

Resilience and Your Health

Resilience and Your Health is a program designed to assist you in learning and practicing the skills and attitudes of resilience so that you can better manage your health and navigate the healthcare system. The program provides the opportunity to practice these skills and attitudes as you attempt to manage these challenges and the healthcare system.

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I. Introduction and Purpose

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. The program that follows contains information about the skills and the attitudes of resilience. Resilience is the ability to manage adversity in your life, to bounce back. It is not a trait that is inherited. But research has shown repeatedly is a set of skills and attitudes that create mental toughness and it can be learned and applied in dealing with both life's minor and major 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, their resilience, can make it less likely that they will be overwhelmed, washed away, in the same flood.

In the healthcare field, we have known for many, many years that the attitude that a patient takes in confronting an illness or a disability will play a major role in the patient's recovery. We also know that the skills and the attitudes that we apply in dealing with life's challenges on a daily basis can have a major impact on our health, either positive or negative.

We know that individuals handle adversity in many different ways and that the different approaches and strategies that they make use of have been learned and shaped by the culture, society and family system in which they grew up and of which they are a part.

The program was written and designed by Ron Breazeale, Ph.D., a clinical psychologist, and Richard Lumb, Ph.D., an educator and researcher. The program is based on their work and is also based on the research and practice over the past 30 years of other psychologists, physicians and professionals, such as Dr. Martin Seligman. We would encourage you to spend time with the program. Here are 10 of the common skills and attitudes that resilient individuals often share.

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 or First Aid.
4. **Being able to manage strong feelings.** This requires being able to take action without being impulsive and responding out of emotion and being able to put emotions to the side when clear thinking and action are required. Being able to use thinking as a way of managing one's emotions is a key component of this skill, e.g., when angry or hurt, thinking 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 factor is often closely aligned with #7 and #5. Optimists in general are better able to see the bigger picture than pessimists. They are more likely to see good and bad events occurring in their life being temporary rather than permanent. This, too, will pass. They are also more likely to see events having a specific impact on certain areas of their life rather than having a pervasive impact on their entire life or their future. And last of all, they are less likely to blame themselves or someone else for the hard times. Optimists avoid the blame game, e.g., hold yourself and others accountable without the emotional dose of blame.

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.** First responders and health care professionals are often major offenders in this area. We often assume that the rules do not apply to us, but they do, e.g., make a SMART Plan for exercise. (See link to SMART Plan)
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.

From “Duct Tape Isn’t Enough”: Survival Skills for the 21st Century, Module I, pages 4 and 5.

III. So How Prepared are You to Deal with a Medical Challenge/Crisis? 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 911? After 911, 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?

From “Duct Tape Isn’t Enough: Survival Skills in the 21st Century. Module II, pages 6 and 7.

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. Traumatic events can create post-traumatic stress disorders and other problems, but they also can produce growth and positive change. The information that follows from the American Psychological Association 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.

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. Some things to do before you have to deal with a medical challenge or crisis

a. Encouraging people to talk: Basic Communication Skills

If people are to talk with you and share information, especially if they are to say things that may be difficult to say or 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 tell you what you need to know.

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," "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.

V. Some things to do before you have to deal with a medical challenge or crisis

b. Learn to practice gratitude

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 (a sample is provided in PDF format for you to download and use). 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

References

Emmons, R.A. and McCullough, M.E. (2003). Counting blessings versus burdens: An experimental investigation of gratitude and subjective well-being in daily life. *Journal of Personality and Social Psychology*, 84(2), 377-389.

Schiano, R. (2011). *Live a flourishing life*. Sturbridge, MA: Reed Edwards. Available online at ritaschiano.com

V. Some things to do before you have to deal with a medical challenge or crisis

c. Become a better problem solver

Problem-solving skills are a basic resilient skill. Make a solutions chart.

Solutions Chart

10. Issue or problem that you are confronting. Clearly state and define the component parts of the problem. Be specific.
11. Potential solutions. What are probable solutions? Be as open-minded as you can.
12. 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.

We have provided a version of the Solutions Chart to download and print out - PDF.

V. Some things to do before you have to deal with a medical challenge or crisis

d. Learn to calm down: The art of self-regulation

Keeping yourself calm will help you to think more clearly and deal more effectively with any type of crisis you confront. Most of us don't know how to do this very well. The process of keeping ourselves calm is called self-regulation.

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 dysregulated 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.

Would you like to learn more about how other people have dealt with tragedy and adversity in their lives? Watch these excerpts from "Daily Heroes," Volume I.

