



R2 Resilience Expert Training

Developing Skills to Help People (and Yourself) Become
More Rugged and Better Resourced



**RRC - Evaluation
and Training Institute**

www.r2.resilienceresearch.org

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Course Overview

Presented by **Michael Ungar, Ph.D.**

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Content

15 hours of instruction eligible for CEUs over four weeks

Schedule

11:00 am – 3:00 pm **Toronto/New York time**

February 15th, 22nd, March 1st, 8th – 2023*

*Participants are required to attend at least two of the live sessions, review the recordings of sessions missed, and complete four short assignments to receive a certificate of course completion.

Course Description

Throughout this fast-paced, story-filled series of workshops, Dr. Ungar will inspire participants to shift their focus from people's problems to their capacity to cope with adversity by becoming more rugged and better resourced, an approach Dr. Ungar and his team call R2 Resilience[®]. Participants will develop expertise in how to nurture resilience with individuals, families, organizations and their communities. Eight topics will be covered that reflect three decades of Dr. Ungar's work as a clinician and community developer, as well as build on lessons learned from his research on five continents. Topics will include:

1. What is Resilience? Risk exposure, protective factors, and desired outcomes
2. Protective factors as interlocking systems: What the science tells us about resilience and its application to people's lives
3. Helping people navigate: The many different parts of people's social and physical ecologies that nurture and maintain their resilience
4. Helping people negotiate: The many different ways people communicate what they need for success
5. The R2 Resilience[®] Program: Designing a tailored approach to promoting resilience across cultures and contexts
6. Nurturing people's rugged qualities and resources: Developing curriculum to build resilience

7. Strategies for success: Why different life circumstances demand different strategies for resilience
8. Strengthening families, workplaces, institutions and communities: Changing systems to make personal transformation possible

Participants who complete the course and four short assignments will be eligible to access training materials developed by Dr. Ungar and his colleagues at the Resilience Research Centre and use these in their own work with individuals and communities. A certificate of completion will also be provided for participants applying for continuing education units.

Who Should Attend?

The workshop will be of interest to: (1) anyone working in human services, including mental health professionals such as social workers, psychologists and addictions counselors, community developers, human resource professionals, life coaches, and medical professionals in fields like nursing and occupational therapy; and (2) individuals with an interest in resilience as a tool for personal and social transformation.

Learning Objectives

1. To become familiar with the concept of resilience and recent advances to the science of positive development under stress.
2. To understand how individuals with complex needs alone and in groups enhance their resilience and wellbeing using a range of socially desirable and undesirable behaviors that reflect the resources they have available.
3. To become familiar with the skills associated with the R2 Resilience approach to promoting well-being.
4. To become competent assessing the resilience of child and adult populations.
5. To understand the role culture and context play in the patterns of resilience people use to cope with adversity.
6. To develop strategies for working without resistance with hard-to-reach people and the institutions and communities that they are part of.
7. To discuss ways that supports and services can be structured to make resilience more likely to occur for individuals and their communities.

Certificates of Course Completion

Participants who require a Certificate of Course Completion for Continuing Education Units must attend at least half of the live sessions and review the recordings of all other sessions. Participants must also complete **four short exercises**, submitting your responses to the questions in each exercise to Dr. Ungar using the rrc@dal.ca email. Feedback will be provided whenever possible.

There are two groups of exercises. You should choose the one that best fits your profile as a course participant:

- For individuals taking the course for **personal reflection and growth**, and individuals not working as formal mental health care providers, it is recommended you complete the exercises in Appendix B.
- For individuals taking the course for **professional development**, and who are **working with clients as a counselor, coach, or other formal mental health support**, the exercises in Appendix C should be completed.

Though these are the recommended exercises, participants may choose either group of exercises based on their own preference.

Pre-course Readings (copies available on the course webpage)

Ungar, M. (excerpt from *Change Your World*). “Put down the self-help books. Resilience is not a DIY endeavour.” Published in *The Globe and Mail*. May 25, 2019.
<https://www.theglobeandmail.com/opinion/article-put-down-the-self-help-books-resilience-is-not-a-diy-endeavour/>

Ungar, M. & Theron, L. (2019). Resilience and mental health: How multisystemic processes contribute to positive outcomes. *Lancet Psychiatry*. [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(19\)30434-1/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(19)30434-1/fulltext)

Dr. Michael Ungar

Michael Ungar, Ph.D., is a Family Therapist and Professor of Social Work at Dalhousie University where he holds the Canada Research Chair in Child, Family and Community Resilience. His groundbreaking work is recognized around the world and includes consultation and training with mental health care providers, schools, and Fortune 500 companies like Unilever and Cigna, as well as thought leaders such as the Boston Consulting Group and Canvas8. His work emphasizes how to use the theory of resilience to increase both individual and institutional agility during crises, with numerous NGOs and businesses adopting his concept of resilience as a negotiated process that enhances client and employee well-being and corporate social responsibility. Dr. Ungar has published over 200 peer-reviewed articles and book chapters on the subject of resilience and is the author of 17 books for mental health professionals, researchers and parents. These include *Change Your World: The Science of Resilience and the True Path to Success*, a book for adults experiencing stress at work and at home, and *Multisystemic Resilience: Adaptation and Transformation in Contexts of Change*, an open access edited volume with contributors from a dozen diverse disciplines ranging from epigenetics and psychology to architecture and computing science. His blog, *Nurturing Resilience*, can be read on *Psychology Today's* website.

To view a sample of Dr. Ungar's work, please go to his website www.michaelungar.com.

Dr. Ungar's Recent Works (recommended for course):

1. *Change Your World: The Science of Resilience and the True Path to Success*

https://www.amazon.com/Change-Your-World-Science-Resilience/dp/199943952X/ref=sr_1_2_nodl?ie=UTF8&qid=1548991314&sr=8-2&keywords=change+your+world+the+science+of+resilience

2. *Working with Children and Youth with Complex Needs: 20 Skills to Build Resilience (2nd Ed.)*

<https://www.routledge.com/Working-with-Children-and-Youth-with-Complex-Needs-20-Skills-to-Build-Resilience/Ungar/p/book/9780367355364>

3. *Multisystemic Resilience: Adaptation and Transformation in Contexts of Change* (OPEN ACCESS

Edited Volume) <https://global.oup.com/academic/product/multisystemic-resilience-9780190095888?cc=ca&lang=en&#>

4. *What Works: A Manual for Designing Programs that Build Resilience* (OPEN ACCESS)

<http://www.resilienceresearch.org/whatworks>

5. *I Still Love You: Nine Things Troubled Kids Need from their Parents.* <https://www.amazon.ca/Still-Love-You-Troubled-Parents/dp/1459729838>

6. *Blog-Nurturing Resilience-hosted by Psychology*

Today <http://www.psychologytoday.com/blog/nurturing-resilience>

In addition to the open access resources listed in the course schedule (below), there are supplementary books and articles (not open access) that participants may want to read:

De Botton, A. (2006). *The architecture of happiness*. New York, NY: Vintage.

<https://www.alaindebotton.com/architecture/>

Diekhising, C. B., Ford, J. D., Branson, C., Grasso, D. J., & Lee, R. (2019). Developmental timing of polyvictimization: Continuity, change, and association with adverse outcomes in adolescence. *Child Abuse & Neglect*, 89, 40-50.

<https://www.sciencedirect.com/science/article/pii/S0145213418302904?via%3Dihub>

Parra-Cardona, J. R. (2019). Healing through parenting: An intervention delivery and process of change model developed with low-income Latina/o immigrant families. *Family Process*, 58(1), 34-52.

<https://onlinelibrary.wiley.com/doi/10.1111/famp.12429>

Perry, B. D. (2009) Examining Child Maltreatment Through a Neurodevelopmental Lens: Clinical Applications of the Neurosequential Model of Therapeutics. *Journal of Loss and Trauma*, 14(4), 240-255.

https://www.tandfonline.com/doi/pdf/10.1080/15325020903004350?casa_token=4qCD51XVCikAAAAA:BAIKHhW2M4ncKgpl_m9tkoEq3SCviAvQAgi29q4yhRsuXCvKvbhs-D4UBWihG0pTaXQxe7LXcFO0pA

Purser, R. (2019). *McMindfulness: How mindfulness became the new capitalist spirituality*. London: Repeater. <https://www.penguinrandomhouse.com/books/600158/mcmindfulness-by-ronald-purser/>

Rubin, L. C. (Ed.)(2019). *Using superheroes and villains in counseling and play therapy*. New York: Routledge. <https://www.routledge.com/Using-Superheroes-and-Villains-in-Counseling-and-Play-Therapy-A-Guide-for/Rubin/p/book/9781138613270>

Seligman, M.E.P. (2011). *Flourish*. New York: Free Press. <https://www.worldcat.org/title/flourish-a-visionary-new-understanding-of-happiness-and-well-being/oclc/617550838>

Ungar, M. (2015). Varied patterns of family resilience in challenging contexts. *Journal of Marital and Family Therapy*, 42(1), 19-31. <https://psycnet.apa.org/record/2015-16329-001>

Ungar, M., Liebenberg, L., Landry, N., & Ikeda, J. (2012). Caregivers, young people with complex needs, and multiple service providers: A study of triangulated relationships and their impact on resilience. *Family Process*, 51(2), 193-206. <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1545-5300.2012.01395.x>



Course Outline

Modules/ Sections	Topics Covered	Activity Summaries (full descriptions are in Appendix A)	Supplementary Readings (<u>all are available online as open access</u>)
Course Introduction: What is Resilience?	The three components of resilience: Risk exposure, protective factors, and desired outcomes.	<i>ACE Score:</i> The higher your score, the more health problems are predicted during your adult years.	<p>Pachter, L. M., Lieberman, L., Bloom, S. L., & Fein, J. A. (2017). Developing a community-wide initiative to address childhood adversity and toxic stress: A case study of the Philadelphia ACE Task Force. <i>Academic Pediatrics</i>, 17(7), Supplement. https://www.academicpedsjnl.net/article/S1876-2859(17)30168-7/fulltext</p> <p>Starecheski, L. (March 2, 2015). Take the ACE quiz and learn what it does and doesn't mean. https://www.npr.org/sections/health-shots/2015/03/02/387007941/take-the-ace-quiz-and-learn-what-it-does-and-doesnt-mean</p>
Module 1: Diagnosing Resilience	Diagnosing resilience by assessing both risk and patterns of adaptation.	<i>Reflection exercise: The problem with superheroes:</i> What qualities characterize your favorite superhero? Are these inner qualities (like bravery) or external factors (like access to advanced technology, or a group of friends that help the superhero)? Which qualities/factors are the most useful, and when?	<p>Johnson, J. L. & Wiechelt, S. A. (2004) Introduction to the Special Issue on Resilience, Substance Use & Misuse, 39(5)5, 657-670. DOI: 10.1081/JA-120034010</p> <p>Blog: https://www.psychologytoday.com/ca/blog/nurturing-resilience/201607/mom-metastatic-cancer-talks-about-resilience</p>
Section 1.1: Protective Factors and Processes	Shortlists of factors known to affect our ability to cope with adversity.	<i>Reflection exercise: A successful client:</i> Think about a recent client with whom you've worked. Which aspects of their life changed over time as a consequence of your work together? Their	<p>Masten, A. S. (2014). Global perspectives on resilience in children and youth. <i>Child Development</i>, 85, 6-20. https://doi.org/10.1111/cdev.12205</p> <p>Blog: https://www.psychologytoday.com/ca/blog/nurturing-resilience/201412/i-still-love-</p>

		thoughts? Their relationships? Their interactions with their community? Were these changes independent or connected?	you-and-other-messages-troubled-kids-need
Section 1.2: The Many Paths to Resilience	The many different ways factors associated with resilience combine in people’s lives. Explanation of a biopsychosocial model of resilience.	<i>Reflection exercise: Opportunities to use your talents:</i> Consider a part of your life beyond your work which brings you satisfaction. List at least five qualities that make that experience successful and/or meaningful. Which of these same qualities do you use at work? How does context influence which personal qualities and external resources are most useful?	Bonanno, G. A., & Diminich, E. D. (2013). Annual Research Review: Positive adjustment to adversity--trajectories of minimal-impact resilience and emergent resilience. <i>Journal of child psychology and psychiatry, and allied disciplines</i> , 54(4), 378–401. https://doi.org/10.1111/jcpp.12021 Ungar, M. & Lustig, S. (2020). Building Resilience: A Framework for Dealing with Stress and Adversity Across the Lifespan. Whitepaper for Cigna Behavioral Health. https://cignaresilience.com/wp-content/uploads/2020/09/Cigna-Resilience-Whitepaper-2020-09-22.pdf
Section 1.3: Cultural Differences and Resilience	How culture affects people’s expression of resilience.	<i>Reflection exercise: Your culture:</i> Think of a book, movie, or television series which reflects your cultural identity. Which qualities of that culture help the characters cope when they face difficulties, or have to make decisions? Consider both the internal and external aspects of people’s lives that culture provides.	Ungar, M. (2008). Resilience across cultures. <i>British Journal of Social Work</i> , 38(2), 218–235. https://academic.oup.com/bjsw/article/38/2/218/1684596 Barankin, T. & Khjanlou, N. (2007). <i>Growing up resilient: Ways to build resilience in children and youth</i> . Toronto: CAMH. https://www.camh.ca/-/media/files/guides-and-publications/2887-growupresil_ins-pdf.pdf
Section 1.4: The Therapist as Fairy Godparent	Our resilience depends just as much on external facilitators as individual grit.	<i>Reflection exercise: Your favorite fairy tale:</i> Choose your favorite fairy tale (or Disney cartoon if you prefer). These tales tend to	Ackerman, C. (2021). Flourishing in positive psychology: Definitions and 8 practical tips. https://positivepsychology.com/flourishing/

