

# EDUCATING TO ENHANCE RESILIENCE

SHIRLEY REMINGTON SEPTEMBER 2016

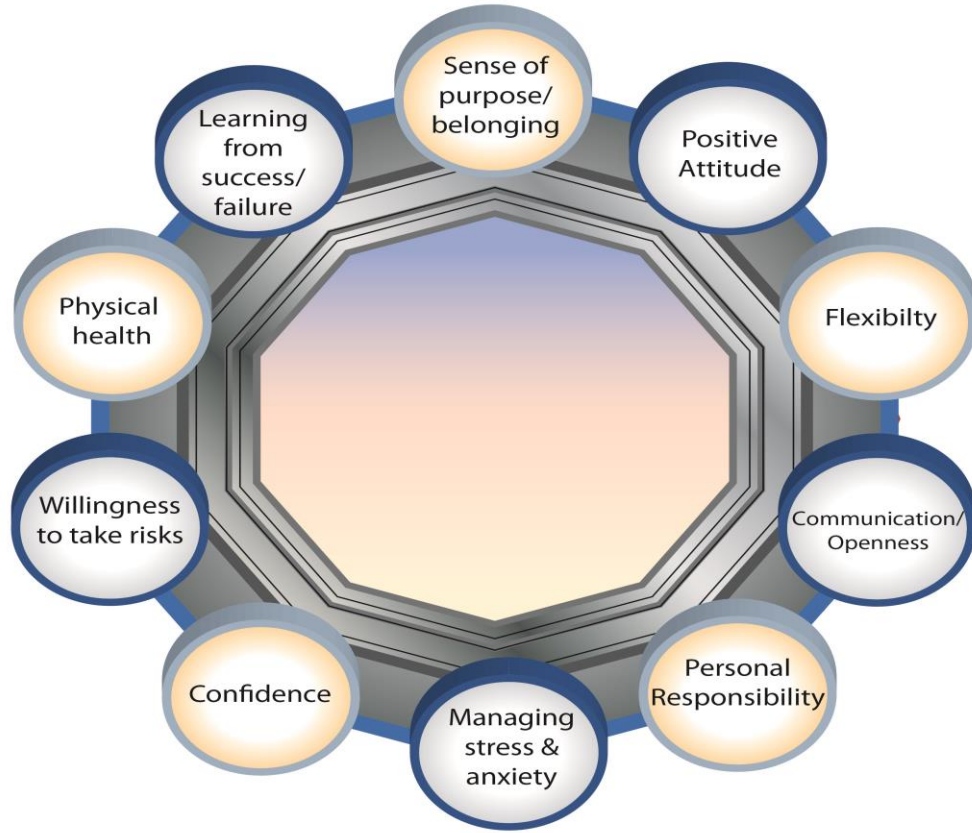
# DISCLAIMER



# HEAD SPACE



# Resilience Characteristics



# OBJECTIVES FOR SESSION

Why is resilience important now

What it is the evidence

Key components

How to enhance resilience

Education and resilience

Information sources



# DEFINITION OF RESILIENCE

The Latin derivative, -'*resiliens*'

...the pliant or elastic quality of a substance.

- ...a capacity to absorb negative conditions, integrate them in meaningful ways, and move forward.
- Interactive concept- not characterological trait- not directly measurable-Rutter 2012



**SCRABBLE**

# WHY NOW

Personal employment changes

Dealing with disappointment

Change in personal circumstances

Health concerns

Work life issues

Second victim

Moral injury

Preparation better than cure





# LIFE HAPPENS!



**The Archers trial**  
Verdicts from a barrister, counsellor and prison expert  
all in g2

**E2-00** (Ch. Islands E2-40)  
Tuesday 06.09.16  
Published in London  
and Manchester  
theguardian.com

**Nasa's forgotten stars**  
The black women of the space race



**Ask Hadley**  
Autumn coats

**Paul Mason**  
How to fake it in high finance

# The Guardian

## Violent crimes against women hit record high

### Social media being used to humiliate, control and threaten, DPP warns

Janina Laville

The number of prosecutions relating to violence against women and girls in England and Wales reached a new record last year, the director of public prosecutions said, as the warned of the growing use of social media to threaten and control. Alison Saunders said the cases which such crimes could be committed online was contributing to the increasing number of prosecutions of offences against women, including domestic abuse, rape and sexual assaults, which rose by almost 10% to 137,000 in 2015-16.

Speaking to the Guardian as the Crown Prosecution Service published its annual report on violence against women and girls, Saunders said: "The use of the internet, social media and other forms of technology to humiliate, control and threaten individuals is rising, and it is something that we will possibly see increase further. It is undoubtedly easier to commit a lot of these crimes online – people don't think about the reach and ability to communicate to so many more people."

New offences such as the recently passed revenge porn laws were also adding to the caseload. Since the new law of disclosing private sexual images without consent was introduced in April 2015, there have been 206 cases of revenge pornography taken to court, with many individuals pleading guilty, according to the DPP.

These include a defendant who sent intimate photos of a woman to members of her family via Facebook and threatened to post further pictures online. He was sentenced to 12 weeks' imprisonment suspended for 18 months after he pleaded guilty to an offence of disclosing private sexual images without consent.