If you watched the videos, you can see that storytelling is a great way to learn and teach the skills of resilience. The first training sessions on resilience occurred thousands of years ago when the first human beings sat down around a campfire and talked about their lives. We would encourage you to consider telling or writing your story. Sharing your story with others may be a way of building your resilience and teaching others these skills and attitudes. Writing a story down may also build resilience, since putting things down in black and white can help people to better understand the situation that they have confronted and the way in which they dealt with it.

In the Maine Resilience Program we have used storytelling as one of the primary tools in teaching the skills and the attitudes of resilience. Learn more about the Maine Resilience Program [here](#).

[Reaching Home](#)

 We use a novel, *Reaching Home*, as one of our primary tools in teaching the skills and attitudes of resilience. A novel is one of the best ways to teach these attitudes and skills since the average person requires 12 to 14 hours to read a novel. This time is often spent over weeks or months and frequently in the late evening before falling asleep. The reading is usually seen as enjoyable with the reader often identifying with one or more of the characters in the story.

In *Reaching Home* you take a trip into the future. Your first stop is in the year 2042. Your tour guide is a young fisherman who has discovered a manuscript written by his grandfather. With the help of his mother, he has assembled it into the story of his grandfather's life in the year 2013.

As you read the novel, you can observe how the characters in *Reaching Home* either apply or do not apply the skills and attitudes of resilience to the situation they confront. In many cases, the characters will fail to use these skills or will choose to do things that will make a bad situation worse. The process of reviewing the chapters and answering the questions gives you the opportunity to practice the skills and attitudes of resilience and to begin to integrate these skills and attitudes into your life.

Lee, the young fisherman's grandfather, is the main character in this story. He transcends the typical notions of how heroes look and act. He has never made peace with the South he grew up in as a child, without a left hand or with a prosthetic hook that he wears or the nuclear industry he blames for his disability. He returns to the Southeast to research material for a book that he is writing. While there, an explosion occurs at one of the Department of Energy Plants, and Lee is caught up in the ensuing disaster and implicated in what is mistakenly believed to be a terrorist plot. He manages to escape from the detention center.

Much of the story focuses on his journey back to Maine and the unlikely allies he meets along the way. Now on the radar of federal agents tracking a terrorist cell in Boston, Lee is arrested before he can reach home. He is offered a deal: Help the federal agents foil the plot and avoid prosecution. To reach home, Lee must confront his fears and question his perceptions of good and evil.

The story is divided into four parts: Book I – Fear, Book II – Flight, Book III – Fight, and Book IV – Hope. Each book is followed by a synopsis of the chapters in the book and specific questions regarding the characters in the story. These are followed by the author's comments.

Your journey ends as it began in the year 2042. The epilogue written by the young fisherman reflects the future that we may not want to create for our children and grandchildren. The future can be different from that of the story if we, as a society, choose to make it so.

Information about purchasing your own copy of Reaching Home

V. Some things to do before you have to deal with a medical challenge or crisis

e. Develop and follow a plan for building your resilience

As we have pointed out, duct tape, although an important part of a preparedness kit, is not enough. Building resilience long before it is required is something you should be thinking about and doing on a daily basis. It can certainly help you to lead a longer and healthier life. So 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 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?
3. How can I improve my planning and decision-making skills? Do I need to work on being more decisive?
4. How am I taking care of myself each day? Diet? Exercise? Financial health? Getting things done today rather than putting them off to tomorrow?
5. What can I do to feel more confident and self-assured? Self-confidence is one of the best buffers against anxiety.
6. How can I practice flexibility on a daily basis? Flexibility, being able to try in a different way, is a key element of resilience.
7. 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.

We have provided a version of My Plan for Building and Maintaining My Resilience available to download and print out - PDF.

VI. Some things to unlearn before a disaster or a crisis

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

Catastrophic thinking can be defined as ruminating about irrational worst-case outcomes. Needless to say, it can increase anxiety and prevent people from taking action in a situation where action is required. This can be especially true in a crisis situation.

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. Here is an example of how it works. For wanting to talk with you. 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

We learn to explain the things that happen to us in this world 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 are part of a broader side of skills and attitudes that re 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.

References

Goleman, D. (1998). Working with Emotional Intelligence. New York, NY: Bantam.

Hill, K.L. (2001). Framework for Sports Psychologists: Enhancing Sport Performance. Champagne, IL: Human Kinetics.

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?

- Ready America - Make a Plan External link - opens in new window
- Family Emergency Plan (FEP) PDF - requires plugin
- FEMA: Are You Ready? External link - opens in new window
- Emergency "Go" Kit Your Emergency Supplies and Your Documents List PDF - requires plugin
- More "About That Kit" Financial Emergency First Aid Kit PDF - requires plugin
- Family Home Disaster Plan and Evacuation External link - opens in new window

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:

- Resilience Guide for Parents and Teachers
- Resilience for Teens: Got Bounce?

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?

X. Use of the program

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