		<p>follow a formula. Identify the character that fulfills the role of “fairy godparent”. Now consider, who has been your fairy godparent? What did they do that was helpful?</p>	<p><i>The Paperbag Princess: The empowering story behind this Robert Munch classic.</i> https://www.huffingtonpost.ca/2016/06/29/paper-bag-princess_n_10738606.html</p>
<p>Module 2: Protective Factors as Interlocking Systems</p>	<p>Evidence-based factors that support resilience.</p>	<p><i>The RRM and the ARM:</i> Complete the two measures. Do your answers surprise you? In general, people with secure lives tend to score high because of the lower levels of stress they experience and the personal and social resources they have available.</p>	<p>Ungar, M. (2018). Systemic resilience: Principles and processes for a science of change in contexts of adversity. <i>Ecology & Society</i>, 23(4). http://www.ecologyandsociety.org/vol23/iss4/art34/</p> <p>Southwick, S. M., Bonanno, G. A., Masten, A. S., Panter-Brick, C. & Yehuda, R. (2014) Resilience definitions, theory, and challenges: interdisciplinary perspectives. <i>European Journal of Psychotraumatology</i>, 5(1). Doi: 10.3402/ejpt.v5.25338</p> <p>Resilience tools: https://cymr.resilienceresearch.org/</p>
<p>Section 2.1: The Rugged Qualities of Individuals</p>	<p>Introduction to 26 rugged qualities.</p>	<p><i>A cognitive exercise to prevent catastrophic thinking:</i> (1) List the things in your life that stress you out or cause you frustration. (2) Which of these aspects of your life are beyond your control? (3) Which aspects are within your control? (4) Select one aspect of your life that is beyond your control and consider the likelihood that bad things will <i>actually</i> occur?</p>	<p>Goldberg, S. B., Tucker, R. P., Greene, P. A., Davidson, R. J., Wampold, B. E., Kearney, D. J., & Simpson, T. L. (2018). Mindfulness-based interventions for psychiatric disorders: A systematic review and meta-analysis. <i>Clinical Psychology Review</i>, 59, 52-60. https://www.sciencedirect.com/science/article/abs/pii/S0272735817303847?via%3DiHub</p> <p>McMindfulness: How capitalism hijacked the Buddhist teaching of mindfulness https://www.cbc.ca/radio/tapestry/mcmindfulness-and-the-case-for-small-talk-1.5369984/mcmindfulness-how-capitalism-hijacked-the-buddhist-teaching-of-mindfulness-1.5369991</p>

<p>Section 2.2: The Resources We Need for Resilience</p>	<p>Introduction to 26 resilience resources.</p>	<p>Video: <i>Julia</i> (available online https://www.youtube.com/watch?v=xq1OsLVzEQ). <i>Reflection exercise</i>: Which resources did Julia find through her problematic behaviors? Were pro-social substitutes available? Accessible?</p>	<p>Lee, T. Y., Cheung, C. K., & Kwong, W. M. (2012). Resilience as a positive youth development construct: A conceptual review. <i>Positive Youth Development: Theory, Research and Application</i>. https://www.hindawi.com/journals/tswj/2012/390450/ <i>Positive Youth Development 101 (Manual)</i>. http://actforyouth.net/youth_development/professionals/manual.cfm</p>
<p>Section 2.3: Differential Impact</p>	<p>Why some protective factors affect some people more than others.</p>	<p><i>Exercise</i>: Design a brief advertisement for a service you'd like to offer (a Facebook post, an online ad, or choose another format). Who is your intended audience? What level of risk do they experience? What is their level of literacy? What is their access to the internet? Social location? Barriers to accessing mental and physical health supports and services?</p>	<p>Ungar, M. (2017). Which counts more? The differential impact of the environment or the differential susceptibility of the individual? <i>British Journal of Social Work</i>, 47(5), 1279–1289. https://academic.oup.com/bjsw/article/47/5/1279/2622366 <i>Websites of interest</i>: https://nziwr.co.nz/; https://resiliencei.com/; https://centerforresilientchildren.org/</p>
<p>Section 2.4: Four Kinds of Clients and Their Patterns of Resilience</p>	<p>Different risk profiles and access to supports make people respond better or worse to different kinds of help.</p>	<p><i>Reflection exercise</i>: Think about someone with whom you've worked that was difficult to engage. Which quadrant best describes their risk/resilience profile? Did your intervention style match their needs?</p>	<p>Ungar, M. (2020). <i>Working with children and youth with complex needs: 20 skills to build resilience (2nd Edition)</i>. New York: Routledge. (Chapter 1). https://www.routledge.com/Working-with-Children-and-Youth-with-Complex-Needs-20-Skills-to-Build-Resilience/Ungar/p/book/9780367355364 (click 'preview this title' for access to Chapter 1) <i>Blog</i>: https://www.psychologytoday.com/ca/blog/nurturing-resilience/201606/4-ways-build-resilience-all-kids-are-not-the-same</p>
<p>Module 3: Skill Set #1-</p>	<p>The many different parts of</p>	<p><i>Exercise</i>: <i>Weaving Resources</i>: Using the</p>	<p>Ungar, M. (2015). Practitioner Review: Diagnosing childhood resilience: A</p>

<p>Help Clients Navigate</p>	<p>our social and physical ecologies that build resilience.</p>	<p>instructions in Ungar (2020; pp. 117-123 or the course handout), develop a weave (ecomap) of resilience-promoting resources for yourself, or a client with whom therapy has stalled.</p>	<p>systemic approach to the diagnosis of adaptation in adverse social ecologies. <i>Journal of Child Psychology and Psychiatry</i>, 56(1), 4-17. https://acamh.onlinelibrary.wiley.com/doi/full/10.1111/jcpp.12306</p> <p>Dean, C. & Kessels, E. (2018). <i>Compendium of good practices in the rehabilitation and integration of violent extremist offenders</i>. Washington, DC: Global Center on Cooperative Security. https://www.researchgate.net/publication/330292130_Compendium_of_Good_Practices_in_the_Rehabilitation_and_Reintegration_of_Violent_Extremist_Offenders</p>
<p>Section 3.1: 10 Navigation Strategies</p>	<p>10 navigation strategies to promote resilience: (1) making a client's resources available; (2) making resources accessible;</p>	<p><i>Reflection exercise:</i> Based on your experience, and the readings/resources, how would you design a program to prevent people from having adverse childhood experiences in the first place?</p>	<p>Bhui, K., Everitt, B., & Jones, E. (2014). Might depression, psychosocial adversity, and limited social assets explain vulnerability to and resistance against violent radicalisation? <i>PLoS One</i>, 9(9), e105918. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0105918</p> <p>Madsen, W. C. & Gillespie, K. (2014). <i>Collaborative helping: A strengths framework for home-based services</i>. Hoboken, NJ: Wiley. https://www.wiley.com/en-ai/Collaborative+Helping:+A+Strengths+Framework+for+Home+Based+Services-p-9781118567630 (Click 'read an excerpt' for Chapter 1)</p>
<p>Section 3.2</p>	<p>(3) explore barriers to change; (4) build bridges to new services/supports; (5) identify meaningful resources; (6)</p>	<p><i>Reflection exercise:</i> Share an image that best describes the social and built environment where you live. Does your home/community support access to the resources necessary to experience resilience?</p>	<p>Walsh, F. (2003). Family resilience: A framework for clinical practice. <i>Family Process</i>, 42(1), 1–18. http://www.celf.ucla.edu/2010_conference_articles/Walsh_2003.pdf</p> <p>New York Times review of: De Botton, A. (2006). <i>The architecture of happiness</i>. New York, NY: Vintage.</p>

	keep solutions complex;		https://www.nytimes.com/2006/12/10/books/review/Holt.t.html
Section 3.3	(7) find allies; (8) ask whether coping strategies are adaptive or maladaptive; (9) explore the client's level of motivation; (10) engage in advocacy.	<i>Reflection exercise:</i> What are your family's routines that maintain connections (e.g., having dinner together; vacations; creative pursuits)? During a crisis, how do these routines help support the well-being of your family members?	Houle, J., Coulombe, S., Radziszewski, S., Leloup, X., Saias, T., Torres, J. & Morin, P. (2017). An intervention strategy for improving residential environment and positive mental health among public housing tenants: rationale, design and methods of <i>Flash on my neighborhood!</i> <i>BMC Public Health</i> 17(737). https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-017-4730-9 <i>Website of interest:</i> https://www.healthychildren.org/English/health-issues/conditions/COVID-19/Pages/Parenting-in-a-Pandemic.aspx
Section 3.4: 10 Navigation Strategies- Case Study	Example of how to help people navigate effectively.	Video: <i>Martha</i> (available online https://www.youtube.com/watch?v=MOy24mnhoEM) <i>Reflection exercise:</i> Who have you included in your interventions that have helped to make your work more successful?	Wolfteich, P., & Loggins, B. (2007). Evaluation of the children's advocacy center model: Efficiency, legal and revictimization outcomes. <i>Child & Adolescent Social Work Journal</i> , 24(4), 333-352. https://www.jstor.org/stable/26638130?seq=5#metadata_info_tab_contents <i>Website of interest:</i> https://novascotia.ca/dhw/ccs/FactSheets/Protecting_Vulnerable_Adults_Fact_Sheet_ENGLISH.pdf
Module 4: Skill Set #2- Help Clients Negotiate	What is negotiation? The many ways clients communicate what they need to thrive.	<i>Reflection exercise:</i> Think of a uniquely personal solution you have used to solve a problem. How did others view your solution? Was it accepted or rejected? Did others' reactions to your solution change your strategy to solve the problem?	Sanders, M. (2021). Developing the Triple P System as a population approach to parenting support. In Feinberg, M. E. (Ed.), <i>Designing evidence-based public health and prevention programs</i> (Chapter 7). New York: Routledge. https://books.google.ca/books?id=U_wFEAAAQBAJ&pg=PT66&lpg=PT66&dq=doi:+10.1111/famp.12429&source=bl&ots=LKxxwxGVUD&sig=ACfU3U05Rk_av7j-AcfvoiIN5fwzSbPRfw&hl=en&sa=X&ved=2ahUKEwiakduKzvnuAhXQhOAKHam

			<p>qCm8Q6AEwCHoECAkQAw#v=onepage&q=doi%3A%2010.1111%2Ffamp.12429&f=false</p> <p><i>Home to Me-Grassy Narrows.</i> https://www.youtube.com/watch?v=EgaYz8YW5O8</p>
Section 4.1: 10 Negotiation Strategies	10 negotiation skills to promote resilience: (1) discuss thoughts and feelings; (2) explore the person’s context; (3) identify who has responsibility for change; (4) enhance a client’s voice to help them be heard;	Video: <i>Brian</i> (available online https://www.youtube.com/watch?v=bLt2tKoRkWc). <i>Reflection exercise</i> : How does the counselor rename Brian’s problems? Both his delinquent behavior at school, and his living in a shelter?	<p>Kidd, S., Howison, M., Pilling, M., Ross, L., & McKenzie, K. (2016). Severe Mental Illness in LGBT Populations: A Scoping Review. <i>Psychiatric Services, 67</i>(7), 779-783. https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201500209</p> <p>LaSala, M. C. (2010). <i>Coming out, coming home: Helping families adjust to a gay or lesbian child</i>. New York, NY: Columbia University Press. http://cup.columbia.edu/sampler/9780231512992/google-preview (Chapter One available for preview)</p>
Section 4.2	(5) offer new names for people’s experiences; (6) explore the fit between solutions and people’s preferences; (7) search for the internal and external resources which the client values;	<i>Reflection Exercise</i> : Describe a unique, contextually, or culturally specific mental health program or intervention tailored to a person’s challenge(s) that you’ve seen in practice or read about. Did it work? Why, or why not?	<p>Perry, B. (2004). Lecture: “Maltreatment and the Developing Child: How Childhood Experience Shapes Child and Culture” https://www.lfcc.on.ca/mccain/perry.pdf</p> <p><i>Website of interest</i>: http://www.acmh-mi.org/get-information/childrens-mental-health-101/expect-accessing-mental-health-services-using-public-mental-health-services/at-a-wraparound-meeting/</p>
Section 4.3	(8) open new possibilities for behaviour; (9) encourage clients to perform new identities in	Video: <i>Interview with Masego Katisi: The EARTH Project for orphaned children.</i> https://www.youtube.com/watch?v=zrrgIEsLNjY&feature=emb_logo	<p>Gonzalez, K. A., Rostosky, S.S., Odom, R. D., & Riggle, E. D. B. (2013). The positive aspects of being the parent of an LGBTQ child. <i>Family Process, 52</i>(2), 325-337. https://www.observatoriodelainfancia.es/ficheroia/documentos/5299_d_gonzalez2012.pdf</p>

	<p>front of others; (10) convince others that the client has changed.</p>	<p><i>Reflection exercise:</i> How did Dr. Katsi match her intervention to both the needs of her community and the community's culture?</p>	<p>'Romania's care system was in crisis. Now, it's a role model' https://apolitical.co/solution_article/romania-as-care-system-was-in-crisis-now-its-a-role-model/?utm_source=hs_email&utm_medium=email&utm_content=68852472&hsc=p2ANqtz-kt0jFnjTZ4BMy3MHu667UchE3I63r5DpxDHXDXo7QPj60ygf3LqZsFHkb6js95rV10FQan7IyJPJ23VFpzhxRIEc7SQ&hsmi=68852472</p>
<p>Section 4.4: 10 Negotiation Skills-Case Study</p>	<p>Case study: Helping a client negotiate effectively.</p>	<p><i>Reflection exercise:</i> Think of a time when you have advocated for a person you were helping? What made your efforts effective, or ineffective? How did the person's perception of your efforts help change the outcome of your efforts to help?</p>	<p>Kalisch, Raffael & Baker, Dewleen & Basten, Ulrike & Boks, Marco & Bonanno, George & Brummelman, Eddie & Chmitorz, Andrea & Fernández, Guillén & Fiebach, Christian & Galatzer-Levy, Isaac & Geuze, Elbert & Groppa, Sergiu & Helmreich, Isabella & Hendler, Talma & Hermans, Erno & Jovanovic, Tanja & Kubiak, Thomas & Lieb, Klaus & Lutz, Beat & Kleim, Birgit. (2017). The resilience framework as a strategy to combat stress-related disorders. <i>Nature Human Behaviour</i>. https://www.researchgate.net/publication/320428075_The_resilience_framework_as_a_strategy_to_combat_stress-related_disorders/citation/download</p> <p><i>Relevant website:</i> https://www.cryp.wa.gov.au/</p>
<p>Module 5: The R2 Resilience Program</p>	<p>Designing a tailored approach to resilience.</p>	<p><i>Exercise: A Delphi Ranking (Part 1):</i> Rank the 52 resilience resources by order of importance to you personally. Give a 10 to the most important resilience factor, and a 1 to less important factors as they relate to your lived experience.</p>	<p>Ungar, M, (2018), <i>What Works: A Manual for Designing Programs that Build Resilience</i>. Halifax, NS: Resilience Research Centre. https://resilienceresearch.org/whatworks/</p> <p><i>Relevant website:</i> https://resilienceresearch.org/r2/</p>