Another defendant posted on Facebook intimate pictures of a woman who was not aware the photographs had been taken. He was sentenced to a 12-month community order, fined £150, ordered to pay court costs of £295 and given an indefinite restraining order.

However, 20% prosecutions reflected a tiny proportion of complaints of so-called revenge porn. More than 1.2m victims contacted a special helpline set up last year in March 2015.

Other areas where online abuse is being used as a tool of harassment and intimidation are within the record numbers of stalking cases being taken to court. In 2015-16 the CPS prosecuted more cases of stalking and harassment – 32,000 – than ever. Of those, almost 70% involved ongoing domestic abuse, and many perpetrators used the internet or other technology to carry out the offending.

Such is the scale of the offending that special guidance is being issued to prosecutors about the growth of cyber-stalking to improve prosecutions. Guidance is also being given to prosecutors on the use of false online profiles and websites that are being set up in the victim's name, containing false and damaging information which is intended to harass and intimidate.

But the DPP accepted that historic under-reporting of offences such as stalking, domestic violence, rape and sexual assaults meant that the volume of cases being charged are only a proportion of the offending taking place.

Other key areas relating to online abuse showed sharp increases in the number of cases being brought. These included a 20% rise, to 2,094 cases, of sending grossly offensive or insulting messages under the Malicious Communications Act, and a 20% rise, to 12,026, in summarising offences under section 127 of the Communications Act.

The DPP said these cases related mostly to online abuse, or abuse via text, email and other forms of technology. Saunders also identified an emerging area of concern, the use of extremely violent pornographic communications, such as women being raped, or the posting of images of women who have suffered severe injuries, or are being subjected to sadistic violence.

Saunders highlighted increases in prosecutions under new sections of the law for

## Bridget Jones is back



Renée Zellweger, star of Bridget Jones's Diary, arriving for the film's premiere last night in Leicester Square, London. Photograph: James Courtney/Red Star/Contrasto

## Air pollution detected in brains linked to Alzheimer's

Damian Carrington

Toxic nanoparticles from air pollution have been discovered in human brains in "abundant" quantities, a newly published study reveals.

The detection of the particles in brain tissue from 37 people raises concerns over their recent exposure. It suggests links between atmospheric particles and Alzheimer's disease, which air pollution has been shown to significantly increase the risk of the condition.

However, the new work remains a long way from proving that air pollution particles cause or exacerbate Alzheimer's. "This is a discovery finding and now what should start is a whole new examination of this as a potentially very important environmental risk factor for Alzheimer's disease," said Prof Barbara Maher of Lancaster University, who led the new research. "How there is a reason to go on and do the epidemiology and the toxicology testing, because these particles are so prolific and people are exposed to them."

Air pollution is a global crisis that kills more people than malaria and HIV/AIDS combined and it has long been linked to lung and heart disease and strokes. But research is uncovering new effects on health, including degenerative brain diseases such as Alzheimer's, mental illness and reduced intelligence.

The new work, published in the Proceedings of the National Academy of Sciences, examined brain tissue from 37 people in Manchester and Mexico, aged between three and 92. It found abundant particles of magnetite, an iron oxide.

"You are talking about millions of magnetic particles per gramme of freeze-dried brain tissue – it is extraordinary," said Maher. "Magnetite in the brain is not something you want to have because it is particularly toxic there." She said magnetite does not create oxidative stress, the process called free radicals. "Oxidative cell damage is one of the hallmark features of Alzheimer's disease and this is why the presence of magnetite is so potentially significant, because it is so bioactive."

Abnormal accumulation of brain metals is a key feature of Alzheimer's disease, and a recent study showed magnetite was directly associated with the damage seen in the brains of people with Alzheimer's. Magnetite particles are known to form biologically in human brains, but these are small and crystal-shaped, unlike the

Continued on page 13 >

## Rank and file anger leads BMA to call off doctors' strike

Jensie Campbell  
Health policy editor

Levulv by rank and file junior doctors has forced the British Medical Association to all off a five-day strike scheduled for next week, amid worries about the impact it would have on patients and the NHS.

BMA insiders said members of the junior doctors committee, who called the strike last Wednesday, had been insulted with "scores, possibly hundreds" of angry protests in the days afterwards, forcing yesterday's rethink. Junior doctors were particularly concerned and decided that the BMA had given the NHS just 12 days to prepare for a return to full-time working which would be a series of week-long stoppages.

Trainee medics dismayed at the BMA's decision were worried that the action – due to the latest protest against health secretary Jeremy Hunt's new contract for junior doctors – would leave hospitals too little time to arrange cover and could compromise patients' safety and hospital public trust.

Throughout Friday and the weekend, Dr Ellen McCourt, the chair of the BMA's junior doctors committee, received a regular stream of messages to her BMA email address from colleagues uneasy at the decision, as did other members of the committee. They demanded an urgent rethink of the union's position.

That played a crucial role in the BMA's surprise announcement yesterday that it was abandoning its plan to strike most weeks, even though doctors had won no fresh concessions. McCourt said that the BMA had called off next week's strike to protect patient safety because "for the first time in this dispute NHS England have told us that a service under such pressure cannot cope with the 12-day notice period for industrial action given. We have to listen to our colleagues when they tell us that they need more time to keep patients safe."

