

Resilience and Disability...

Resilience and Disability is a program designed to assist you in learning and practicing the skills and attitudes of resilience so that you can better manage your life, your health and your disability. The program provides the opportunity to practice these skills and attitudes as you attempt to manage these challenges.

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I. An Introduction to Living with a Disability

Life has no shortage of personal challenges and disasters, some small, such as a minor car accident, or some major, such as a serious illness or disability. Resilience is the ability to manage adversity in your life, to bounce back. It is not a trait that is inherited. But research shows that it is a set of skills and attitudes that create mental toughness. These skills and attitudes can be learned and applied in dealing with these challenges. Just as we know that reinforcing a bridge may make it stronger and less likely to be washed away by a flood, we know that reinforcing an individual's coping skills, the resilience, can make it less likely that they will be overwhelmed, washed away, in the same flood.

To succeed and manage the challenges that you face with a disability, you will need resilience. Those who cope well with a disability, who bounce back, end up knowing more about resilience than the average person. In fact, we have used persons with a disability to teach the skills and attitudes of resilience to more "able-bodied" individuals. The Maine Resilience Program was developed by persons with a disability to assist first responders and other community members on being able to develop and maintain these skills and attitudes.

The program that follows is an introduction to a program that was originally published in 2003, *Living with a Disability: An Owner's Manual*. The program was created to help individuals who were dealing with one of life's major challenges, living with a disability. Our goal then and now is to provide the information, skills, and resources you need to succeed. This program does not offer all the answers, but it does offer an effective process by which many difficult situations can be approached and dealt with. We have attempted to create a short and easy-to-read guide, owner's manual, to living your life with a disability. Like a driver's manual, it doesn't matter what kind of a car or van you drive. There are simply some general rules and principles that apply.

To effectively manage your disability, you will need to learn new skills and refine the ones that you presently possess. This requires practice. *Living with a Disability* provides basic information about a variety of issues and problems that you will face as a person with a disability. You need to become the expert on your disability. Much of the material in *Living with a Disability* will require re-reading, discussion with friends, family, and healthcare providers--and more practice.

What constitutes a disability?

Having been born without a left hand, I remember that it took me a number of years to feel it was okay to be just as mad over that as was the individual who had lost the use of his legs through a car accident. Relatively speaking, my loss was less than his, but my anger at the time was no less intense. What constitutes a disability is a relative matter.

Being born or acquiring a disability can, to say the least, have a major impact on your life. It can shape or reshape the way in which you look at yourself and the way in which you relate to others. Managing a disability is a time-consuming process. It often places you in a dependent role with others. It is frustrating. It can limit your life in many ways. It can close doors, but it can also open new ones. One of the new ones is the ability to see things from a very different perspective.

Disability: My Own Experience

Having been born with what many might consider a minor disability, the absence of a left hand, I have sometimes struggled with the question of where do I fit? I am clearly not able-bodied. The military agreed and didn't send me to Vietnam. Of course, I really do not understand what it would be like to have two hands, since I never have. The world is set up for people who have two hands. Everything from tying your shoes to opening most containers assumes that you have good use of both hands. But what am I complaining about? I can walk up the stairs, I can drive a car, etc. And so the debate has always gone. Inside of me, at least. What I do know is that I share a lot in common with other people who are disabled. I certainly feel the same about most issues. For example, I know that I am different and a minority in most settings. I was the only kid in my home town with one hand. Like most disabled people, I have been questioned all my life as to why I am different. Although I have gotten more comfortable with this over the years, I have never quite gotten used to it. As a child, I used to avoid these questions and looks by hiding my difference, e.g., putting my deformed hand into my left pocket, etc.

I was aware that adults may be more uncomfortable than children were. Younger children just seem to be curious. But there was something in the way older children and adults questioned me that bothered me, and at times I felt ashamed.

As an adult and as a psychologist, I am aware that the way we deal with young children about difference has a lot to do with the attitudes and behaviors that they eventually develop around people who are different. It starts with our attempts to hush young children and keep them from asking questions so that they will be polite and not rude. The message that we convey when we do this with our children is that there is something wrong about the difference that shouldn't be talked about. There is something wrong with the person who has the difference and if we talk about it, we will embarrass the person. Children are also often taught to feel sorry for the disabled person and to thank God that they are not like them. It doesn't take long to understand why children develop the attitudes and behaviors that they do around disabled people.

This early training as a child contributes to many adults feeling uncomfortable around people with physical differences and encourages adults to avoid interactions or close relationships with these individuals. I have often felt over the years that many people did not really want to get to know me very well because of the physical difference and that many adults kept me in a category separate from the one they placed themselves in.