		Try to score the items such that you identify the ten most important factors you need to cope under stress. Ideally, choose five rugged qualities and five resources to prioritize.	
Section 5.1: Common Elements	Exploring the common elements to resilience-promoting programs that work.	<i>Exercise: A Delphi Ranking (Part 2):</i> Review the results of your first Delphi exercise (focused on your clients). Now redo the exercise, but this time, rank the items as if you were one of your most typical clients who needed help to build resilience. What do the differences between the two rankings tell you about the interaction between resilience factors and one's context and/or culture?	Ogden, T., Forgatch, M. S., Askeland, E., Patterson, G. R., & Bullock, B. M. (2005). Implementation of parent management training at the national level: The Case of Norway. <i>Journal of Social Work Practice</i> , 19(3), 317-329. https://www.tandfonline.com/doi/full/10.1080/02650530500291518 <i>Relevant website:</i> https://agapemeanslove.org/
Section 5.2: Principles for Program Design	Principles of good intervention design and the components of effective pedagogy.	Video: <i>Tim Crooks</i> (Available online https://www.youtube.com/watch?v=e_VWEqowVec). <i>Reflection exercise:</i> How do Phoenix Youth Programs help young people who are street involved or precariously housed survive and thrive? How does program structure support mental and physical health?	Chan, C. (2012). Narrative practice with youth: A heuristic case study on a youth-centre drama workshop. <i>Journal of Social Work Practice</i> , 26, 197-214. https://www.researchgate.net/publication/233205125_Narrative_practice_with_youth_A_heuristic_case_study_on_a_youth-centre_drama_workshop Phoenix youth choir: https://phoenixyouth.ca/news-media/video/phoenix-community-choir-music-belonging-and-fun
Section 5.3: Stages of	Steps to design an intervention that builds	<i>Reflection exercise:</i> Think about a client with many unmet	Michie, S., van Stralen, M. M., & West, R. (2011). The behaviour change wheel: A new method for characterising and designing



Program Design	resilience effectively.	needs. What kind of help could be effective? What services/supports are needed? If these are available, how do we know they work?	<p>behavior change interventions. <i>Implementation Science</i>, 6(42). https://www.researchgate.net/publication/51070630_The_Behaviour_Change_Wheel_a_new_method_for_characterising_and_designing_behaviour_change_interventions</p> <p>St. Mary’s Wellness Education Centre: https://globalnews.ca/news/3449711/st-marys-wellness-education-centre-saskatoon-marks-10-years-first-in-school-pediatrics-clinic/</p>
Section 5.4: Program Effectiveness	Reflecting on programs that work well.	<i>Exercise:</i> Thinking about a service that is supposed to build resilience, complete the <i>Checklist: Will Your Program Enhance Resilience</i> starting on page 76 of Ungar (2018).	<p>Epstein, R. M., & Street, R. L., Jr (2011). The values and value of patient-centered care. <i>Annals of family medicine</i>, 9(2), 100–103. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3056855/</p> <p><i>Website of interest:</i> https://catalyst.nejm.org/doi/full/10.1056/CAT.17.0559</p>
Module 6: Nurturing People’s Rugged Qualities and Resources	Applications of the R2 Resilience curriculum	<i>Exercise: Mirrors game:</i> Facing another person, place your hands palm to palm. (1) One person leads, while the other follows as the leader moves their body or makes faces. (2) Change who is the leader and who is the follower. (3) Return to the first position, palm-to-palm, but this time without deciding who leads, start the exercise. Debrief the experience of not knowing who is leading.	<p>Bethell, C. D., Gombojav, N., & Whitake, R. C. (2019). Family resilience and connection promote flourishing among US children, even amid adversity. <i>Health Affairs</i>, 38(5). https://www.healthaffairs.org/doi/10.1377/hlthaff.2018.05425</p> <p><i>Blog:</i> Teens and dangerous levels of cellphone use. https://www.psychologytoday.com/ca/blog/nurturing-resilience/201801/teens-and-dangerous-levels-cell-phone-use</p>
Section 6.1: Rugged Qualities	Interventions to develop rugged qualities	Video: <i>Rebecca</i> (available online https://www.youtube.com/watch?v=dqt56FLs-Y). <i>Reflection exercise:</i>	Landau, J., & Garrett, J. (2008). Invitational Intervention: The ARISE Model for engaging reluctant substance abusers in treatment. <i>Alcoholism Treatment Quarterly</i> , 26(1/2), 147-168.

		How did the conversation shift from a focus on Rebecca's problems to Rebecca's resilience and the internal and external resources that make resilience possible?	<p>https://www.researchgate.net/publication/247495629_Invitational_Intervention_The_ARISE_Model_for_Engaging_Reluctant_Alcohol_and_Other_Drug_Abusers_in_Treatment</p> <p>Website of interest: https://www.arise-network.com/</p>
Section 6.2: More Rugged Qualities	More interventions to develop rugged qualities	Part A: Choose one of the 26 rugged qualities and develop a sample curriculum. How would you teach it effectively?	<p>Kurtz, S. P., Buttram, M. E., Pagano, M. E., & Surratt, H. L. (2017). A randomized trial of brief assessment interventions for young adults who use drugs in the club scene. <i>Journal of Substance Abuse Treatment</i>, 78, 64-73.</p> <p>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5516962/</p> <p>Website of interest: Collaborative Assessment and Management of Suicidality (https://cams-care.com/about-cams/)</p>
Section 6.3: Resources	Interventions to develop resources	Part B: Choose one of the 26 resources and develop a sample curriculum. How would you teach it effectively?	<p>Irazábal, C., & Huerta, C. (2016). Intersectionality and planning at the margins: LGBTQ youth of color in New York. <i>Gender, Place and Culture</i>, 23(5), 714–732.</p> <p>https://www.researchgate.net/publication/281177672_Intersectionality_and_planning_at_the_margins_LGBTQ_youth_of_color_in_New_York</p> <p>White paper on postsecondary student mental health https://occcco.files.wordpress.com/2015/05/ccvps-white-paper-on-postsecondary-student-mental-health-april-2015.pdf</p>
Section 6.4: More Resources and their Interaction with Rugged Qualities	More interventions to develop resources	<i>Reflection Exercise:</i> How does social marginalization prevent services from being coordinated? How do our clients' intersectionality and experiences of stigma and oppression affect	<p>Tanner, D., Glasby, J., & McIver, S. (2015). Understanding and improving older people's experiences of service transitions: Implications for Social Work. <i>The British Journal of Social Work</i>, 45(7), 2056-2071.</p> <p>https://academic.oup.com/bjsw/article/45/7/2056/1661165</p>

		their ability to participate in mental health treatment?	<i>First Nations Mental Wellness Continuum Framework: Summary Report</i> https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/fniah-spnia/alt_formats/pdf/pubs/promotion/mental/2014-sum-rpt-continuum/2014-sum-rpt-continuum-eng.pdf
Module 7: Four Strategies for Successful Adaptation	Different life circumstances demand different strategies for resilience.	<i>Reflection exercise:</i> Thinking of your own background, what are the most common strategies (e.g., behaviors) that you, your family, or your community use to solve problems?	Williams, A. L., Parks, A. C., Cormier, G., Stafford, J., & Whillans, A. (2018). Improving resilience among employees high in depression, anxiety, and workplace distress. <i>International Journal of Management Research</i> , 9(1-2), 4-22. https://www.researchgate.net/publication/334654788_Improving_Resilience_among_Employees_High_in_Depression_Anxiety_and_Workplace_Distress <i>Website of interest:</i> https://positivedeviance.org/
Section 7.1: #1. Change Yourself	The many ways people try to change themselves and the problem choosing the right changes to make.	<i>Reflection Exercise:</i> A quick survey of personal transformation strategies (with questionable evidence): Do you eat 3 oz of chocolate per day? Do you exercise vigorously for 10 minutes each day? Do you sleep at least 7 hours each day? Do you have 1 (for women) or 2 (for men) drinks of alcohol a day (if alcohol is a part of your life)? Do you have sex at least once (and if possible, four) times a week? Without sharing your answers, reflect on whether these strategies on their own are enough to change anyone's life long-term.	Felder, J. N., Laraia, B., Coleman-Phox, K., Bush, N., Suresh, M., Thomas, M., . . . Prather, A. A. (2017). Poor sleep quality, psychological distress, and the buffering effect of mindfulness training during pregnancy. <i>Behavioral Sleep Medicine</i> , 1-15. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5522361/ <i>Website of interest:</i> https://www.goodhousekeeping.com/life/entertainment/g30646031/gwyneth-paltrow-goop-controversial-moments/

<p>Section 7.2: #2. Make Use of the Resources You Have</p>	<p>Discussion of the many different ways people make use of the resources they already have to start and maintain change in their lives.</p>	<p><i>Exercise:</i> Consider a complicated problem facing someone you are helping. (1) In one column, list all the risk factors that make this problem difficult to change. (2) In a separate column, list all the possible courses of action that could solve the problem. (3) Draw lines between the solutions and the risks, identifying which solutions are best suited to which risks.</p>	<p>Mathieu, F. (2007). Transforming Compassion Fatigue into Compassion Satisfaction: Top 12 Self-Care Tips for Helpers. https://www.compassionfatigue.org/pages/Top12SelfCareTips.pdf</p> <p>Mathieu, F. (2018). The edge of compassion. Tedx Talk. https://www.youtube.com/watch?v=IcaUA6A37q8</p>
<p>Section 7.3: #3. Develop New Resources</p>	<p>The many and inspiring ways people find new resources to build their resilience.</p>	<p><i>Reflection Exercise:</i> What would an ideal community look like? How would different bio-psycho-social-ecological systems function in this community? If you have examples of communities that are succeeding, share these with your colleagues and inspire change.</p>	<p>Cluver, L. D., Orkin, F. M., Campeau, L., Toska, E., Webb, D., Carlqvist, A....& Sherr, L. (2019). Improving lives by accelerating progress towards the UN Sustainable Development Goals for adolescents living with HIV: a prospective cohort study. <i>Lancet Child & Adolescent Health</i>, 3, 245–254. Available at: https://www.thelancet.com/pdfs/journals/lanchi/PIIS2352-4642(19)30033-1.pdf</p> <p>Peters, T. (2017). Super-Architecture: Building better health. <i>Architectural Design</i>. March, 24-31. https://www.researchgate.net/publication/311271846_Super-Architecture_Building_Better_Health/citation/download</p>
<p>Section 7.4: #4. Change Expectations</p>	<p>When all else fails, the reason why changing what we want is the last strategy we use during a crisis that we cannot change.</p>	<p><i>Exercise:</i> Even if we can't change the world around us, we can still express gratitude for the small things that occur which make us feel contentment. Write a letter to someone who did something, no matter how small, that</p>	<p>Hobfoll, S., Mancini, A., Hall, B., Canetti, D., & Bonanno, G. A. (2011). The limits of resilience: Distress following chronic political violence among Palestinians. <i>Social Science & Medicine</i>, 72(8), 1400-1408. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3085932/</p>

		made your life a little better this past week. You don't actually have to send the letter. Express why you are grateful for what they did and how their actions affected your life.	<p><i>Video 'La Gratitude':</i> https://www.youtube.com/watch?v=groCqWD7cPo</p>
Module 8: Changing our Community to Support Resilience	Our community contexts/work spaces influence our ability to nurture other people's resilience (and our own).	<p><i>Exercise: Appreciative Inquiry.</i> Describe an experience where you have been able to help another person navigate and negotiate effectively for the resources they needed to be resilient.</p> <p>(1) Be very specific when describing the experience. (2) What services or supports did you help them find? (3) Who, or what, was required to make this experience possible? Again, be very specific when describing what you did, or your supervisor did, your agency/employer did, your government did, or your community did. Debrief with a colleague, sharing what you learned about building another person's resilience and the supports needed to be successful in that role.</p>	<p>Crane, M. (2021). The multisystem approach to resilience in the context of organizations. In M. Ungar (Ed.), <i>Multisystemic resilience: Adaptation and transformation in contexts of change</i> (pp. 455-476). New York: Oxford University Press. http://fdslive.oup.com/www.oup.com/academic/pdf/openaccess/9780190095888.pdf</p> <p>Montes, J. S. (2020). Building organizational resilience. <i>Harvard Business Review</i>. https://hbr.org/2020/11/building-organizational-resilience</p>
Section 8.1: Practice Principles for Building	Nine ways help should be offered to make it more likely to	<p><i>Exercise: Social Prescribing:</i> Think of a difficult to engage person you have tried to help. Write a</p>	<p>Kilgarriff-Foster, A., & O'Cathain, A. (2015). Exploring the components and impact of social prescribing. <i>Journal of Public Mental Health, 14</i>(3), 127-134. http://eprints.whiterose.ac.uk/96464/3/A%</p>