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## Umbrella protesters celebrate poll victory

Pro-democracy young radicals take seats in Hong Kong elections

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# ELEY ET AL PERSONALITY TRAITS AND RESILIENCE



# EVIDENCE BASE?

Child development and psychiatry

Earliest publication ?1973 Garmazy

How is it measured- issues with controls

How are preventative interventions assessed

US army programmes-PTSD down but suicides?

Quality of research


Prevention v interventions early when challenged

Post event intervention

Extension into organisations



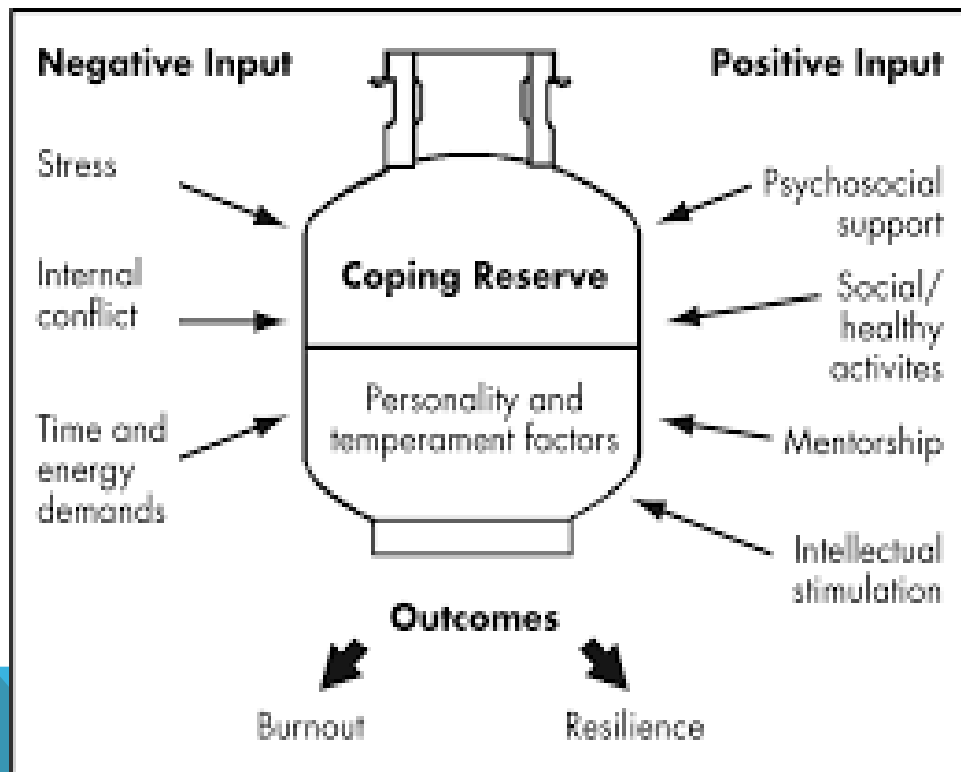
# Research on Interventions

- Some interesting studies on what has worked – Canadian study
  - Concept of coping reservoir – highlights dynamic nature
  - Wellness programmes -USA
  - The evidence importance of fostering resilient environments and individuals
- 

# A CONCEPTUAL MODEL OF MEDICAL STUDENT WELL-BEING:

## PROMOTING RESILIENCE AND PREVENTING BURNOUT

LAURA B. DUNN, M.D., ALANA IGLEWICZ, M.D., CHRISTINE MOUTIER, M.D.



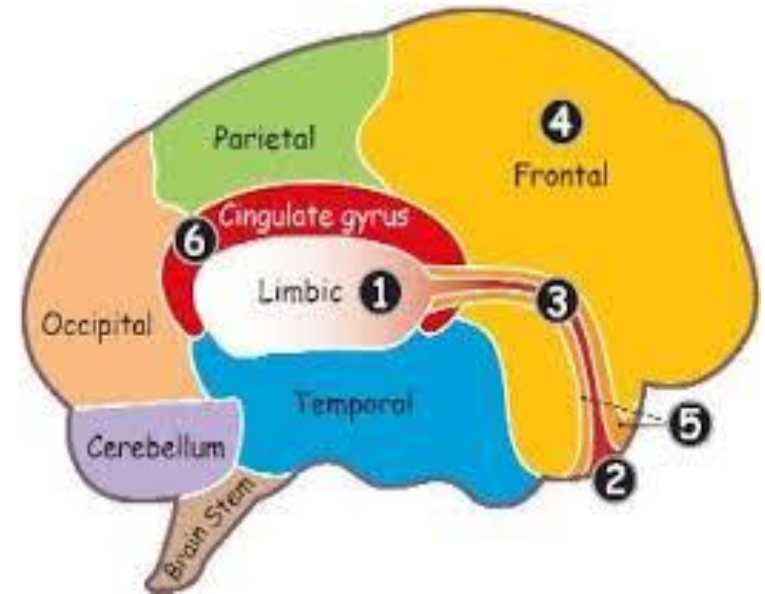
# Evidence from Medicine

- SMART (Stress Management and Resilience Training) One 90 min group session and 2 follow up phone calls.
- Physician wellbeing coaching: 3-8 individual coaching sessions focusing on: boundary setting and prioritization, self-compassion and self-care, self-awareness.
- Medical Leadership course
- Mindfulness training (one-off intervention)
- Life coaching
- General Wellness programme-resources ,positive conversations, curriculum,control
- Meaning in Family Medicine' group: To give back meaning and purpose to GPs to improve motivation.
- Effective Emotional Management: Learning to cope and how we cope.