Unfortunately, avoidance behavior only increases this discomfort with people who are different and encourages segregation and discrimination. Lack of interaction contributes to a lack of understanding and awareness which contributes to accessible bathrooms not really being accessible, to ramps being too steep and therefore dangerous and inaccessible, etc. On the other end of the continuum, this uneasiness can lead to systematic efforts to extinguish difference. As a disabled person, I am aware that the Nazis came for those with physical differences and disabilities before they came for the Jews and the Gypsies. I am still waiting for someone to erect a monument to the million-plus physically different folks who perished in the Holocaust. Dealing with other people's attitudes and stuff about physical difference, my physical difference has always seemed to me to be the most unfair thing about being disabled. Learning how to tie your shoes with one hand is hard enough. But I think I have finally realized over the

years that to deal very well with my own stuff – my anger, shame, etc. – with my physical difference requires that I deal with other people’s curiosity and uneasiness about it. Easier said than done.

II. Ten Skills and Attitudes that can Increase Resilience

1. Being connected to others and being able to communicate well with others and problem solve both individually and as a team is one of the most important skills of resilience. Relationships that can provide support and caring are one of the primary factors in resilience. Having a number of these relationships both within and outside of the family that offer love, encouragement and reassurance can build and support resilience. Being able to communicate well with others and to listen and problem solve as part of a team is part of this factor. Developing new friendships and working as a team member within your community are two ways to build your resilience.
2. Being flexible. By definition it is a key component of resilience and one of the primary factors in emotional adjustment and maturity. This requires that an individual be flexible in his thinking and his actions, e.g., trying something new, e.g., a new treatment, routine.
3. Being able to make realistic plans and take action to carry them out. Being able to see what is, rather than what you would like is a part of this skill. Being proactive rather than reactive, assertive rather than aggressive or passive are all components of this skill, e.g., taking a Red Cross course in CPR and First Aid.
4. Being able to manage strong feelings. It is "normal" to have a lot of different feeling about having a disability, ranging from rage to depression to gratitude. It is important to recognize these feeling and find a way of expressing them. Being impulsive or acting completely out of emotion is usually not a good idea. You need to learn to put emotion to the side when clear thinking and action are required. Being able to use your thinking as a way of managing your emotions is a key component of this skill, e.g., when angry, think before acting.
5. Being self-confident. Having a positive self-image is critical if a person is to be able to confront and manage fear and anxiety in his/her life, e.g., helping someone else.
6. Being able to find purpose and meaning. Being able to make sense out of what is happening and to find meaning in it is critical if one is to be able to manage the feelings that are aroused in a crisis. Spiritual and religious practices are often a component of this factor, e.g., acting on your values and beliefs.
7. Being able to see the big picture. This skill is often closely aligned with Number 5 and Number 6. Optimism. No, this is not the rose-colored glasses type of optimism. We’ll have more to say about this later in this program. Being optimistic about what others, such as the federal government may refer to as a “permanent disability,” may be difficult. Very few things in life are permanent. Even “permanent disabilities” change over time. Optimists are more likely to see good and bad events occurring in their lives being temporary rather than permanent. No, a disability may not pass, but how you deal with it may change as you get better at managing it. Optimists are also more likely to see events having a specific impact on certain areas of their lives, rather than having a pervasive impact on their entire lives or their entire future. A disability can change a lot, but not everything. And last of all, and perhaps most important, optimists are less likely to blame themselves or someone else for the hard times. Optimists

avoid the blame game. They may hold themselves and others accountable for their actions, but don't waste their energy on blaming themselves or other people.

8. Being able to appreciate and use humor appropriately. Whether humor is "sick" or "dark" often depends on the setting. Laughter may have healing powers, e.g., if you're not feeling well; watch a funny movie.
9. Being able to take care of yourself, e.g., diet, exercise, financial "health," etc. Being able to take care of yourself, e.g., diet, exercise, financial health, etc. If you have a disability, much of your focus may be on doing just this. Unfortunately, most of it may be defined in terms of the medical system and medical care and treatment and may have very little to do with "health." Focusing our energy on setting goals and making a plan for a good diet, exercise and managing your weight can be just as important as following through with the prescriptions given to us by the medical profession.
10. Being able to care for others physically and emotionally. Occupations and volunteer activities that involve caring for others can often build resilience, e.g., volunteer in a shelter or a food bank.

III. So How Prepared are You to Deal with a Disability? Take your own inventory.

Ask yourself the following questions and write down the answers. Seeing things in black and white is different from simply thinking about them or even talking about them. This exercise is for you. No one will see what you've written unless you wish to share it with them. Letting a friend or a family member read and discuss with you what you've written may be helpful. You decide.