Community Resilience	improve resilience.	'prescription' for a socially supportive activity. What would it be? What "dosage" would be the right amount?	<p>2520review%2520of%2520social%2520prescribing%2520Foster%2520A.pdf</p> <p>Audio: <i>White Coat Black Art: A prescription for loneliness.</i> https://www.cbc.ca/radio/whitecoat/prescription-for-loneliness-1.5103894</p>
Section 8.2: Changing a Community One Step at a Time	Selling a resilience-promoting approach to other service providers, organizational and community leaders, and agency funders.	<p><i>Exercise:</i> Think about a recent case consultation with your supervisor or with other professionals. (1) List the solutions that were suggested. (2) After each possible solution, draw a horizontal line and label one end "My organization does this well" and the other end "My organization struggles to do this". Rate your organization's ability to help clients realize each solution. Consider what your organization can do better to help clients succeed.</p>	<p>Despard, M. R. (2016). Challenges in implementing evidence-based practices and programs in non-profit human service organizations. <i>Journal of Evidence-Informed Social Work</i>, 13(6), 505–522. https://doi.org/10.1080/23761407.2015.1086719</p> <p>Ubbink, D. T., Guyatt, G. H., & Vermeulen, H. (2013). Framework of policy recommendations for implementation of evidence-based practice: a systematic scoping review <i>BMJ</i>, 3. Doi: 10.1136/bmjopen-2012-001881</p> <p><i>Professional Performance Development Plan: A Strengths-based Model for Supervision.</i> http://myriadconsult.com/resources/professional-performance-development-plan-a-strengths-based-model-of-supervision/</p>
Section 8.3: Helpers as Change Leaders	Turning to the community for support	<p><i>Reflection Exercise:</i> Identify a sitcom about life at an office or inside an institution. Did the supports offered to the people employed or residing there reflect any or all of the ways clinical services should be delivered to promote resilience? How much did the solutions rely on individual change vs. organizational change?</p>	<p>Goering S. (2015). Rethinking disability: the social model of disability and chronic disease. <i>Current reviews in musculoskeletal medicine</i>, 8(2), 134–138. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4596173/</p> <p>Fernandez, R. (2016). Five ways to build your personal resilience at work. <i>Harvard Business Review</i>. https://hbr.org/2016/06/627-building-resilience-ic-5-ways-to-build-your-personal-resilience-at-work</p>

<p>Section 8.4: Vicarious Resilience (and Wrap-up)</p>	<p>Vicarious resilience: The advantages for clinicians who focus on building their clients' resilience.</p>	<p>Complete the Vicarious Resilience Questionnaire. https://programs.caringsafely.org/wp-content/uploads/2019/02/Vicarious-Resilience-Scale.pdf <i>Reflection exercise:</i> How does a focus on resilience in our work as helpers inspire us to see others' (and our own) potential for healing?</p>	<p>Hernández, P., Gangsei, D., & Engstrom, D. (2007). Vicarious resilience: A new concept in work with those who survive trauma. <i>Family Process</i>, 46(2), 229–241. https://www.researchgate.net/publication/274237621_Vicarious_Resilience_Vicarious_Trauma_and_Awareness_of_Equity_in_Trauma_Work Video: <i>Lesson on resilience.</i> https://www.youtube.com/watch?v=sKpBJjsZ7EE</p>
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Appendix A

Activity Descriptions

The following activity descriptions provide detailed instructions for exercises listed in the module summaries. These activities can be completed with clients or modified and completed on your own if you are doing the course for personal development. Where supplementary resources (e.g., readings, surveys, additional instructions, etc.) are required, they will be provided as part of the course handouts.

Course Introduction

Activity: Assessing Our Adverse Childhood Experiences

Adverse childhood experiences (ACE) are a constellation of risk factors we know predict mental and physical health problems in adulthood. In fact, the higher your ACE score, the more likely you are to have difficulties coping with stress or avoiding problem relationships and behaviors later in life. While that is bad news, a careful look at the ACEs shows that they are all sensitive to one's life circumstances. In other words, if we had the collective will, most ACE could be addressed. After all, it isn't the child who decides whether a parent goes to jail or the child experience sexual violence, but it is possible for communities, schools and government agencies to make policies and change practices that decrease children's ACE scores.

This is an apt metaphor for resilience, too. While there is plenty that individuals can do to make their lives better, not everything we need to thrive is within our power to change. Sometimes our resilience depends on the resilience of the systems that surround us.

For this exercise, complete the ACE survey and see how you score. Warning! Some of the questions may trigger uncomfortable reactions if they evoke memories of early childhood trauma. Knowing these triggers and understanding how our childhoods influence our adult years is important to understanding how to help people find the right resources they need to thrive.



Module 1: Introduction

Activity: The problem with superheroes

Tales of our favorite superheroes are not just silly stories to entertain us. The characteristics superheroes embody reflect cultural values that we cherish and offer clues to how we should live life if we are to be successful. Your choice of ‘favorite superhero’ will say a lot about you. Do you like the bold recklessness of Thor, balanced by filial piety, or the brainy and emotionally fragile characteristics of Iron Man? If you can’t think of a superhero you admire, think instead of a character from a fairy tale that inspires you, or one that you identify with. To understand the qualities that help one survive adversity, one first has to appreciate the values one holds most dear.

For this exercise, write down your answers to the following questions:

Part 1: What qualities characterize your favorite superhero? Are these inner qualities (like bravery) or external factors (like access to advanced technology, or a group of friends that help the superhero)? Which qualities/factors are the most useful, and when?

Part 2: What does your choice of superhero, and these qualities, say about you, and the ways you like to cope when faced with a challenge of gigantic proportions.



Module 1.1

Activity: A successful client

While there are shortlists of factors that make us more resilient when we face challenges in life, individuals are unique and their pathways to resilience a reflection of their lived experience. That's why two siblings raised in the same household can turn out very different. Depending on genetic and phenotypical (like personality) pre-dispositions, people will experience the environment around them in very different ways. A child with a severe learning challenge being raised by university educated parents may feel the stigma of academic failure much more than a child whose family places little importance on education. In the first instance, success will be defined by the degrees one has; in the second, success may be defined by one's ability to secure a good job or buy a home.

Our clients are much the same. While their resilience will reflect their ability to experience many common aspects of life (like feeling loved, or feeling in control), clinically they may respond quite differently to a counselor's help.

For this exercise, reflect on the following questions and write down your answers. Think about a person with whom you've recently worked. Which aspects of their life changed over time as a consequence of your time together? Their thoughts? Their relationships? Their interactions with their community? Were these changes independent or connected? What was it about your work with them that seemed to have the most impact?



Module 1.2

Activity: Opportunities to use your talents

For this exercise, the focus shifts to you, the one offering help. There are many paths that people follow to experience resilience. One aspect of all these paths is the opportunity to show others the things we're good at. This aspect of self-expression is known to buffer feelings of anxiety and depression, in part by bringing us closer to others and improving our sense of self-worth. How we express the parts of ourselves that make us special will always depend on the richness of the environment around us. Musical talent, for example, can show itself in a faith community through participation in a choir, or by rapping to entertain friends at a party. While the pathways to feeling appreciated are different, the recognition is much the same.

Our search for resilience can also take us in many different directions. No matter which path we follow, though, we will always experience more capacity to cope with stress when we are able to show others the things we can do well.

For this activity, consider a part of your life beyond your work which brings you satisfaction. List at least five qualities that make that experience successful and/or meaningful. Which of these same qualities do you use at home?

The part of your life that brings you satisfaction (beyond work):		
Qualities that make this experience successful/meaningful	Do these qualities also come out when you are at work/school? How?	Do these qualities also come out when you are at home? How?

Now answer the following question: How does context influence which personal qualities and external resources are most useful in which parts of your life?



Module 1.3

Activity: Your culture

Everyone has a culture, even if sometimes our culture is invisible when it is the dominant way of seeing the world. Culture is generally defined as a set of both beliefs and practices that shape our everyday interactions with the world around us.

Understanding our culture is critical to understanding our resilience. The risk factors that most threaten us, the outcomes we most cherish, and the protective factors we find most helpful, are all shaped by our culture. If, for example, one is trying to understand social anxiety around the world it might come as a surprise that not everyone experiences this kind of anxiety the same way. In cultures with Anglo-European backgrounds (typically found in the US, the UK, Canada and Australia), people who are socially anxious worry about embarrassing *themselves* in front of others. However, in many Asian cultures, like Vietnam and China, people who are socially anxious may be hesitant to stand up and be noticed because they are afraid of making *others* feel uncomfortable or bringing shame to their families. In other words, even a psychological condition like social anxiety is shaped by cultural norms and expectations.

The factors that make us resilient are just as culturally nuanced.

For this activity, think of a book, movie, or television series which reflects your cultural identity. Which qualities of your culture help these fictional characters cope when they face difficulties, or have to make life-changing decisions? Write down both the internal and external aspects of their lives that their culture shapes. Now consider if any of these same cultural beliefs and practices influence your successful coping when stressed. How are you the same or different from the characters you just described?



Module 1.4

Activity: Your favorite fairy tale

Just as Cinderella’s story depends as much on the Fairy Godmother as Cinderella’s personal motivation to meet the prince, every fairy tale has other characters that make it possible for the hero or heroine to succeed. In *Little Red Riding Hood*, the little girl has a woodcutter (at least she does in later versions of the tale). Even in modern fairy tales like the *Lord of the Rings*, Frodo has Bilbo, and Robin Hood has his band of Merry Men. Focusing on individual resilience can make us overlook the dynamic relationships that make individual success possible.

For this activity, do the following:

Part 1: Choose your favorite fairy tale. These tales tend to follow a formula. Identify the character that fulfills the role of “fairy godparent”.

Part 2: Now consider, in your own life, who has been your fairy godparent? What did they do that contributed to your success? What resources did they offer you?

Part 3 (optional): If you can, find a picture of the ‘fairy godmother’ character from your favorite fairy tale, and set it next to a photograph of the person in your life who has been there for you when you most needed help. If you like, share these images with other students in the course. The juxtaposition should be a reminder that we all need these special people to help us when our lives become difficult.



Module 2: Introduction

Activity: The RRM and the ARM:

There is an increasing demand for brief measures of resilience that can distinguish different dimensions of successful adaptation and good quality of life despite the experience of atypical stress. The team led by Dr. Michael Ungar at the Resilience Research Centre at Dalhousie University have worked for over 15 years on developing validated measures of resilience. For this activity, you will have the chance to complete the Rugged Resilience Measure (RRM) and the Adult Resilience Measure (ARM).

From a review of existing measures of resilience, a list of protective psychological factors associated with good quality of life in contexts of adversity was compiled to create the 10-item RRM. A sample of 5,880 individuals (aged 16-29 years) from seven countries was then surveyed to investigate the psychometric properties of the measure. As hoped, the RRM is a concise and potentially robust measure of personal resilience that works well in different contexts around the world.

The ARM was developed somewhat differently, as an adaptation of the Child and Youth Resilience Measure (CYRM). The CYRM was developed through a mixed methods study of adolescents and young adults experiencing social and economic challenges in 14 communities in 11 countries. To create the ARM, questions were adapted and then tested with many different adult populations to ensure the individual, relational, and contextual factors that the ARM assesses are all relevant to people who experience unusual amounts of stress.

For this activity, complete the two measures.

Do your answers surprise you? In general, people with secure lives tend to score high because of the lower levels of stress they experience and the personal and social resources they have available.

When using these measures with your clients, use their answers to start conversations about both the many personal and social resources they have and those they are lacking.



Module 2.1

Activity: A cognitive exercise to prevent catastrophic thinking

Self-regulation and mindfulness are powerful tools for stress management, with the potential to create a cascade of positive changes in our lives. There is even evidence that shows that individuals with the most stress are the ones who most benefit from cognitive exercises that help them feel in control of their emotions.

This activity focuses on just one cognitive distortion, but the pattern of the exercise could be applied to other troubling cognitions too (like experiences of anxiety or loneliness). To complete this activity, do the following:

1. List the things in your life that stress you out or cause you frustration.
2. Which of these aspects of your life are beyond your control?
3. Which aspects are within your control?
4. Select one aspect of your life that is beyond your control and consider the likelihood that the bad things you are worried about will *actually* occur?
5. Now ask yourself, if this bad thing happened what would be the long-term consequences?
6. Would you be able to find a way to cope with this consequence? What would that coping strategy be?

Exercises like this help us to gain perspective on our problems, preventing our minds from overwhelming us with random thoughts. Instead, we can substitute positive thoughts and keep problems manageable by focusing on the personal strengths that we can use in a crisis.



Module 2.2

Activity: Video and reflection: *Julia* (available online https://www.youtube.com/watch?v=xq1OsLV_zEQ).

The video of Julia shows what happens when a counselor shifts the focus from problems to solutions, identifying the many possible resources which can help a client cope in an unusually stressful situation. As you watch the video, think about Julia's context and culture, and how both shaped the supports that were available and accessible to her.

For this reflection activity consider which resources did Julia find through her problematic behaviors? Were pro-social substitutes available? Accessible?

When thinking about the many resources we need for success, it's easy to see why Julia turned to a delinquent peer group to meet her needs. Once a substitute was found, however, and counseling was able to help Julia see her alternative pathways to resilience, her thinking and behavior both changed. In this case, Julia spent less time with her former peer group and more time with the other dancers she met in the dance program in which she is enrolled. She also manages to heal her relationship with her mother and eventually reconnects with her father. While the counselor works with Julia both individually and as a family, the focus is on both her personal strengths and creating opportunities for her to experience success in tangible ways.



Module 2.3

Activity: Design a brief advertisement for your work with people (a Facebook post, an online ad, or choose another format).

Our efforts to help can be experienced very differently depending on people's personalities, life experience, social context, or culture. For this reason, our ability to help people develop resilience will always be limited by whether or not our efforts are seen as meaningful and a good fit for them.

For this activity, design a brief advertisement for your work (a Facebook post, an online ad, or choose another format). Place it below.



Reflecting on the design of the advertisement, consider the following questions: Who is your intended audience? What level of risk do they experience? What is their level of literacy? What is their access to the internet? Social location? Barriers to accessing mental and physical health supports and services?

The more your efforts to reach your clients addresses these issues and shows sensitivity to the differential impact of your intervention, the better you will be able to help people in ways they appreciate.