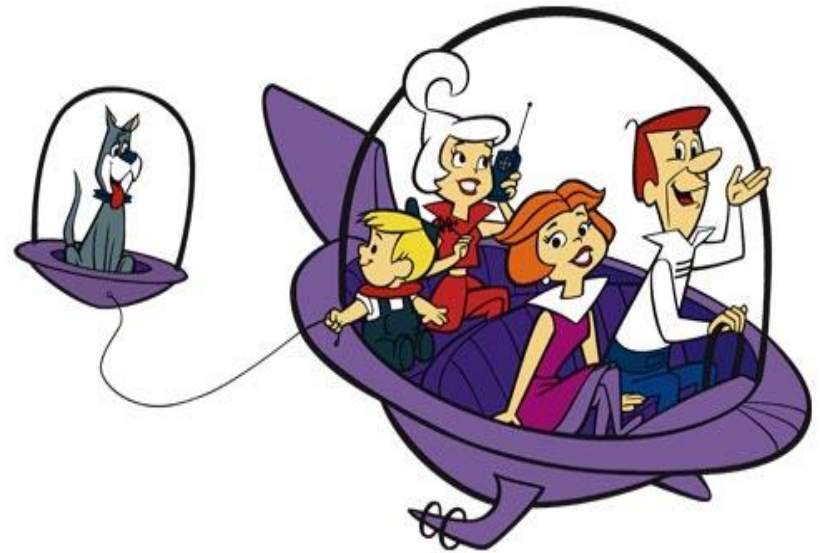
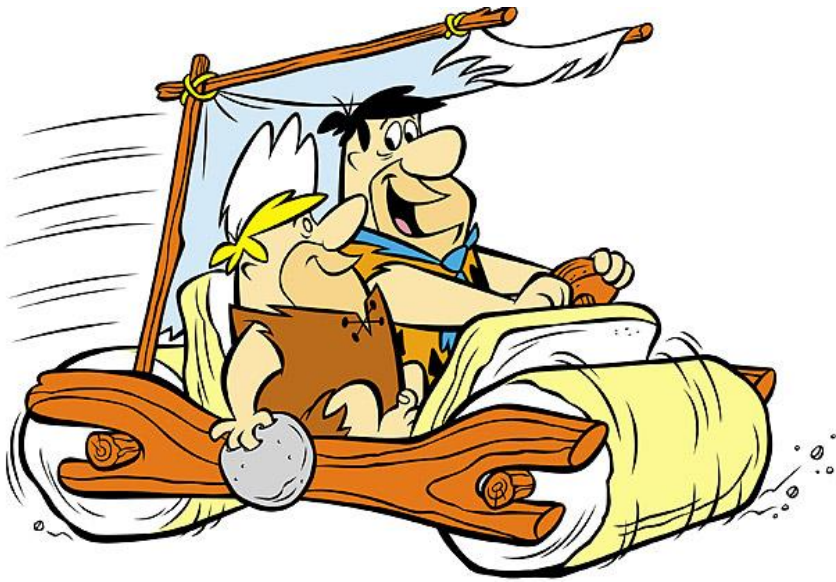
# NEUROSCIENCE ADVANCES

## -WHY RESILIENCE TRAINING WORKS

Functional MRI  
Brain Plasticity  
Brain Training  
Changes to stress management  
Evolutionary Mal-adaptation  
Understanding of human  
behaviour- Chimp paradox