1. What events have I experienced in my life that have been extremely stressful for me? A natural disaster like a tornado or hurricane, a personal disaster like the death of a spouse or child, a house fire, divorce, bankruptcy, job loss, illness, disability?
2. How have I managed these events? How did I deal with my feelings? Did I avoid talking about what was happening? Did I allow myself to discharge the feelings about the event? Did I think about significant others in my life and how they had dealt with similar crises?
3. Did I ask others for help or did I go it alone? How did going it alone work for you? If you asked for help, who helped you through these hard times?
4. Who have been the role models in my life for dealing with adversity? What did I learn from them?
5. Have I helped others through bad times? Did helping them help me? How?
6. How was I, personally, impacted by 9/11? After 9/11, did my attitude toward others who were different from me by religion or race change? If so, how?
7. Have I thrown myself into work or other activities as a way of coping with hard times? Was this helpful? What was the upside and what was the downside?
8. What have I learned about myself and about others from managing difficult situations? How has the global financial crisis affected me?
9. During hard times, was I able to use my head? Able to think clearly and problem-solve in a crisis? Did my ability to think help me to manage my feelings, specifically the fear and the anger that may come up in a time of crisis?

10. How did adverse events in my life change my way of thinking about myself and about the world I live in? Am I a stronger person for having gone through a life crisis? How?

IV. Post-traumatic Growth and The Post-traumatic Growth Inventory

Have the bad things that have happened in your life made you a stronger person?

Tragedy and adversity can change an individual. The traumatic events that may have created your disability can create a Post-Traumatic Stress Disorder and other problems, but they also can produce growth and positive change. As I said in the Introduction, coping successfully with a disability requires an individual to grow, to develop and refine the skills and the attitudes of resilience. The information that follows is from the American Psychological Association and includes an inventory called "The Post-Traumatic Growth Inventory" and references information about the concept of post-traumatic growth.

The Post-traumatic Growth Inventory

It is strongly recommended that you allow some time to pass from the hardship or tragedy you experienced before you use this inventory. Also keep in mind that it may take time to experience change in the areas addressed by this exercise: relating to others, appreciation of life, new possibilities, spiritual change and personal strength. People often show growth in some areas but not in others, and rarely show growth in all areas at a given time.

You can take the online version of the Post-traumatic Growth Inventory at the American Psychological Association's website.

Please note: Information contained in this exercise should not be used as a substitute for professional health and mental health care or consultation. A licensed mental health professional such as a psychologist can assist people in developing an appropriate strategy for moving forward. It is important to get professional help if you feel like you are unable to function or perform basic activities of daily living as a result of a traumatic or other stressful life experience. Learn more information about posttraumatic growth: A complete report about the development of the PTGI can be found in the article, "The Posttraumatic Growth Inventory: Measuring the Positive Legacy of Trauma" by Richard G. Tedeschi, Ph.D., and Lawrence G. Calhoun, Ph.D., in the Journal of Traumatic Stress, July 1996, Volume 9, pages 455-471.

Character Strengths

Still interested in learning more about yourself?

Here's a link, www.viacharacter.org, to a free survey that will help you to look at your character strengths. This survey is well researched and meets the basic requirements for validity and reliability. It has been used by Seligman and others as part of their resilience training programs.

V. Here are some ways to improve your resilience

a. Improve your communications skills.

If you develop and use the communication skills described below, you can expand your support network and you can change the way people see you. If people are going to talk with you, and especially if they are going to say things that may be difficult to say or perhaps things difficult for you to hear, they need to know that they are connecting with you. They need encouragement. If you meet their attempts to communicate with silence, or if you assume the attitude of an interrogator, you will not put other people at ease and you will not encourage them to talk with you.

To be effective in understanding another's perspective and helping them through a difficult time, e.g., a diagnosis of cancer, you need to do things which show interest and genuine concern.

Here are some examples you can use to encourage other people to talk, especially in a crisis when people are upset and angry:

1. Use neutral expressions, such as, "I see," "Go on," "I understand," and "Yes".
2. Nod your head or smile.
3. Try "echoing" or slightly rephrasing what the person has said. For example: You are talking with your best friend about his wife, and he says, "I feel since the diagnosis she's changed a lot!" You might say, "Changed?" It is very important to avoid trying to give advice to people at this point. Your advice is not going to be very good since you really don't understand what is going on. Avoid being the cross-examiner or the fault-finder or focusing on trivialities. Keep the conversation focused on present issues, the things that can be resolved. Unfortunately, people often have a very hard time fighting fairly and sticking with the central issues. People love to digress into trivialities and play one-upmanship games.
4. Ask good questions of people. Unfortunately, people often don't know how to ask good questions. When we're talking with someone, we need to ask open-ended questions that encourage them to talk. For example: "What happened?" or "What are you going to do now?" But very often we ask questions that have yes or no answers that don't encourage discussion or we ask people "why" questions. Unfortunately, when we ask "why" questions, we are often encouraging people to become defensive and to try to come up with some reason to justify their behavior. The reality may be that they simply don't know why. We could spend the rest of the evening talking about "why" when "why" really isn't that important and is not going to lead us to a solution to the problem.
5. Get down to the details. If you are trying to find out what is happening in a medical crisis, be specific. One of the major blocks to communicating in a crisis is the inability of people to describe exactly what was said or done by another person. Being able to accurately describe what happened is often essential to being able to understand a very tense and complex situation.