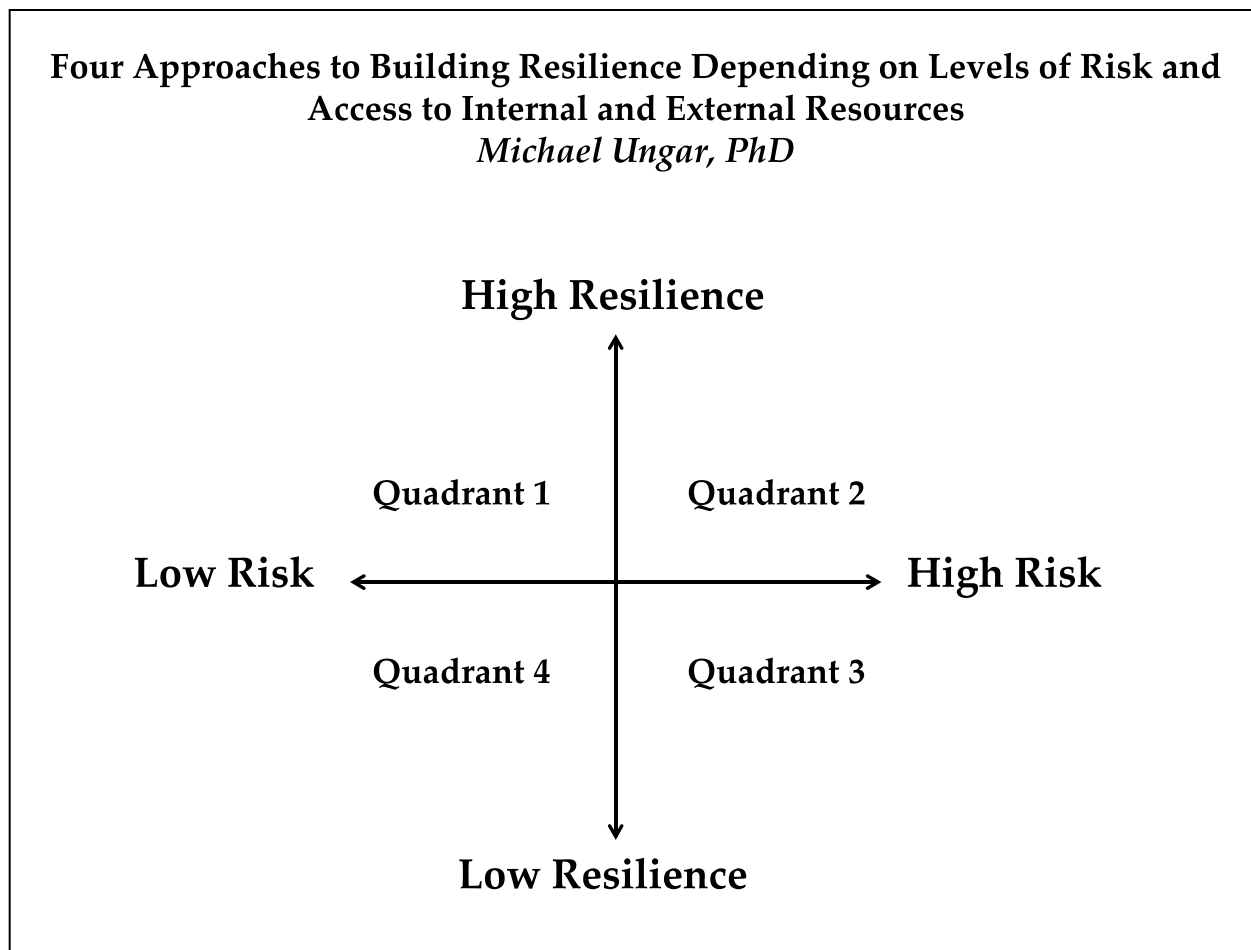


Module 2.4

Activity: Reflection exercise: Engaging a difficult to reach client

Too often, when an offer of help is rejected, we think the person who needs support is not motivated to change. That is seldom the case. More often, the help that is offered is not a good match to the person’s challenges and strengths.

Imagine two intersecting lines. The horizontal line is the level of risk experienced from low levels of risk on the left to high levels on the right. Crisscrossing this line is another vertical one, representing low resilience at the bottom, and high levels of resilience at the top. Divided this way, we can see four quadrants. Research suggests that depending on how someone scores on risk and resilience (which quadrant he or she is in) changes the interventions that are most likely to be helpful. Broadly speaking, the higher the risk, the more interventions need to focus on shaping the person’s environment to facilitate the growth. When risk is low, the focus of intervention tends to be much more on helping the person develop the best possible cognitions and changing regimes of personal behaviour from negative to positive.



Quadrant 1: Low Risk, High Resilience. These are people with lots of advantages. Even if they are struggling with a mental health challenge, they are likely to respond well to individualized psychotherapy, have the resources to reinforce lessons learned during treatment, and usually enjoy

sufficient supports to quickly transition out of formal therapy and back to their informal networks of support. Time limited intervention is likely best as the danger is that formal treatment can cause the client to think of him- or herself as mentally ill (adopting a label) or that the intervention unintentionally undermines the role played by the person's natural support systems.

Quadrant 2: High Risk, High Resilience. These people have either created for themselves adaptive coping strategies or have had these strategies provided to them. They benefit from interventions, especially those that help them deal with the inevitable crises that occur in their lives. These people tend to favour helpers who are personable and accessible, but they also appreciate structure and consequences. The most efficacious intervention can be to advocate for the person's environment to remain the same over time to help them feel secure and keep the resources they already have in place.

Quadrant 3: High Risk, Low Resilience. These people are the most vulnerable and frequently require long periods of treatment from multiple service providers. They want and need helpers who will bend the rules and understand the client's life in context. Interventions should be long-term whenever possible and emphasize continuity of attachment with both formal and informal supports. These people respond best to a systemic intervention that changes their environment first before efforts are made to change the individual.

Quadrant 4: Low Risk, Low Resilience. This is the trickiest of the four groups to deal with. On the one hand, they have fewer stressors but they also show a lack of ability to cope with change. The vulnerability of these people tends to be more individual rather than contextual. They will require interventions that build both internal and external resources required for healthy psychological and social development but be reluctant to engage in treatment because they don't experience much stress day-to-day.

For this exercise, think about someone with whom you've worked that was difficult to engage. Which quadrant best describes their risk/resilience profile? Did your intervention style match their needs and strengths? If not, what could you have done differently?



Module 3: Introduction

Activity: Weaving resources

Our ability to navigate to the resources we need to survive and thrive is always a reflection of the quality of the social and physical environment that surrounds us. Want to get people outdoors to exercise? Provide sidewalks, safe crosswalks, a well-lit dog park, or strategically placed park benches that let people rest periodically.

Of course, our resources are also social. All of us have some connections to someone, even if that is simply the memory of someone from our past who we no longer see. Resources are many and varied. From pets to coaches, from our homes to the police, our interactions with environments around us can be supportive or fraught with challenges. Helping people navigate effectively requires understanding the many resources available to them which can be used to help them overcome both everyday hassles and far fewer regular threats. Keeping track of these resources, however, is challenging. This activity is meant to make the task simpler.

Using the instructions in Ungar (2020; pp. 117-123 or the course handout), develop a weave (ecomap) of resilience-promoting resources for yourself. Be sure to draw the lines to each resource as you experience them. The trick to this activity is to draw the relationships you have with the resources around you from your own point of view. Since you are at the center of the diagram, it's your experience which should be captured even if other people in your life might think differently (for example, you may experience your partner as very loving even if your parents think they are unsupportive). Weaves like this can help you (and your clients) identify the many sources of support you have and those parts of your life which are less helpful.



Module 3.1

Activity: Preventing Adverse Childhood Experiences (ACE)

Helping people navigate for the supports they need means acknowledging the barriers they have experienced in the past to getting their needs met. Fortunately, when it comes to preventing adverse childhood experiences, there is plenty that can be done to positively influence people's environments.

This activity is meant to be more aspirational than practical. It is an opportunity to imagine a world where your clients would not have had the bad experiences they had as children. When thinking about solutions, be sure to think systemically.

Reflect on the following questions. How could individuals have been supported to think more positively about their futures? How could their family have been better supportive? What kind of education did they deserve? Who could have been a mentor, and how could their community have given them access to such people? What could different levels of government have done to help them survive and thrive? And finally, what role would formal helpers play in preventing ACE?

Next, based on your experience, and the readings/resources, how would you design a program to prevent people from having adverse childhood experiences in the first place?



Module 3.2

Activity: Imagining a better community

Making resources available and accessible needs facilitative environments. A client who needs to see a doctor doesn't just need medical insurance, but also access to a transportation system that makes it possible for them to get to the doctor's office. Communities that help people find the supports they need are sometimes organic, having developed over centuries of trial and error (think the chaotic streets of London or Paris). Other cities and towns are well-planned experiments meant to optimize people's experience of social inclusion or order and safety. Think Savannah Georgia or Washington, DC. with their grid patterned streets.

For this activity, share an image from your personal files or from the web that best describes the social and built environment where you live. Does your home/community support access to the resources necessary to experience resilience? Why, or why not?



Module 3.3

Activity: Family routines

There are plenty of different ways that people find the resources they need to cope with stress. Among the most common is our ability to maintain daily routines. People with routines report greater optimism and a heightened sense of security. Their lives feel predictable, especially during tumultuous times. Routines can take many forms, from visiting the same coffee shop each morning on the way to work, to having family dinners several times a week and celebrating the holidays with the same rituals every year. While all of us enjoy the shock of a vacation and the disruption to our daily routines (sleeping in, trying new food, a change in activity level), when all is said and done, we enjoy the vacation more secure in the knowledge that our routine is waiting for us when we get home. This can be explained in many ways. Our routines anchor us to our culture, supports our sense of cohesion in our communities, and maintains relationships. They also protect us from the hassle of making decisions every day. Novelty is fun, but only up to a point.

For this activity, consider your family's routines that maintain connections (e.g., having dinner together; vacations; creative pursuits)? During a crisis, how do these routines help support the well-being of your family members?

Now consider a client who is struggling to cope with unusual amounts of stress. How have their routines been disrupted? What could they do (and how can you help them) to find some measure of predictability in their lives? What supports would they need? Who can help them find these supports?

Use this information to inform the way you help clients. Changing their routines can provide a much-needed mental health boost.



Module 3.4

Activity: Video and reflection: *Martha* (available online
<https://www.youtube.com/watch?v=MOy24mnhoeM>)

Finding the right resources for someone is always a matter of providing them with supports that are culturally relevant. When watching the video of Martha, consider how the counselor, Wanda, pays close attention to the sources of support Martha says are the right ones. Wanda's inclusion of Martha's pastor in a later session is a very intentional effort to build a bridge between Martha and the network of community supports which can be activated to help her. Even people who seem very isolated and at-risk have supports waiting to help. A gentle nudge by a formal helper can quickly make a client's social environment much richer with opportunities.

After watching the video of Martha, consider your own practice with clients. Who have you included in your interventions that have helped to make your work more successful?



Module 4: Introduction

Activity: Reflection on cultural relevance

The solutions that are most likely to help clients are usually those that originate with them. If that is too optimistic, or naïve, then the next best solution is usually one that the helper suggests but that brings clients the opportunity to take full advantage of the resources already on hand. In this sense, clients tend to experience more success when they are able to negotiate with helpers and decide what help looks like to them.

Too often we parachute in interventions that have little relevance to the individuals we are there to support. I've seen this in indigenous communities where young people struggle with suicide and the legacy of the cultural genocide perpetrated by colonizers over centuries (this included the forced placement in residential schools for decades). To send in psychologists trained in western medicine seems short sighted, especially given the very poor outcomes from such interventions. But to work alongside young people and find ways for them to express their sense of place, culture and the things that make them fiercely proud seems to me to be a much better path forward. It's not that mental health professionals won't be needed at some point, by some young people, but better to find culturally relevant interventions first. Like the indigenous youth I just mentioned, we all have a culture that shapes what we perceive as a helpful or unhelpful intervention.

For this introductory activity, think of a uniquely personal solution you have used to solve a problem. How did others view your solution? Was it accepted or rejected? Did others' reactions to your solution change your strategy to solve the problem?

Now consider, would your solution be of any use to others who come from a different culture, or context, from your own? Why, or why not?



Module 4.1

Activity: Video and reflection: *Brian* (available online <https://www.youtube.com/watch?v=bLt2tKoRkWc>).

Negotiating with clients means really listening to the way they talk about their lives. What appears like a problematic behavior to us as the helper may be the client's perfectly reasonable adaptation given their perception of the opportunities around them. To negotiate with a client means to seek solutions that are well suited to their needs.

After watching the video of Brian, reflect on what you have seen. How does the counselor rename Brian's problems? Both his delinquent behavior at school, and his living in a shelter? Are the solutions that the counselor proposes respectful of what Brian values?



Module 4.2

Activity: Contextually relevant interventions

Whether it is a local community center that introduces new social programs for recent immigrants, or a program for people with addictions that offers flexible intake protocols, the best services are designed to respect people’s unique social locations. Programs that are agile enough to meet people’s needs are far more likely to be effective, especially if they can change to match the diversity of clients.

Reflection Exercise: Describe a unique, contextually, or culturally specific mental health program or intervention tailored to a person’s challenge(s) that you’ve seen in practice or read about.

If it was successful, list the qualities of the program (at least five) that made it possible to meet people’s needs. Now consider, what exactly was the ‘secret ingredient(s)’ that made the program work?

Name of Program:	
What were the qualities of the program that made it successful?	What was it about this quality specifically that made the intervention helpful to the clients being served?
1.	
2.	
3.	
4.	
5.	

Module 4.3

Activity: Video and reflection: *Interview with Masego Katsi: The EARTH Project for orphaned children*. Online at https://www.youtube.com/watch?v=zrrgIEsLNjY&feature=emb_logo

How did Dr. Katsi match her intervention to both the needs of her community, her community's culture, and the needs of her clients?