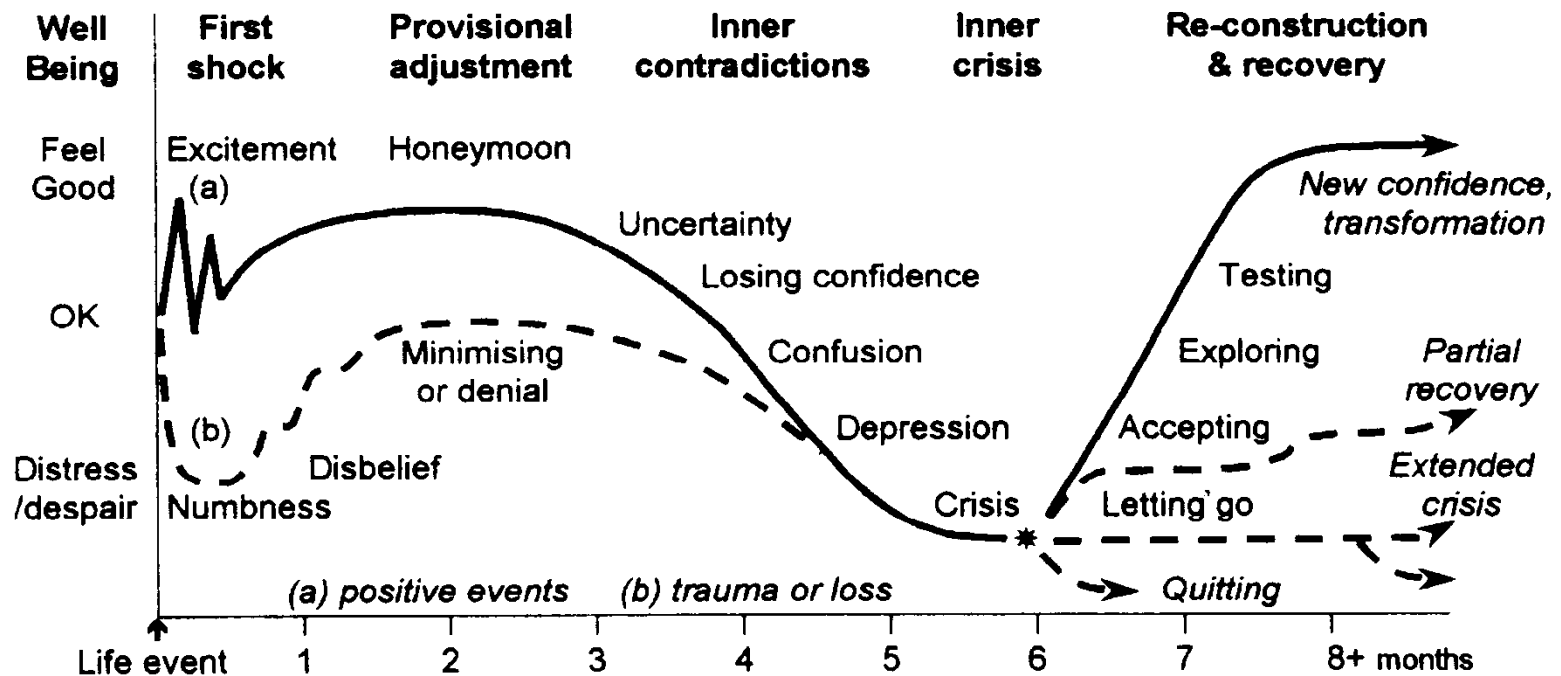


# REASONS WHY -----





# TRANSITION CYCLE- WILLIAMS 1999



# LINKED DEVELOPMENTS

Ellis and CBT

Seligman- positive psychology

Goleman and Tan – emotional intelligence

Kabat-Zin- mindfulness



# KEY CONCEPTS

Dynamic

Relative to population

Steeling effects

Protective interventions

Actions when exposed to stressors



# THE PERSONAL AGENDA

A FEW EXERCISES

# RESILIENCE PRESCRIPTION AFTER CHARNEY 2007

- Find resilient role model
- Positive attitude
- Reframing thoughts
- Personal sense of purpose
- Recognise and develop signature strengths
- Physical well being
- Social support
- Quick wins and practice

Mr J H Jones  
11 High Street  
Sutton Town  
Hempstead  
AK1 1AA

15/05/2008

OTIP TAKEN Part 1 of 1

RETINOL-0.05% VALERATE 0.1% cream  
30 grams  
APPLY SPARINGLY TO AFFECTED AREA  
TWICE A DAY

MENTHOL ENCHALID 100  
RECIPE FOR 1000 400 drops  
3 PUFFS TO BE INHALED 5 TIMES ONLY

CHELORAPHENICOL 0.5% w/w drops 0.5ml  
USE AS DIRECTED

Three prescriptions of 5ml  
X  
X  
X  
X  
X  
X

Dr J H Jones  
Main Surgery  
3 Broadway  
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Tel: 0206 642100  
Sutton and Melton PCT  
SMF  
Weymouth

NHS

# RESILIENT PERSONALITIES

1. Who would describe as resilient? (Friend, relative, or celebrity!)
2. What characteristics/qualities do they have which make them resilient?



