working at Our Agency 42
- C Shifting Your Thinking 43
- D Positive Reframing 44
- E Practicing Reframing 45
- F Cultivating Positive Thinking – R.E.M. 46
- G Identifying Mastery 47
- H Steps to Mastery 48
- I Evaluate the Heat of... 49
- J Collaboration: Name Your Group 50
- K Positive and Negative Perspectives 51
- L Remembering the Past 52
- M The Past and the Present 53