It is interesting that Dr. Katsi's work introduced a model of trauma-informed therapy to a community of children in Botswana where it is not acceptable for children to talk about their grief. And yet, in this case, she manages to introduce a program developed in the United States and adapted to her local context. This is difficult work. The key to her success was her ability to negotiate with her community and find a way to do trauma-informed care that would be seen as helpful. The use of rites of passage to mark children's transition to adulthood was the hook she needed. The community valued this process even if it didn't value grief work. Dr. Katsi simply adapted rites of passage rituals to include what she confidently knew would be helpful to children's long term psychological development.



Module 4.4

Activity: Case study

Our ability to advocate for our clients is critical when they have few resources to advocate for themselves. That advocacy, however, must still be attuned to people's own life goals. Too often helpers offer what is less than meaningful when clients are desperate for an ally who will help them access the things they value most. It's much like being parched, but instead of being offered a glass of water someone comes along with a burger and fries. When help takes the wrong form at the wrong time, it is likely to have little impact.

For this activity, think of a time when you have advocated for a person you were helping? What made your efforts effective, or ineffective? How did the person's perception of your efforts help change the outcome of your efforts to help?



Module 5: Introduction

Activity: R2 Resilience Ranking of Rugged Qualities and Resources (Part 1)

The R2 Resilience Program was developed by the team at the Resilience Research Centre under the direction of Dr. Michael Ungar to build resilience by strengthening two types of protective factors:

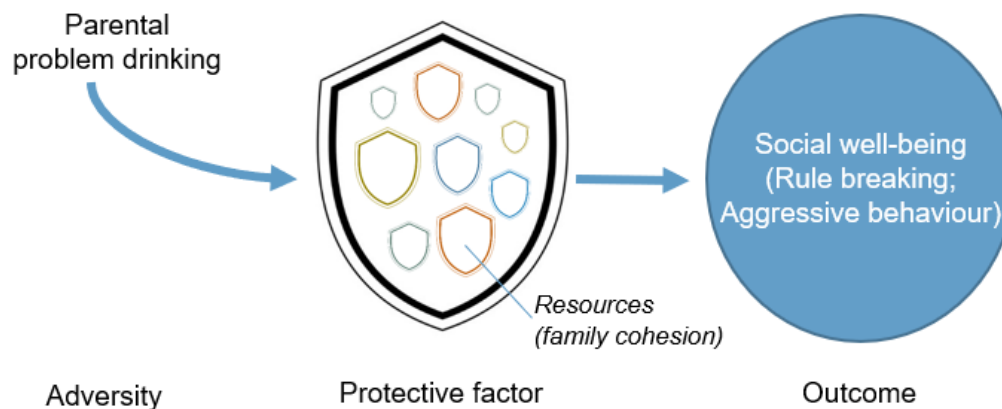
- The *rugged* qualities that reside within all of us, and
- The *resources* that support us.

Both aspects of resilience are needed to experience positive outcomes despite stress and adversity.

Rugged protective factors are changeable internal qualities, such as our level of self-esteem, optimism, mindfulness, our ability to set goals and think critically. Resources can include experiences of control, meaningful engagement with others, access to services and supports, structure and routine, or a positive peer group. Based on the science of resilience, we know that there are many rugged qualities and many different kinds of resources that help individuals do well despite the challenges they experience. While all of these protective factors are important, some are more relevant than others in particular contexts when facing particular kinds of adversity.

From the evidence:

A study in the US conducted by Laura Finan and her colleagues investigated the impact of parental problem drinking over time. They found that problem drinking was associated with later adolescent alcohol use, drug use, rule breaking and aggressive behavior. However, they found that family cohesion impacted some of these outcomes, namely rule breaking and aggressive behaviors. Commenting on their findings, Finan and her colleagues called for programs to target ways to bring families closer together.



Reference: Finan, L. J., Schulz, J., Gordon, M. S., & Ohannessian, C. M. (2015). Parental problem drinking and adolescent externalizing behaviors: The mediating role of family functioning. *Journal of adolescence*, 43, 100-110. doi:10.1016/j.adolescence.2015.05.001

A comprehensive review of the literature has identified 26 rugged qualities of individuals that show greater resilience and 26 resources which are known to be foundational in the lives of people who recover, adapt or transform their surroundings and themselves after exposure to stress.

For this activity, you are asked to complete a *Delphi Ranking (Part 1)*. Rank the 52 resilience resources by order of importance *to you*. Give a 10 to the most important resilience factor, and a 1 to less important factors as they relate to your own lived experience. Try to score the items such that you identify the ten most important factors you would need to cope under stress.

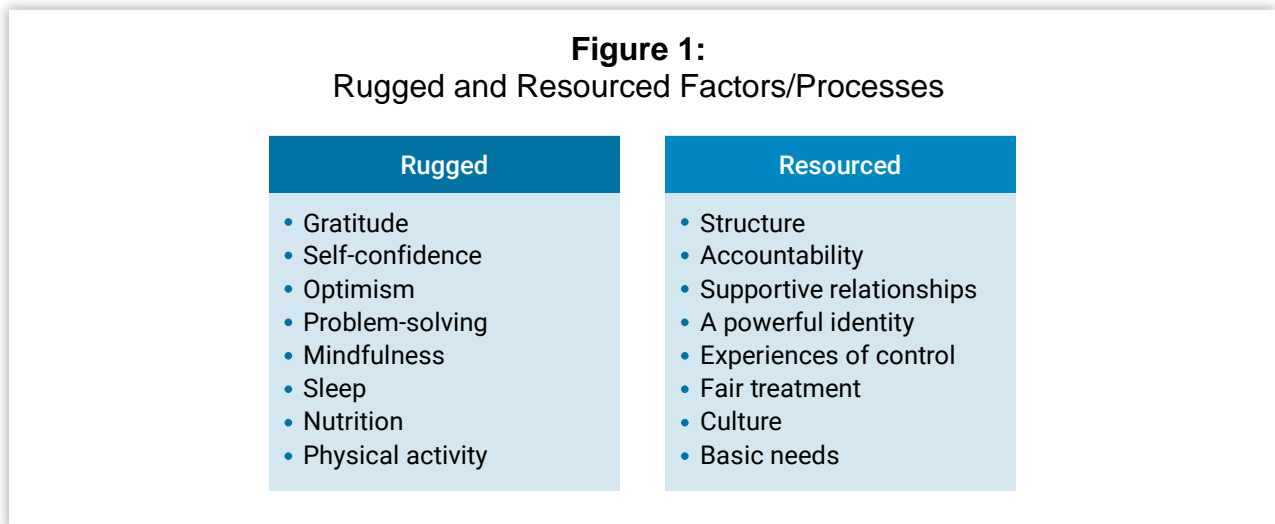
Ideally, choose five rugged qualities and five resources as priorities.



Module 5.1

Activity: R2 Resilience Ranking of Rugged Qualities and Resources (Part 2)

R2 programs do not use all 52 factors, but instead tailors each program to a particular population. For example, a short list of the factors associated with resilience that were identified for young adults with social anxiety is included in Figure 1. R2 selects the qualities and resources most likely to build resilience in a particular setting, ensuring the program is theoretically sound and matches the risks individuals experience, whether they are young adults, seniors, employees, first responders, children or other unique population.



Delphi Ranking (Part 2): Review the results of your first Delphi exercise (focused on yourself). Now redo the exercise, but this time, rank the items as if one of your clients was ranking them. What do the differences between the two sets of rankings tell you about the interaction between resilience factors and one’s lived experience?



Module 5.2

Activity: Video and reflection: *Tim Crooks* (Available online https://www.youtube.com/watch?v=e_VWEqowVec).

After watching the video, ask yourself, “How do Phoenix Youth Programs help young people who are street involved or precariously housed survive and thrive? How does program structure support mental and physical health?”

Great programs are typically well-tailored to the needs of a specific population. Good helpers seem to intuitively understand the importance of focusing on the right resilience promoting factors that address the problems which are most troubling to the people they are trying to help. Their success is an indication of both the helper’s emotional attunement and their empathy for their clients.



Module 5.3

Activity: Implementing programs that work

There is an entire science to implementing effective programs. Just because a scientifically sound practice is known and used in one setting doesn't mean other helpers will adopt new ways of working when they first hear about them. It can take a decade, even in medicine, for a change of procedure to occur. Mental health supports are much the same. Even taken for granted approaches to building mental health like trauma informed care and resilience still meet with resistance from some helpers. Effective helpers, though, are always on the lookout for innovative approaches tailored to the needs of their clients.

For this activity, think about a client with many unmet needs. What kind of help could be effective? What services/supports are needed? If these are available, how do we know they work? If they are not available, where might you, the helper, look for these services and supports, and how might you introduce them to your client, and your colleagues at the agency/service where you work?



Module 5.4

Activity: Will your program build resilience?

Which programs work best, and for which clients, is a difficult question to answer. This activity summarizes the content from *What Works: A Manual for Designing Programs that Build Resilience*. Services that reflect more of the principles and practices described in the manual (and which are reflected in the stories told through the supporting videos) are those programs with the greatest likelihood of nurturing resilience.

For this activity, think about a service that is supposed to build resilience. It can be a service you offer or one offered by a colleague or agency in your community or online. Complete the *Checklist: Will Your Program Enhance Resilience* starting on page 76 of Ungar (2018). How well did the program score? Are there areas where the program could be improved?



Module 6: Introduction

Activity: Mirrors

To understand what it means to negotiate for the help we need (that best meets our needs), try this playful exercise with a friend or colleague.

Facing another person, place your hands palm to palm. (1) One person leads, while the other follows as the leader moves their body or makes faces. (2) Change who is the leader and who is the follower. (3) Return to the first position, palm-to-palm, but this time without deciding who leads, start the exercise. Debrief the experience.

What was it like not knowing who is leading and who is following? Offering help (and being the recipient of help) can make us feel much the same way. We may be given resources that we don't want, or that we don't know we need even as we struggle to ask for what we think is in our best interest.



Module 6.1

Activity: Video and reflection: *Rebecca* (available online https://www.youtube.com/watch?v=dqt56FLs_-Y).

The video of Rebecca demonstrates the process of engagement. Rebecca is clearly not wanting help, or at least not in a formal ‘clinical’ way. And yet, she is open to engaging in a treatment plan that makes her feel normal, fixes her relationships, and stabilizes her mood, all aspects of an intervention that builds resilience to future stress.

Reflection exercise: What did the counselor do to prevent Rebecca from becoming angrier or disengaging from their work together? How did the conversation shift from a focus on Rebecca’s problems to Rebecca’s resilience and the internal and external resources that make resilience possible?



Module 6.2

Activity (Part A): Creating curriculum to improve ruggedness

Choose one of the 26 rugged qualities and develop a sample curriculum. How would you teach it effectively? Your curriculum should take between 15 and 30 minutes to deliver, though you may choose to create a longer curriculum if you think it would fit better for the context where you work. The curriculum can be for any age group/population that you would like to work with.

A good curriculum will share a little of the science of resilience (more details for each factor can be found online at the R2 website). It will also provide a case example and an exercise that promotes self-reflection or develops the client's resilience related skills.



Module 6.3

Activity (Part B): Creating curriculum to build resources

Choose one of the 26 resources and develop a sample curriculum. How would you teach it effectively? Your curriculum should take between 15 and 30 minutes to deliver, though you may choose to create a longer curriculum if you think it would fit better for the context where you work. The curriculum can be for any age group/population that you would like to work with.

A good curriculum will share a little of the science of resilience (more details for each factor can be found online at the R2 website). It will also provide a case example and an exercise that promotes self-reflection or develops the client's resilience related skills.



Module 6.4

Activity: How does social marginalization prevent services from being coordinated?

There are plenty of “wicked problems” in people’s lives that complicate their experience of health when stressed. Racism, stigma, poverty, homophobia, sexism...the list is long and complex. Each of these problems intersects with the others, such that people who are pushed to the margins of our society are likely to experience many threats to their psychological and physical wellbeing at the same time. This is what is meant by intersectionality.

For this activity, think of someone you have tried to help who has experienced discrimination or stigma. How has their intersectionality and experiences of oppression affected their ability to participate in mental health treatment? How have your efforts to help addressed these troubling aspects of your client’s life?

Don’t fret if you were unable to help. Often helpers focus on individual change because “wicked problems” seem beyond their control to influence. That needn’t be the case if one looks for resources in the client’s life and helps them use those supports in new ways.



Module 7: Introduction

Activity: Your personal problem-solving strategies

The strategies we use to solve “wicked problems” (problems that are complex and without obvious solutions) are never simple. Most of us try many different strategies and through experimentation find the solutions that work best. Typically, we start with strategies that focus on what we can change as individuals, then gradually reach out for help. When really stuck we may give up and accept that a situation is unchangeable. That is seldom a choice we make lightly.

For this activity, think of a time when you faced a very big, very difficult problem. What was the first strategy you tried to solve the problem? If that didn’t work, what did you try next? And so on. Looking at your personal list of strategies, what would you do differently if you had to start again? Which strategies served you well?



Module 7.1

Activity: A quick survey of personal transformation strategies (with questionable evidence)

When it comes to coping with personal problems, our normal response is to do what we can to solve problems on our own. Individual expressions of self-efficacy and locating the source of power within ourselves (an internal locus of control) can be great mental health preservers as long as the problem we're trying to solve is within our power to change.

The problem with just looking to yourself for personal transformation is that we never quite know which personal change is going to be the right one or make the biggest difference. Self-help gurus make fortunes selling us on the idea that doing just one thing passionately can be the solution for all our problems. But are they right? Can a single change really create a cascade of personal betterment?

Looking around the web there is plenty of advice on what we should do to live fulfilling lives. The following is a fun little quiz to see if your lifestyle is likely to bring you happiness.

1. Do you eat 3 oz of chocolate per day?
2. Do you exercise vigorously for 10 minutes each day?
3. Do you sleep at least 7 hours each day?
4. Do you have 1 (for women) or 2 (for men) drinks of alcohol a day (if alcohol is a part of your life)?
5. Do you have sex at least once (and if possible, four times) a week?

Without sharing your answers, reflect on whether these strategies on their own are enough to change anyone's life long-term.



Module 7.2

Activity: Matching risk to solution

A well-considered solution to our problems should leave us better off and more resilient (and therefore ready to tackle future struggles). Good strategies to cope with problems are those that are well-matched to the challenges we face. For example, if we're drowning we don't need a swimming coach. We need a life preserver. The swimming coach comes later, after we're safely back on land.