# KEY CHARACTERISTICS

Clear Focus-specific goals

Self knowledge

Positive response to negative events-flexibility

Learn from previous events

Clear driving values

Reflective-re-evaluating



# DEVELOPING POSITIVE ATTITUDE



How important in 6 months

Scale 1-10

Difficult day- will pass

Expect to come through

Consciously acknowledging  
coming through

Fear is normal

Learning from past



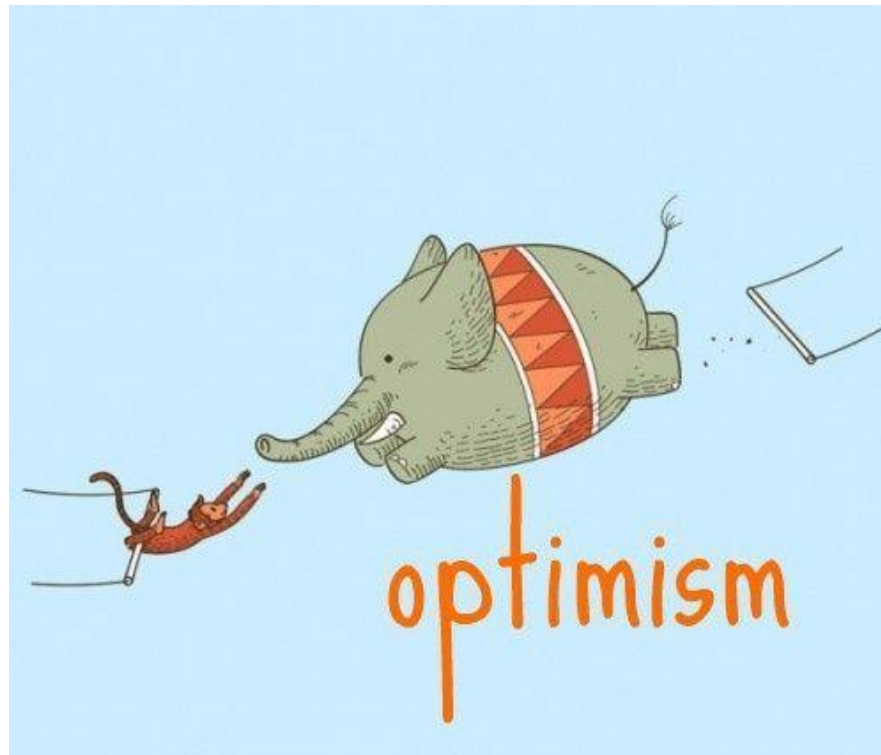
# Freeze-Frame: Cortical Facilitation

## The Steps

1. Write down a **brief description** of something in work that is a stress or an issue for you at the moment.
2. Recognise the stressful **feeling** and write down how that issue makes you feel.
3. *Press the pause button.*
4. Shift your focus **breath** rhythmically *In for 5 seconds, out for 5 seconds.*
5. Ask what would be a more efficient and effective response to the situation.
6. Write down the first thoughts, words or ideas that occur to you on your worksheet



# COGNITIVE BIAS MODIFICATION



Rainybrainsunnybrain.com- optimism test and then  
ability to train to more optimistic approach  
Positive approach not constant happiness!

# RESILIENCE STRENGTHS



**iresilience**

**Testyourrq.com**

**Authentic happiness**

# SIGNATURE STRENGTHS

- What are your signature strengths?
- Think about them in terms of
  - 1 problem solving
  - 2 interacting with others
  - 3 staying motivated

How can you further develop and use these strengths?

How can you strengthen weaker areas?

Who do you know who has strengths to help with your development areas



# IMPORTANCE OF STRENGTHS

Recognition of these

Understanding self

Understanding role and skills required

Develop strengths

Achieve sense mastery



# THINKING ERRORS

All or nothing thinking

Over generalising

Mental filter-everything is negative

Jumping to conclusions

Mindreading

Magnification

Emotional Reasoning

Should must ought to statements

Labelling and mislabelling



# THOUGHT RECORD

Situation

Feeling

Thinking

Challenge/alternative - (Evidence/Thinking errors)


Future plans /actions

Use thought record to interview each other about a recent issue you have dealt with –

Interviewer-look out for and challenge thought errors



# CHARNEYS MORAL COMPASS

- What do I believe in so much I will take a stand on
  - What are my skills and energies and leadership traits
  - What does my perfect world look like
  - How do I want to contribute to it
  - What brings me joy
  - What will make me feel free and healthy
  - What do I want to learn
  - What is my unique calling purpose
  - 5 years on what will I be proudest of
  - What is my bucket list
- 



# FUTURE PLANNING

## SWOT

ACTION PLAN – challenging –negative self view  
and really using SMART objectives

-Specific enough? Measurable? Attainable-  
enough stretch? Relevant-reinforce positive?  
Time-how limited