Being specific requires that you focus on observable actions of others without making value judgments or interpretations of what they meant. As a society, we love to talk in generalities. We often accuse people of behaving in a certain way because of a motive or a value that we believe is hidden behind their behavior. It can be important to look at people's motives, but at this point in the process, that is not your goal. Your goal is to try to understand what is happening and what people did and said. A frequent mistake made in dealing with a crisis situation is our tendency to react to the accusations or generalizations that others may make or to the interpretations that others may add to another person's behavior and not to the facts, i.e., the clear, observable actions of others.

6. Reflect back to them what they are saying. This is a technique frequently used by counselors. It's a way of helping people hear themselves and understand what they are saying. Very often people need to say things out loud and they need to hear other people's reactions in order to find their way.

When you reflect back what a person is saying, you are not simply trying to say the same thing with different words. It is not a slick use of language that you are trying to achieve. You say back to the person what his/her statement meant to you. This gives the person you are talking with an opportunity to hear themselves, to hear your impressions of what they are saying and to correct you if the impression that they are giving is not accurate. It is also another way of letting people know that you care about what they are saying and that they matter to you.

Your friend may make a general statement that you respond to with a specific statement. For example, she may say, "I can't eat anything I like since I was diagnosed with diabetes," and you may respond by saying, "You liked certain vegetables? You mean you can't even eat those now?" Sometimes your specific statement may be humorous and may encourage your friend to look more realistically at the situation that she is confronting.

The reverse may also be true. Your friend may list the things that she hates about her new diet and you may respond by making a general statement, like, "It sounds like there's nothing on your diet that you really like."

What your friend is saying may also bring to mind an example that you believe reflects what she is talking about. For example, your friend is saying that she has been hesitant to go out to restaurants since she was diagnosed with the diabetes. You recall that she turned down an invitation from you and your family to try a new restaurant that had just opened. You may want to mention this example.

7. Another way of helping someone get things out and talk is to use a technique called "Checking it out." This technique involves describing what you perceive the other person's feelings to be. By doing this, you are telling the other person that what they feel is important and you are asking the other person to tell you if you understand them. The way to use this technique is to describe the other person's feelings as accurately as you feel you can. You must do this without making value judgments. It is not helpful to tell a person that they should not feel the way they feel. Leave value judgments until later and give them only if your friend or family member asks for them.

Unfortunately, past experiences and personal issues often get in the way of listening. Sometimes it is important that you invite the other person to tell you whether your description of their feelings is accurate or not. If they tell you that it is inaccurate, try to accept this. It is not a good idea to pretend that you are a mind-reader and that you “really know how they feel.” You may not, and by saying that you do, you are not being helpful to the other person. If they are to come to understand how they feel, they need to have the opportunity to feel their feelings and not to have to accept value judgments about what they should or should not be feeling.

Here is an example of two friends talking about an overdue mortgage payment:

Jim: The damned banks! They’ve got plenty of money!

Tom: Boy, you sound really upset at the bank.

Jim: Look, man, I don’t have the money to pay the mortgage payment this month and the bank is threatening to foreclose on the house. I know we’ve been behind some, but this is ridiculous. I’ve always paid my debts. I don’t know how the hell I’m going to be able to send the kids to college at the rate I’m going.

Tom: Seems like you’re worried about sending your kids to school.

8. A very effective technique that most of us don’t practice very well in a tense situation: “Silence.” As the word implies, it means saying nothing. It is not a technique that tends to relax other people or that is especially relaxing for us to use when we’re feeling anxious. Many of us like to talk when we’re feeling tense. Silence requires that we say nothing, verbally or nonverbally.

Being silent is not a good idea for a situation that can turn violent or for a situation in which the person you are dealing with is angry with you. It tends to make other people more uptight and more anxious because it places the burden of talking on them and removes it from you.

Silence is a good approach to use with people to encourage them to talk more when your verbal attempts are not working. When used skillfully, silence can convey concern and interest on your part. It can encourage the silent person you’re talking with to talk, to go beyond yes or no answers, and it can also keep you from having to take sides in a conflict. For example, if two friends are having an argument and want you to give your opinion as to who is correct, silence may be an excellent response.

9. Be a Good Listener. Here are some things you can do to be a good listener.

Effective communication is one of the keys to building resilience and maintaining balance in your life. Communication is the foundation upon which we build our lives. It is the way in which we understand others and the way in which we attempt to get other people to understand and know us. If we do not communicate clearly and directly with others, we will not understand and we will not be understood.

Many of the situations that we deal with on a daily basis are complicated. Very few are black and white. The other person usually has their side of things, their story, and their way of looking at things. If we don't take time to really understand what they are saying or how they see things, we usually are not going to be very effective in dealing with them or with any problems that arise in our relationships with them. There are very few pat solutions that one can simply apply to a problem. We need to understand what we are confronting and the only way that we are going to do that is by effectively communicating with those around us.