For this activity, consider a complicated problem facing someone you are helping. (1) In one column, list all the risk factors that make this problem difficult to change. (2) In a separate column, list all the possible protective factors and strategies that could solve the problem. (3) Draw lines between the solutions and the risks, identifying which solutions are best suited to which risks. There may be more than one line between a risk factor and different solutions.

Risk factors	<i>Connecting lines</i>	Protective factors and strategies



Module 7.3

Activity: Finding new resources—The Ideal Community

There are buildings that draw in sunlight and actually exert a positive influence on the mental health of people who live within their walls. There are communities designed so well that people living there thrive because of where they live even with traumatic pasts. There are families that are so supportive that their members get through life far better than those living on the same block. In each case, these systems are designed to meet people's needs, providing access to plenty of resources to help individuals cope during and after a crisis.

What would your ideal community look like? What about your ideal home, family, or workplace? How would different systems interact and support one another in these ideal spaces? If you have examples of communities, families or workplaces that support resilience, share these examples with a colleague.



Module 7.4

Activity: Expressing gratitude

Gratitude is an orientation to and appreciation of the positives in life. It is far from a fixed trait but can be taught through simple exercises like short moments of reflection (thinking or writing about things for which one is grateful), behaviour (writing gratitude letters, reading them to the recipients), and through education-based curriculum meant to increase our positive appraisal of our advantages and strengths. Even if we can't change the world around us, we can still express gratitude for the small things that occur which make us feel contentment.

For this activity, write a letter to someone who did something, no matter how small, that made your life a little better this past week. You don't actually have to send the letter. Express why you are grateful for what they did and how their actions affected your life.

Doing small exercises like this regularly can have a positive impact on your mood, making you less likely to experience depression even during particularly difficult times.



Module 8: Introduction

Activity: Appreciative Inquiry

Most of us at one time or another have experienced some success helping others manage stress during a crisis. For this activity, the focus will be on how you have been effective in your role as helper/counselor/coach/therapist. It is an exercise called an Appreciative Inquiry. The trick is to shift the conversation from what is going wrong to “thick” descriptions of what you have been doing right, even if that positive event was a single, unique event. By describing positive experiences in detail, we can provide ourselves with a roadmap for how to bring about the same kind of success for our clients in the future.

To do an Appreciative Inquiry, do the following:

1. Describe an experience where you have been able to help a client navigate and negotiate effectively for the resources they needed to be resilient. Be very specific when describing the experience. What services or supports did you help them find?
2. Now consider, to make this experience possible, who, or what, was required? Again, be very specific when describing what you did, or your supervisor did, your agency/employer did, your government did, or your community did.
3. Optional: Debrief with a colleague, sharing what you learned about building client resilience and the supports you needed to be successful in that role.



Module 8.1

Activity: Social prescribing

There is an emerging trend among physicians struggling to help chronically depressed or anxious patients. Social prescribing involves medical personnel advising clients to do social activities rather than take more medications. The physician literally writes a script that tells the patient to “Go to a movie with a friend” or “Say hello to your neighbor”. While it may seem odd to prescribe these everyday social activities, they are known to elevate mood without resorting to a pharmacological intervention.

With regard to resilience, social prescribing is another strategy (among many discussed in this course) that changes the world around clients to make it possible for them to cope better with stressful life events.

For this activity, think of a time in your life when you have felt down, or alone. Imagine you went to see your family physician with a broad and ambiguous list of complaints (problems sleeping, lack of appetite, or sleeping and eating more than usual). Write a ‘prescription’ for a socially supportive activity that you doctor might give you.

What would it say?

What “dosage” would be the right amount of support, and from whom?



Module 8.2

Activity: Implementing the best solutions to build resilience

Even when we know there are better ways to help people, we may not always use best or promising practices because they are unfamiliar or our workplace setting hasn't yet recognized them as good solutions. Implementing new ideas and having them adapted and adopted can be a long process of trust building and then trial and error as solutions are tried, fail, and tried again. Every service provider (and agency where they work) needs time to reflect on what they do well and what they can do better.

For this activity, think about a recent case consultation with your supervisor or with other professionals. (1) List the solutions that were suggested for the person you were trying to help. If you don't regularly consult with other professionals about your work, then simply focus on a client with whom you have worked for some time and list the many different strategies you have used to help them. (2) After each possible solution that was tried, draw a horizontal line and label one end "My organization does this well" and the other end "My organization struggles to do this". If you work on your own then label the two ends of the lines with "I do this well" and the other end "I struggle to do this". Now rate your organization's ability (or your own) to help clients realize each solution. Consider what your organization (or you on your own) can do better to help clients succeed.

Client name:		
Solution tried	<i>My organization does this well/I do this well</i>	<i>My organization struggles to do this/I struggle to do this</i>



Module 8.3

Activity: What can a television show teach us about resilience?

Sometimes, television shows provide us with clues to resilience. Other times they show us what a dysfunctional environment looks like. In either case there are lessons to be learned about how the world around us can (and should) support personal wellbeing, even as we experience unusual stress. Great sitcoms provide character studies in how people help each other rally against problems which they cannot solve alone.

For this activity, identify a sitcom (or drama series if you prefer) about life at an office or inside an institution. Did the supports offered to the people employed or residing there reflect any or all of the ways clinical services should be delivered to promote resilience? How much did the solutions rely on individual change vs. organizational change?



Module 8.4

Activity: Vicarious resilience

<https://programs.caringsafely.org/wp-content/uploads/2019/02/Vicarious-Resilience-Scale.pdf>

Focusing on resilience in our work as helpers is not only advantageous for those we want to help, but it also has the potential to improve our lives as we do the helping. While many helpers are familiar with the concept of vicarious trauma (exposure to another's trauma can affect our own mood and cause us to experience trauma second-hand), less well known is the concept of vicarious resilience. When researchers investigated the experience of counselors working with victims of torture, they discovered that many were inspired by their work. As witnesses to the capacity of people to overcome adversity and still go on living, many counselors said they revisited their personal values. In other words, the resilience of their clients inspired the counselors to rethink their own life priorities. Their resilience was improved even if that was not the intention of their interventions.

For this activity, complete the Vicarious Resilience Scale. How does a focus on resilience in our work as helpers inspire us to see others' (and our own) potential for healing?



Appendix B

Four Exercises for Individual Reflection and Growth*

(*If you are a clinician/coach/helper doing the course, please go to Appendix C for the four exercises that should be completed to receive a course certificate of completion)

Here are four exercises that you can use to enhance your personal resilience.

- Participants are asked to write reflections on their experience doing the exercise. Each reflection should be between **250 and 500 words (maximum)**.
 - **Reflection Questions**
 - What was your experience doing the intervention? From your perspective, did it help you identify both your personal qualities and external resources necessary for resilience?
 - How did you react? Did the intervention appear to motivate you to change, or did you seem uninterested or distracted during the exercise? Was it too long, or too short?
 - What could you do to change the intervention to make it better?
 - If you were someone from a different cultural background, or someone whose lived experience is very different from your own, how would you change the exercise to fit them and their life circumstances better?
- Participants who submit all four written reflections (one for each exercise) will be eligible for a certificate of completion for the R2 Resilience Expert Training course.
- Written reflections on each exercise will be accepted up to **one month** following the completion of the course, though it is recommended that participants complete one exercise every two weeks to keep the content front of mind.

Please submit your reflections through the password protected resources page (<https://r2.resilienceresearch.org/resources/>) for the course or to rrc@dal.ca (please put in the subject line the exercise number and identify your submission as R2 Resilience Expert Training).

Exercise One: A Resilience Assessment (done during module 2 or 3)

There is an increasing demand for brief measures of resilience that can distinguish different dimensions of successful adaptation and good quality of life despite the experience of atypical stress. The team led by Dr. Michael Ungar at the Resilience Research Centre at Dalhousie University have worked for over 15 years on developing validated measures of resilience. For this activity, you will have the chance to complete the Rugged Resilience Measure (RRM) and the Adult Resilience Measure (ARM).

From a review of existing measures of resilience, a list of protective psychological factors associated with good quality of life in contexts of adversity was compiled to create the 10-item RRM. A sample of 5,880 individuals (aged 16-29 years) from seven countries was then surveyed to investigate the psychometric properties of the measure. As hoped, the RRM is a concise and potentially robust measure of personal resilience that works well in different contexts around the world.

The ARM was developed somewhat differently, as an adaptation of the Child and Youth Resilience Measure (CYRM). The CYRM was developed through a mixed methods study of adolescents and young adults experiencing social and economic challenges in 14 communities in 11 countries. To create the ARM, questions were adapted and then tested with many different adult populations to ensure the individual, relational, and contextual factors that the ARM assesses are all relevant to people who experience unusual amounts of stress.

For this intervention, complete the two measures. This should take approximately 5-8 minutes (or less).

With your answers in front of you, ask yourself:

- Do any of your answers surprise you? (In general, people with secure lives tend to score high because of the lower levels of stress they experience and the personal and social resources they have available).
- Are there areas of resilience that you would like to work on?
- Do other people in your life (like your colleagues at work or classmates at school, your extended family and friends) see you the same way you see yourself? In other words, would any of your answers to these questions surprise them?
- What is one small thing you might do to help people see you as more (or less) resilient than they think you are?

These measures can stimulate conversations about resilience, helping you identify the many personal and social resources you have and those you need to develop further.

Exercise Two: What is my culture? (Done during module 3 or 4)

Everyone has a culture, even if sometimes it is invisible because everyone around us appears to share our values, beliefs and daily practices. Our culture, though, shapes our everyday interactions with the world around us.

Understanding our culture is very important to understanding our resilience. The risk factors that most threaten us, the outcomes we most cherish, and the protective factors we find most helpful, are all shaped by culture.

For this exercise do the following:

Part 1:

- Think of a book, movie, television series or song which reflects your cultural identity.
- Which qualities of your culture (taken from these artistic expressions) are useful when facing difficulties, or having to make life-changing decisions?
- Group these qualities on a piece of paper (or on a screen) under the two categories of Rugged and Resourced. If you identified mostly factors that fit under one or the other categories, see if you can identify an equal number of factors from both categories that are culturally relevant. For example, if you said, “My faith gets me through difficult times” (a rugged quality) consider, “How does my faith community also make it easier to cope with life’s challenges?” (a resource). Likewise, if you said, “I really like celebrating the holidays because it brings together family and friends” (a resource) then consider “And how does the rituals and the routines of these holidays make you feel?” (a rugged quality).

Part 2:

- Think of a recent problem which caused you to become stressed.
- What solutions did you use (or try to use) to solve the problem.
- Did these solutions reflect your culture (the way you see the world, your beliefs, or the expectations of others for how you should behave)?
- How did others view your proposed solution? Was it socially acceptable? Did it fit with the way others handle problems (reflect the culture of those around you) or was it different than the way people expect you to cope?

Culture can be a powerful tool to help guide people to solutions, or it can constrain choices.

Exercise Three: Weaving resources (done during module 5 or 6)

Our ability to navigate to the resources we need to survive and thrive is always a reflection of the quality of the social and physical environment that surrounds us. Want to get people outdoors to exercise? Provide sidewalks, safe crosswalks, a well-lit dog park, or strategically placed park benches that let people rest periodically.

Of course, our resources are also social. All of us have some connections to someone, even if that is simply the memory of someone from our past who we no longer see. Resources are many and varied. From pets to coaches, from our homes to the police, our interactions with environments around us can be supportive or fraught with challenges. Navigating effectively to resources requires understanding the many resources available to us which can be used to help us overcome both everyday hassles and far fewer regular threats. Keeping track of these resources, however, is challenging. This activity is meant to make the task simpler.

Using the instructions below, develop a weave (ecomap) of resilience-promoting resources for yourself. This intervention is especially helpful when feeling stuck with problems you can't seem to change.

To do a weave, ask yourself the following series of questions regarding the resources that are realistically available and accessible. The weave is a visual representation of your answers. To begin, draw yourself (or a symbol that represents you) at the centre of a piece of paper (flipchart paper taped to a wall works very well). One by one, name your resources, with a word or symbol drawn on the flipchart paper to represent each resource. Lines are drawn between you and the resources with the colour and style of each line used to represent your experience of the resource. Different lines represent positive or negative experiences (e.g., solid straight lines can mean a helpful, secure relationship with a resource; wavy and dashed lines can represent conflicted or weak relationships). Expect some resources to have multiple lines to the resource to reflect complex relationships over time.

The Questions

The following pattern of questions is useful for identifying resources that promote and sustain resilience. These can include the many aspects of resilience identified in the course. Factors that contribute to disorder are less relevant to the weave (it is assumed most interventions with clients already review evidence of psychopathology and disordered functioning), though barriers to accessing resources are always explored as part of the weave. Where barriers are identified, they are mapped onto the weave but the emphasis remains on understanding how, when exposed to atypically high levels of stress, you adapt in contexts where access to resources appears strained.

Part 1: Resource Audit

Starting with people and institutions that are most significant to you, ask yourself:

- “From my perspective, what has been one of the most significant relationships in my life?”
- “In my experience, has this relationship been a source of support? Or has it been harmful or stressful? Or perhaps it has been both?”
- “From my perspective, what is another significant relationship in my life? Again, has it been supportive and helpful, or a source of conflict or stress?”

- “Thinking beyond people, are there other sources of support or stress in my life? Maybe a place I spend time, like school, or work?”
- “Do I have activities in my life that bring me support, or cause me stress? Like a sport that I play, or maybe a habit like substance abuse? Do these activities add positively to my life, or create more stress? Do they help me cope? When are they most useful?”
- “How are these people, places and activities related to each other? Do these interactions make other resources more available or accessible, or do these relationships and resources place barriers in my life or prevent me from coping with life’s challenges?”

The goal here is to identify your strategic use of resources that improves your ability to cope under stress, even if these coping strategies appear to be maladaptive. The more resources and relationships between resources that are identified (the more lines in the weave that connect you to each resource and connect resources to one another) the more opportunities there will be for you to build resilience.