Long Term goals



# FACTORS AIDING RESILIENCE-GROSS 1997

Intellectual interest

Self awareness and reflection

Time management

CPD

Support

Mentors





# EDUCATION AND ENVIRONMENT



Who do you want in your boat

# SUPPORT

Positive

Empathy not sympathy

Compassion

Supportive challenge

Non judgemental

Independent

Flexible

High E-IQ



# BUT NO

- Dementors / emotional vampires



[www.clipartof.com](http://www.clipartof.com) - 228177



# EDUCATION TO ENHANCE RESILIENCE

## - AFTER BARON AND HOWE

Content - ethical dilemmas, causes of error

Process - building exposure to difficulties, simulations, increasing autonomy

People - role models, patients, each other

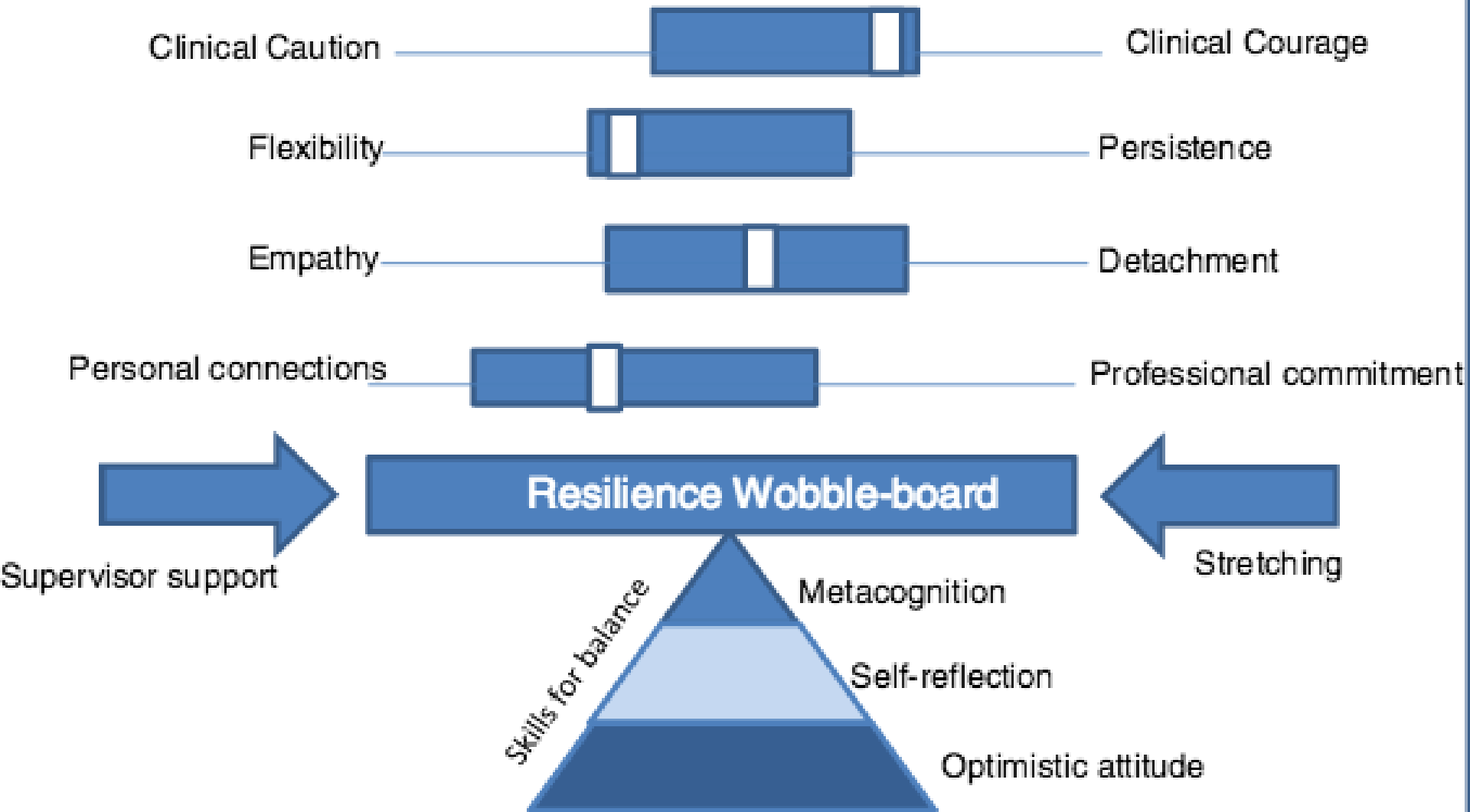
Understanding why - link to professionalism and leadership

Reflective Practice - reduces risk burnout

Understanding how we think - Thinking fast and Slow – Daniel Kahneman



# WALTERS ET AL 2015-WOBBLEBOARD





# FEEDBACK

Losada ratio

Positive/Negative

Passive/active

Constructive/Destructive

Pendleton

Hall 2005 goal set, objective success, subjective success(recognition by self),identity change and new goals



# SCARF MODEL FOR WORKING TOGETHER- ROCK

- S –status recognition –perceived threats
- C-certainty-knowing what is required of you
- A-autonomy-control – which would you prefer
- R- relatedness-cliques
- F-fairness



# Four steps to resilience in organisations

1. Need senior leadership support
2. Build safe and secure work environments – find out how your team are really feeling, get them to focus on what they have achieved and are pleased with, and what they want to focus on. Celebrate success
3. Encourage employees to embrace tips to increase effectiveness:  
Spend the first 90 minutes on the most important thing  
Set 2 or 3 priorities at the end of one day for the next  
Keep a to do list  
Encourage people to monitor their moods
4. Develop policies and procedures that encourage employees to build resilience and have senior leaders lead by example – breaks, exercise....



# ORGANISATIONAL

# INDIVIDUAL



# SVEN HANSEN – INSIDE-OUT: THE PRACTICE OF RESILIENCE

- UPWARD SPIRAL
- Stress Mastery
- Energise Body
- Engage Emotion
- Train Mind
- Spirit in Action

- DOWNWARD SPIRAL
- Confused
- Disengaged
- Withdrawn
- Vulnerable
- Distress
- Depression



## HOW TO BOUNCE BACK -STEP 1 – RECOGNISE IT

### DOWNWARD SPIRAL

Confused

Disengaged

Withdrawn

Vulnerable

Distress

Depression

### WHAT TO DO

Prioritise/delegate

Recognise/stretch/diet/  
exercise/ go outdoors

Talk/connect

Sleep/ time away/ exercise

Get help/mindfulness

Get help/CBT/lifestyle/  
meditation

# TAKE AWAYS

3 good things a day

Acts of random kindness

7 minutes exercise

4 minutes breathing exercise

Do something new



# WELL-BEING EXERCISE

- Write down 3 things that went well in last day
- Why were they positive?
- Discuss with partner

After Seligman





CHANGE FOR LIFE

LEARN A SKILL , DEVELOP A  
HABIT , CHANGE BEHAVIOUR

What can we take away from  
this as educators.....

and what do we need to  
do.....