For many of you the skills that are presented above are ones that you make use of each day in your work. They are basic "interviewing" skills. Unfortunately, many of us put these skills away when we leave work and do not apply them to the world outside of work. In particular, we may not listen well. We may be tired of listening. We have been listening to people all day. When we are tired or angry and upset, it is difficult to listen to someone with whom we are angry. But if we are going to find a solution to the problems that we are dealing with, either at work or at home, we have to talk and we have to listen in order to find out what is happening.

b. Learn to practice gratitude

Yes, that's right, gratitude. You still have a lot to be thankful for. And you can "live a flourishing life" with a disability. Here's an excerpt from Rita Schiano's new book, *Live a Flourishing Life*.

"Psychological research finds that people's happiness levels are remarkably stable over the long term. A possible explanation comes from studies in the psychology of gratitude. Yes, you read that correctly – being thankful just may be the secret to happiness.

Emmons & McCullough (2003) cited that people who were in the gratitude condition felt fully 25% happier – they were more optimistic about the future, they felt better about their lives.

The words "gratitude" and "grace" share a common Latin origin – gratis, meaning "pleasing" or "thankful." When you are in a deep state of gratitude, you may feel the presence of grace. Reflect on this. As we become more mindful of the present moment, we begin to recognize the things around us that we may have taken for granted. Recall for a moment how Anne LeClaire paused to watch two cider ducks dive in the water; how that moment gave her a connection and reverence for nature, for the beauty that surrounded her each day, and how she began to think about the many things for which she was grateful. (p. 48)"

Learning to practice gratitude is one of life's most valuable lessons. As Aristotle taught us, all virtues have value and the virtue of gratitude helps to increase feelings of satisfaction with our lives and keeps us from falling into the excess of a greedy or entitled frame of mind.

- There are many simple, yet powerful, ways to practice gratitude on a daily basis
- Thank, separately, both the cashier and the bagger at the grocery store.
- Send a hand-written thank you note when you receive a gift, however small.
- Make "thank you" a common phrase in your vocabulary.
- Keep a gratitude journal. Each night write 1-3 things for which you were grateful during the day.

“Gratitude unlocks the fullness of life. It turns what we have into enough, and more. It turns denial into acceptance, chaos to order, confusion to Clarity. It can turn a meal into a feast, a house into a home, a stranger into a friend. Gratitude makes sense of our past, brings peace for today, and creates a vision for tomorrow.”

~ Melody Beattie

c. Become a better problem solver

If you are coping with a disability, you have learned a great deal about problem solving. Problem-solving skills are a basic resilience skill. Solving problems may run the gamut from figuring out how to put your shoes on in the morning to how you can better manage the limited income that you may now have. For more information on problem solving, you can refer to Living with a Disability, Section II, Chapters 1 through 5.

Here is a problem-solving chart you may find helpful.

1. Issue or problem that you are confronting. Clearly state and define the component parts of the problem. Be specific.
2. Potential solutions. What are probable solutions? Be as open-minded as you can.
3. Who are the people that can help you solve the problem? List names and telephone numbers, e-mails of individuals who might be of help to you or who might know someone who could help you solve the problem.

Frequently update this chart as new information and changes take place. This could become a way of tracking how you are overcoming an issue or a problem that you are confronting.

d. Learn to calm down: The Art of Self-Regulation

Many people describe their first few months or years of struggling with a disability or chronic illness as being in continuous crisis. Managing a disability is stressful for both the person with the disability and for those providing care or assistance to them. Keeping yourself calm will help you to think more clearly and deal more effectively with any type of crisis you confront. Unfortunately, most of us don't know how to do this very well. The process of keeping ourselves calm is called stress management and self-regulation. For more information about this, refer to Chapter 2, Managing Stress, in Living with a Disability.

To be in control of our lives, we must be in control of our bodies. To do this, we must be aware of what our body is doing. When we are stressed to the point where our nervous system is overwhelmed, our body becomes dysregulated. Our blood pressure, instead of coming down as it should after the stressor has passed, stays up, as does our heart rate and respiration. We may continue to sweat, our pupils may remain dilated, and we still feel like eating nothing, since digestion remains stopped. The sympathetic nervous system, which is part of the autonomic nervous system, continues to be in control. Our muscles remain tight and we remain hypervigilant. To calm down, we must put the parasympathetic system back in control.

To do this, we must first of all be aware of our body enough to realize what is happening to us and what we need to do to calm ourselves. To ground ourselves again.

Our connection with others can help us to do this by helping us to normalize our experience. To realize that other people indeed – all human beings – react this way when stress comes on too fast and there is too much of it. To realize that our nervous system has been overwhelmed and become deregulated and that we must regain control quickly if we are not to be traumatized.