Part 2: Interpretation

Once the weave is rich in detail, it is useful to shift the conversation from the audit of resources to interpretation of what the lines mean all together. Ask yourself:

- “Looking at the weave, is there anything that catches my attention the most? Anything that surprises me?”
- “Are there more/fewer positive supports than I would have expected?”

From this review of resources, it is critical to next look for patterns in the resources and which are being used most effectively. Just because a coping strategy appears to be maladaptive (e.g., an abused child socially withdraws from her caregivers, as represented by a weak, dashed line) each pattern should be discussed from your own perspective. Do you personally experience this relationship with the resource useful? Does it improve your sense of safety?

Once these questions are answered, it is possible to look at where else you have found positive and supportive resources and whether these connections can be strengthened.

The interpretation should also challenge negative relationships with resources by asking yourself whether these resources are always helpful and if there are alternative resources that might be just as useful if they were made more available and accessible. In this way you can explore possibilities to change the color or style of lines connecting yourself to each resource, perhaps “breaking” lines that sustain problems or removing yourself from negative relationships altogether. Likewise, the weave can become a source of inspiration for identifying potentially positive resources that could be exploited further.

Exercise Four: Social prescribing (done during module 7 or 8)

There is an emerging trend among physicians struggling to help chronically depressed or anxious patients. Social prescribing involves medical personnel advising patients to do social activities rather than take more medications. The physician literally writes a script that tells the patient to “Go to a movie with a friend” or “Say hello to your neighbor”. While it may seem odd to prescribe these everyday social activities, they are known to elevate mood without resorting to a pharmacological intervention.

For this exercise, you will have the opportunity to adapt this technique to your personal needs for social connections. Social prescribing is another tool used to enhance resilience by changing the world around us to make it possible for us to cope better with stressful life events.

For this activity, do the following:

- Think of a time in your life when you have felt down, or alone, or been frustrated and angry and felt unsupported.
- Recall if you felt any physical symptoms, like problems sleeping, lack of appetite, or sleeping and eating more than usual. Did you experience any other differences in your thoughts, or feelings that appeared to endure over time.
- Write yourself a ‘prescription’ for a socially supportive activity that you would like to do.
- If the activity requires resources (like transportation, or money to pay for tickets) or personal qualities (like the motivation to call someone, or the confidence to ask someone to go to a movie) then develop a plan to find these resources first.
- After you do the activity, ask yourself if the activity was done with the right “dosage”? Did you choose the right social support or activity to make yourself feel better?



Appendix C

Exercises for Clinicians/Helpers/Coaches Working With Clients*

(*If you are doing the course for personal reasons and are not a professional clinician/helper/coach, please go to Appendix B for the four exercises that should be completed to receive a certificate of completion for the course)

Here are four exercises that you can use to enhance the resilience of the people you work with.

- Participants are asked to write reflections on their experience doing the exercise. Each reflection should be between **250 and 500 words (maximum)**.
 - **Reflection Questions**
 - What was your experience doing the intervention? From your perspective, did it help your client identify both the personal qualities and external resources necessary for resilience?
 - How did the client react? Did the intervention appear to motivate them to change, or did they seem uninterested or distracted during the exercise? Was it too long, or too short?
 - What could you do to change the intervention to make it better?
 - If you were working with someone from a different cultural background, or someone whose lived experience is very different from the person you just intervened with, how would you change the intervention to fit them and their life circumstances better?
- Participants who submit all four written reflections (one for each exercise) will be eligible for a certificate of completion for the R2 Resilience Expert Training course.
- Written reflections on each exercise will be accepted up to **one month** following the completion of the course, though it is recommended that participants complete one exercise every two weeks to keep the content front of mind.

Please submit your reflections through the password protected resources page (<https://r2.resilienceresearch.org/resources/>) for the course or to rrc@dal.ca (please put in the subject line the exercise number and identify your submission as R2 Resilience Expert Training).

Exercise One: A Resilience Assessment (done during module 2)

There is an increasing demand for brief measures of resilience that can distinguish different dimensions of successful adaptation and good quality of life despite the experience of atypical stress. The team led by Dr. Michael Ungar at the Resilience Research Centre at Dalhousie University have worked for over 15 years on developing validated measures of resilience. For this activity, you will have the chance to complete the Rugged Resilience Measure (RRM) and the Adult Resilience Measure (ARM).

From a review of existing measures of resilience, a list of protective psychological factors associated with good quality of life in contexts of adversity was compiled to create the 10-item RRM. A sample of 5,880 individuals (aged 16-29 years) from seven countries was then surveyed to investigate the psychometric properties of the measure. As hoped, the RRM is a concise and potentially robust measure of personal resilience that works well in different contexts around the world.

The ARM was developed somewhat differently, as an adaptation of the Child and Youth Resilience Measure (CYRM). The CYRM was developed through a mixed methods study of adolescents and young adults experiencing social and economic challenges in 14 communities in 11 countries. To create the ARM, questions were adapted and then tested with many different adult populations to ensure the individual, relational, and contextual factors that the ARM assesses are all relevant to people who experience unusual amounts of stress.

For this intervention, ask your client to complete the two measures. Tell them that their answers will be shared with you and that their responses will be used to help guide the work you are doing together. Completing the measures should take approximately 5-8 minutes (or less).

With the client's answers in front of you both, ask the client:

- Do any of your answers surprise you? (You can explain that, in general, people with secure lives tend to score high because of the lower levels of stress they experience and the personal and social resources they have available).
- Are there areas of resilience that you would like to work on?
- Do other people in your life (like your colleagues at work or classmates at school, your extended family and friends) see you the same way you see yourself? In other words, would any of your answers to these questions surprise them?
- What is one small thing you might do to help people see you as more (or less) resilient than they think you are?

When using these measures with your clients, use their answers to conversation starters like these to help them identify the many personal and social resources they have and those they are lacking.

Exercise Two: What is my client's culture? (done during module 3 or 4)

Everyone we help has a culture, even if sometimes it is invisible because everyone around them appears to share their values, beliefs and daily practices. Our culture, though, shapes our everyday interactions with the world around us.

Understanding our client's culture is very important to understanding our client's resilience. The risk factors that most threaten us, the outcomes we most cherish, and the protective factors we find most helpful, are all shaped by culture.

For this intervention do the following:

Part 1:

- Ask your client to think of a book, movie, television series or song which reflects their cultural identity.
- Which qualities of their culture (taken from these artistic expressions) are useful to them when they face difficulties, or have to make life-changing decisions?
- Group these qualities on a piece of paper (or on a screen) under the two categories of Rugged and Resourced. If a client has identified mostly factors that fit under one or the other categories, probe them with questions to see if you can help them identify an equal number of factors from both categories that are culturally relevant. For example, a person that says, "My faith gets me through difficult times" (a rugged quality) could be asked to consider, "How does your faith community also make it easier to cope with life's challenges?" (a resource). Likewise, someone who says, "I really like celebrating the holidays because it brings together family and friends" (a resource) could be asked to consider "And how does the rituals, the routines of these holidays make you feel?" (a rugged quality).

Part 2:

- Ask your client to think of a recent problem which caused them to become stressed.
- What solutions did they use (or try to use) to solve the problem.
- Did these solutions reflect their culture (the way they see the world, their beliefs, or the expectations of others for how they should behave)?
- How did others view their proposed solution? Was it socially acceptable? Did it fit with the way others handle problems (reflect the culture of those around the client) or was it different than the way people expected the client to cope?

Culture can be a powerful tool to help guide people to solutions, or it can constrain choices. Introducing culture as a topic into our efforts to help others will make the work much easier.

Exercise Three: Weaving resources (done during module 5 or 6)

Our ability to navigate to the resources we need to survive and thrive is always a reflection of the quality of the social and physical environment that surrounds us. Want to get people outdoors to exercise? Provide sidewalks, safe crosswalks, a well-lit dog park, or strategically placed park benches that let people rest periodically.

Of course, our resources are also social. All of us have some connections to someone, even if that is simply the memory of someone from our past who we no longer see. Resources are many and varied. From pets to coaches, from our homes to the police, our interactions with environments around us can be supportive or fraught with challenges. Helping people navigate effectively requires understanding the many resources available to them which can be used to help them overcome both everyday hassles and far fewer regular threats. Keeping track of these resources, however, is challenging. This activity is meant to make the task simpler.

Using the instructions below, develop a weave (ecomap) of resilience-promoting resources for your client. This intervention is especially helpful for clients who feel stuck with problems they can't seem to change.

To do a weave, a structured conversation is held which asks a series of questions regarding the resources that are realistically available and accessible to your client. The weave is a visual representation of these conversations. To begin, the client (or you as the helper) draws the client (or a symbol that represents the client) at the centre of a piece of paper (flipchart paper taped to a wall works very well as an animation tool). One by one, a client's many resources are named, with a word or symbol drawn on the flipchart paper to represent each resource. Lines are drawn between the client and the resources with the colour and style of each line used to represent the client's experience of the resource that is identified. Different lines represent positive or negative experiences (e.g., solid straight lines can mean a helpful, secure relationship with a resource; wavy and dashed lines can represent conflicted or weak relationships). Expect some resources to have multiple lines from the client to the resource to reflect complex relationships over time. As the weave grows, questions can be repeated and adapted to expand the number of systems accounted for during the exercise.

The Questions

A pattern of questions is used to identify resources that promote and sustain resilience. These can include the many aspects of resilience identified in the course. Factors that contribute to disorder are less relevant to the weave (it is assumed most interventions with clients already review evidence of psychopathology and disordered functioning), though barriers to accessing resources are always explored as part of the weave. Where barriers are identified, they are mapped onto the weave but the emphasis remains on understanding how the client, when exposed to atypically high levels of stress, adapts in contexts where access to resources appears strained.

Part 1: Resource Audit

Starting with people and institutions that are most significant to the client, ask:

- “From your perspective, what has been one of the most significant relationships in your life?”

- “In your experience, has this relationship been a source of support? Or has it been harmful or stressful? Or perhaps it has been both? Can you explain what you mean by your answer?”
- “From your perspective, what is another significant relationship in your life? Again, has it been supportive and helpful, or a source of conflict or stress?”
- “Thinking beyond people, are there other sources of support or stress in your life? Maybe a place you spend time, like school, or work?”
- “Do you have activities in your life that bring you support, or cause you stress? Like a sport that you play, or maybe a habit like substance abuse? Do these activities add positively to your life, or create more stress? Do they help you cope? When are they most useful?”
- “How are these people, places and activities related to each other? Do these interactions make other resources more available or accessible, or do these relationships and resources place barriers in your life or prevent you from coping with life’s challenges?”

This part of the exercise can take less than an hour, or it can go on for several meetings, with each resource being discussed at length. The point is to identify the client’s strategic use of resources that improves their ability to cope under stress, even if these coping strategies appear to be maladaptive. The more resources and relationships between resources that are identified (the more lines in the weave that connect the client to each resource and connect resources to one another) the more opportunities there will be to build resilience. When considering which resources to ask about, consider as many aspects of resilience (both internal and external) as come to mind.

Part 2: Interpretation

Once the weave is rich in detail, it is useful to shift the conversation from the audit of resources to interpretation of what the lines mean all together. Ask your client:

- “Looking at the weave, is there anything that catches your attention the most? Anything that surprises you?”
- “Are there more/fewer positive supports than you would have expected?”

From this review of resources, it is critical to next look for patterns in the resources and which are being used most effectively. Just because a coping strategy appears to be maladaptive (e.g., an abused child socially withdraws from her caregivers, as represented by a weak, dashed line) each pattern should be discussed from the perspective of the client. Does the client find this relationship with the resource useful? Does it improve the client’s sense of safety? Does the client experience their coping strategy as functional?

Once these questions are answered, it is possible to look at where else the client has found positive and supportive resources and whether these connections can be strengthened.

The interpretation should also challenge negative relationships with resources by asking the client whether these resources are always helpful and if there are alternative resources that might be just as useful if they were made more available and accessible. In this way a helper can assist a client explore possibilities to change the color or style of lines connecting them to each resource, perhaps “breaking” lines that sustain a client’s problems or removing the client from negative relationships altogether. Likewise, the weave can become a source of inspiration for identifying potentially positive resources that could be exploited further.

Remember, be sure to draw the lines in the weave to each resource as the person who is the focus of the weave experiences them. Even if you disagree, the trick to this activity is to understand the world from the point of view of the person at the center of the weave. It takes some degree of empathy to do this, but the results can be very helpful advancing your work with someone in crisis.



Exercise Four: R2 curriculum development (done during modules 7 and 8)

Please complete and submit either Part A or Part B (both parts are not required for a course certificate of completion)

Part A--Creating curriculum to improve ruggedness

Choose one of the 26 *rugged qualities* and develop a sample curriculum. How would you teach it effectively? Your curriculum should take between 15 and 30 minutes to deliver, though you may choose to create a longer curriculum if you think it would fit better for the context where you work. The curriculum can be for any age group/population that you would like to work with.

A good curriculum will share a little of the science of resilience (more details for each factor can be found online and at the R2 website). It will also provide a case example and an exercise that promotes self-reflection or develops the client's resilience related skills.

Exercise Four: Part B--Creating curriculum to build resources

Choose one of the 26 *resources* and develop a sample curriculum. How would you teach it effectively? Your curriculum should take between 15 and 30 minutes to deliver, though you may choose to create a longer curriculum if you think it would fit better for the context where you work. The curriculum can be for any age group/population that you would like to work with.

A good curriculum will share a little of the science of resilience (more details for each factor can be found online at the R2 website). It will also provide a case example and an exercise that promotes self-reflection or develops the client's resilience related skills.



R2 Course Resources Page

An R2 Course Resources page is available to access important items, such as pre-training materials, session recordings, assignments, and more. The R2 Course Resources page is password protected, only available to R2 Resilience Expert Training Course attendees. **The password to login is the same password to join the Zoom meetings** (This password can be found on your ticket that was sent via email to attendees of the R2 Course).

Learn more at: <https://r2.resilienceresearch.org/resources/>