Self-Regulation Exercise

As Genie Everett, Ph.D., RN, points out in her trauma first-aid program, stress does not equal trauma. We can learn to ground ourselves and to put the rational mind back in control, but we need to have learned how to do this long before the potentially traumatic stressors occur. We need to be aware enough of our bodies and our reaction to stress to realize what we can do to calm ourselves and ground ourselves, and we need to practice these calming responses before we need them so that they are put into muscle memory and are there for us when the car accident occurs, when the boss tells us we're fired, when the terrorist attack occurs. One size does not fit all. For some of us, this may mean taking control of our breathing so that we slow it consciously and make it deeper. For some of us it may be rocking or shaking, or crying, or yawning, or focusing our mind's eye on a color or a scene. Or putting our hands together or touching our heart. Whatever it is, we need to know it before we need it, and we need to have practiced using it. Resilience means that we need to be in control and that unless we are attempting to escape from the jaws of a saber-toothed tiger, it is usually better if our rational mind rather than our reptilian brain is in control.

e. Develop and Follow a Plan for Building Your Resilience

In this section we would encourage you to begin to apply what you have learned about resilience, developing a plan for building and maintaining your own resilience. We would encourage you to put this plan down in black and white. Having such a plan can help you to lead a longer and healthier life. As you develop and write your plan for building resilience, ask yourself the following questions.

1. How can I strengthen and build my connection to others? A support network is critical to adapting well to difficult times. What does your support network look like?
2. How can I strengthen and build my connection to others? A support network is critical to adapting well to difficult times. What does your support network look like?
3. How should I change my thinking? Can I become more optimistic? More into seeing things in my life as temporary, both good and bad, rather than permanent? More into seeing things that happen as having a specific effect on certain areas of my life rather than having a pervasive effect, good or bad, on my life in general? Less into playing the blame game, blaming myself or others for adverse events while remaining accountable?
4. How can I improve my planning and decision-making skills? Do I need to work on being more decisive?
5. How am I taking care of myself each day? Diet? Exercise? Financial health? Getting things done today rather than putting them off to tomorrow?
6. What can I do to feel more confident and self-assured? Self-confidence is one of the best buffers against anxiety.
7. How can I practice flexibility on a daily basis? Flexibility, being able to try in a different way, is a key element of resilience.
8. What are my goals for the future?

Develop SMART Goals

SMART goals are:

Specific: What exactly are you going to do?

- Measurable: How will you and others know when you have reached the goal?
- Attainable: Are you capable of reaching the goal? Do you have the ability? The resources? Time?
- Realistic: Are you willing to commit the time, resources, etc., to reaching the goal?
- Time-specific: Exactly when are you going to start? What is your time frame? When should the goal be reached?

Goals can push us and pull us forward, especially in bad times. You need to be persistent in trying to reach your goals, but not rigid. Ask yourself how you would change your goals if your life suddenly changed due to illness, death of a loved one, a national crisis or a natural disaster.

VI. Some things to unlearn so you can manage a disability

a. Change your thinking: Don't be a catastrophic thinker

Catastrophic thinking can be defined as ruminating about irrational, worst-case outcomes. If you have a disability, there is no shortage of these that you can come up with. Unfortunately, doing this increases your anxiety and can prevent people from taking action in a situation where action is required. Being decisive and being able to think clearly and realistically is essential if you are to manage your disability.

Here is an example. You have just had your annual physical which includes blood work. Your physician's nurse calls to ask you to come back in and meet with the doctor regarding the results of the blood work. She tells you that the doctor will explain his reasons. You are worried. You begin to think about all the possibilities. At least the negative ones. It may be your prostate. You may have prostate cancer. You'll probably have to have surgery and be off from work for some time. Things are difficult at work right now. You may lose your job. If you lose the job, you will not be able to pay your mortgage and may lose the house, etc., etc.

Here's another example. Your wife has a routine mammogram which reveals a small mass in one of her breasts. Her physician recommends that she have a biopsy during the next week. You are worried. You're concerned about how your wife will react to this. What if it is breast cancer? You both work full time and share the care of your two children. She may have to stop working for some time. This will make things very difficult financially for the family. You could fall behind on the mortgage payments and lose the house, etc., etc.

Catastrophic thinking needs to be disputed. In order to do this, you must first identify the thinking for what it is, an irrational, worst-case scenario. The second step in the process of dealing with catastrophic thinking is to identify best-case possibilities. In the first case, you have never had any difficulty with your prostate, and there is no history of prostate cancer in your family. Your physician's examination of your prostate during the physical revealed no enlargement or other indications that there might be a problem. In the second case, your wife has no family history that would increase the likelihood of her having breast cancer. She takes good care of herself. The lump may be benign. Many are.

The third step is to look at these best-case possibilities and identify whether or not they are most likely outcomes. In order to do this, you must control your fear and be able to think in a rational fashion. Weighing the evidence and facts available to you, you need to develop a realistic contingency plan for coping with the situation. In the first example, this means scheduling an appointment with your physician to find out what his concerns are. You have no evidence at this point in time that the news will be bad. If it is, you can keep in mind that you have accumulated some sick leave, that your insurance coverage is good, that you have a short-term disability plan and that your older kids live nearby and could help out. In the second example, you need to wait for the results of the biopsy rather than jumping to conclusions. You may want to keep in mind that your wife and you have been through difficult times before, that you have family nearby who could help out if need be, etc., etc. Once you have more evidence and facts, you can begin to weigh them and develop a realistic contingency plan for dealing with the situation.

In the Master Resiliency Training Program for the U.S. Army that Dr. Seligman and his colleagues have developed, the emphasis is placed on soldiers addressing these issues at a later time and place so that they can focus on and discuss these worries and persistent negative thoughts.

Catastrophic thinking needs to be managed, not discounted. There is often much to be learned from these persistent negative thoughts which may relate to old beliefs and core values which may drive emotional reactions and generate fear. These “icebergs,” as Seligman refers to them, need to be examined to determine how meaningful, accurate and useful they are to the individual in the present situation they are confronting. Flexibility in being able to question and change these beliefs and values is often the key to managing catastrophic thinking.

b. Stop being a pessimist: Examine the way you explain things

If you have acquired a disability, chances are your way of explaining the world was well entrenched before the disability occurred. If you were born with a disability, the disability undoubtedly shaped the way you have explained events in your world.

We learn to explain the things that happen to us primarily by listening to and observing how others explain the world. Our “explanatory style,” as Seligman has labeled it, can determine whether our perspective is one of being an optimist or a pessimist. If we assume that both good and bad events are permanent, we are more likely to react with dejection and depression, especially when the good things go south. On the other hand, if we assume that both good and bad events are temporary, that all things will pass, we are more likely to feel optimistic and positive about our world. If we assume that one good event or bad event can make everything good or bad, we again are more likely to feel dejected and depressed, especially when the one good event, e.g., getting the promotion or the new job, doesn’t make everything in your life better. On the other hand, if we keep a healthy perspective, we assume that both good and bad events have a specific impact on our lives but do not change everything, we are more likely to be optimistic regarding the present and the future.

And last of all, if we assume when bad things happen that somebody must be blamed, that “somebody” may be ourselves. At the least, we may spend a good deal of time and attention trying to determine who caused the problem. This doesn’t mean that we shouldn’t be accountable for what we do or that we shouldn’t hold other people accountable for their actions. Blaming is account-ability, but with a

huge dose of negative emotion attached to it. Negative emotion is seldom helpful in managing or dealing with difficult situations.

Permanence, pervasiveness and personal blame are three thinking patterns that in general do not work well, especially in difficult situations. A couple of other patterns of faulty thinking are “confirmation bias, accepting only information and data that support your current beliefs.” “Don’t bother me with the facts.” And dichotomous thinking, e.g., all or none thinking in which events are either black or white. In general, these are faulty thinking patterns that we can change. They are thinking traps that undermine our resilience.

c. Learn to avoid thinking traps

Hill (2001, pp. 65-66) and others have described in some detail these thinking traps. They include:

1. Over-generalization. This is a tendency to view a single temporary event as a general permanent of affairs. We often use the words “never or always” when that simply is not an accurate description of what has occurred.
2. Jumping to conclusions. We jump to making a judgment about a person or a situation when all the facts aren’t in.
3. Exaggeration or magnification. This is the proverbial “making the mountain out of the molehill.”
4. Minimization. We may discount or minimize either the positive or the negative elements of a situation. We may minimize our accomplishments or we may discount the potential risk that a situation may present.
5. Emotional reasoning. We assume the way we feel is the way things really are. We do not look at the situation objectively or take in to account that others may see it differently.

Would you like to learn more about yourself? The skills and the attitudes of resilience of resilience are part of a broader side of skills and attitudes that are known as emotional intelligence. If you would like to learn more about emotional intelligence, Goleman’s 1998 book, *Working with Emotional Intelligence*, is an excellent resource.

VII. Dealing with a disaster in your community

A natural disaster such as a hurricane or a tornado or a man-made one, such as a toxic spill or a terrorist attack can create a series of personal disasters for you and your family. The Federal Emergency Management Agency (FEMA) and the Red Cross have created a number of websites (see below) that can provide you with information of how you can prepare for these events. We would encourage you to link to these sites that describe how to put together a Go Kit or Ready Kit. We would encourage you to follow their advice.

We would encourage you to develop a plan for dealing with a potential disaster, such as a fire in your home. The plan would include answers to such questions as:

Where will you meet outside the building? In the event of a disaster such as a tornado or hurricane, family members may be separated. How will you know they’re okay? Who will you check in with?

Practicing the skills and the attitudes of resilience before they are needed in a disaster is just as important as putting together a plan and a Go Kit. We would encourage you to do both.

VIII. Resilience in young people

Growing up, like the rest of life, can have its problems. Children and young people have their struggles and conflicts with friends and family and their disappointments and frustrations. The death or serious illness of a family member, divorce, their parent losing a job, all of these are stressors that impact all family members. In addition to these stressors, September 11th, Hurricane Katrina and the Great Recession can take their toll on our youth.

Research shows that most young people can work through these problems, even the more traumatic ones, and adapt well over time. The key is resilience. The skills and the attitudes that make resilient children can be learned. Developing and maintaining these skills and attitudes is an ongoing process.

The American Psychological Association (APA) has created a number of resources for parents and teachers to assist them in teaching the “Fourth R”: Resilience.

The materials that have been created focus on strategies to help kids to over-come adversity, to “work well, play well, love well and expect well.” They also provide some tips for handling traumatic events in the news and for helping your child to handle life’s problems. There are even some tips for teacher resilience. To connect with these resources, follow these links:

<http://www.apa.org/helpcenter/resilience.aspx>

<http://www.apa.org/helpcenter/bounce.aspx>

IX. Apply what you have learned: 20 Questions

In the exercise that follows, you will have an opportunity to apply the skills and the attitudes of resilience and the information that you have been provided regarding preparing yourself and your family to deal with a crisis.

Choose ten questions from the 20 provided below. Take an opportunity to think about what you would really do in the situation described. Not what you should do or what other people think you should do.

Apply the skills and the attitudes of resilience. Record your answers.

Seeing things in black and white is different from simply thinking about them or even talking about them. No one will see what you have written unless you wish to share it with them.

Letting a friend or a family member read and discuss with you what you have written may be helpful. You decide.

20 Health Questions

1. You have an appointment with a new primary care physician. How would you prepare for the appointment and conduct the appointment?

2. You have been scheduled for a medical procedure that you have had before and find painful and extremely stressful. How would you prepare for this appointment? What skills and attitudes would you utilize before, during and after the procedure?
3. You are a caregiver to your spouse who is an extremely brittle diabetic. What skills and attitudes of resilience do you utilize in being able to care for your partner and yourself?
4. You are scheduled for elective surgery. The procedure is considered by your physician to be a minor one. How do you prepare for this surgery? What skills and attitudes do you utilize before, during and after the surgery?
5. You are being taken to the hospital emergency room after nearly passing out at work. You are dizzy and nauseated. What skills and attitudes of resilience do you utilize en route to the ER and after arriving there and being examined by an ER physician?
6. You have survived a bout with cancer and have been cancer free for the last 2 years. On a routine follow-up examination, your physician, after conducting a number of tests, suggests a biopsy of a suspicious mass. What are the skills and the attitudes of resilience that you will utilize in dealing with this situation?
7. You are scheduled for what is considered to be major surgery. The procedure that you are having may last at least 2 hours. The physician tells you that your chances of survival are good. What are the skills and the attitudes of resilience that you will make use of in approaching this situation and in recovering from the surgery?
8. You know you should lose weight. How would you apply the skills and the attitudes of resilience to weight loss?
9. You hate exercise but know that you do not get enough and that this will have a negative effect on your health. How do you apply the skills and the attitudes of resilience to get into a regular routine of exercise that is realistic and specific?
10. You seem to be losing your temper a lot lately. How would you apply the attitudes and skills of resilience to managing your temper?
11. You have difficulty sleeping quite often during the week. You are hesitant to take sleeping medications. How would you apply the skills and the attitudes of resilience in dealing with your problems with sleep?
12. You find it hard to relax. Your spouse/partner tells you you feel on edge frequently. How could you apply the skills and the attitudes of resilience in dealing with this issue?
13. You have a tendency to deal with problems by burying yourself in your work. You often avoid things that you know you should deal with by doing this. How would you apply the skills and the attitudes of resilience to changing this old habit?
14. A hurricane is approaching the community you have lived in most of your life. Your home may be severely damaged or destroyed. What would you do in the time, one to two days, before the storm strikes? Describe the skills that you would use in preparing for the storm's arrival.
15. You live in a wooded area. The threat of fire is high. Rain is not predicted. Fire crews are battling a fire a mile from your home. You have not been advised to evacuate your home yet. What would you do?
16. Work is not going well. You've just ended a relationship you had been involved in for the last year. You're feeling pretty depressed. How would you deal with this?

17. You receive a call from the assistant principal at your child's school informing you that your child has been suspended and the police contacted after a prescription bottle for oxycodone with your name on it has been found in your child's possession. What would you do?
18. You find yourself becoming increasingly dependent on the pain medication that you were prescribed after breaking your ankle. The pain is better, and your physician has indicated that he will not renew the prescription for the medication. You consider possibly buying the medication on the street. What would you do?
19. After losing a job you like, you have had to take a job that you have learned to hate. You have no choice in terms of whether you work or you don't. How would you deal with this situation utilizing the skills and the attitudes of resilience?
20. Your elderly father recently had a car accident. You have known for some time that he shouldn't be driving and have told him this. The accident was minor, but this was his third in the last 2 years. How would you utilize the skills and the attitudes of resilience in dealing with this situation?

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