# EXERCISE

- Discuss future plans
- SMART objectives
- Use proforma-



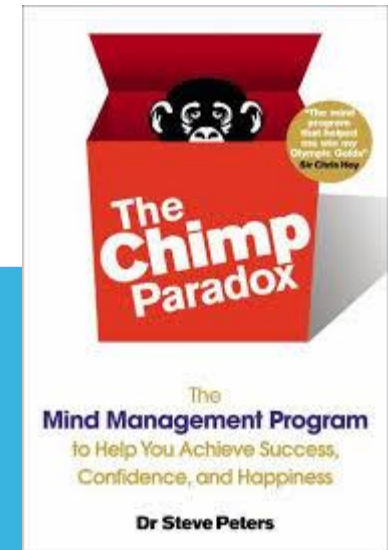
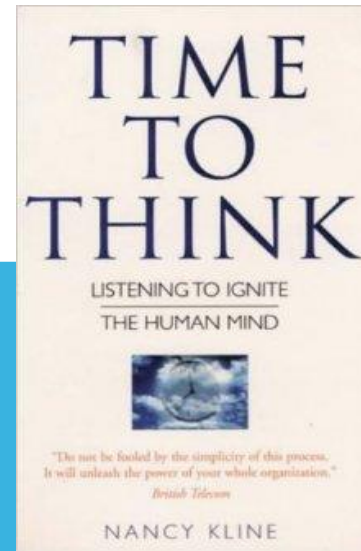
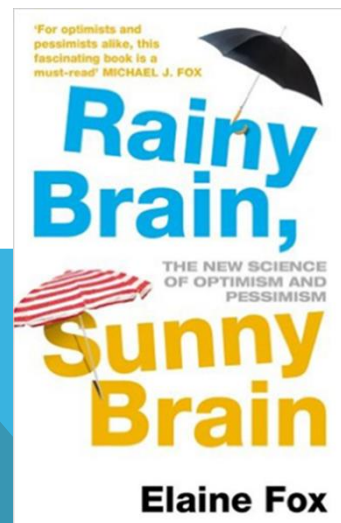
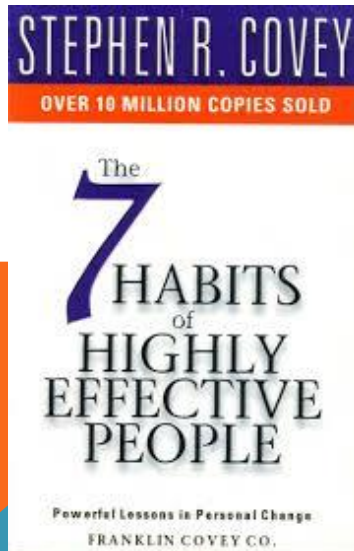
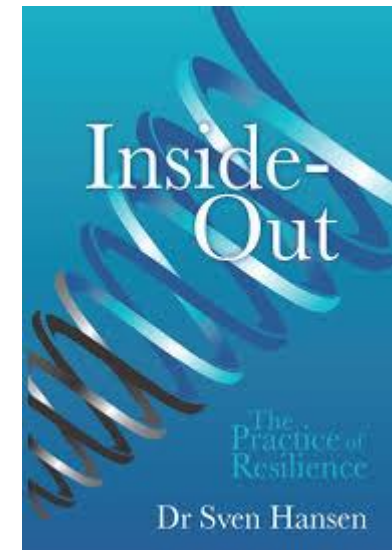
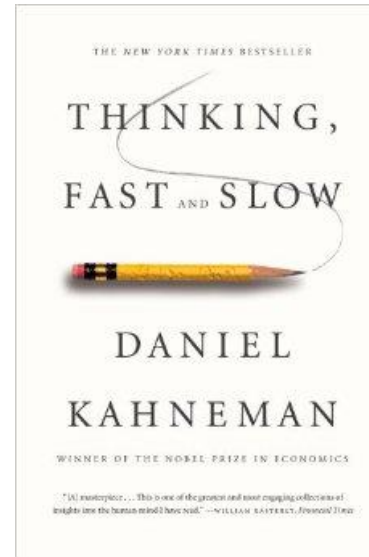
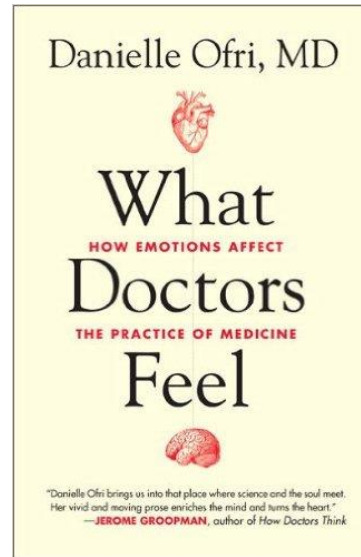
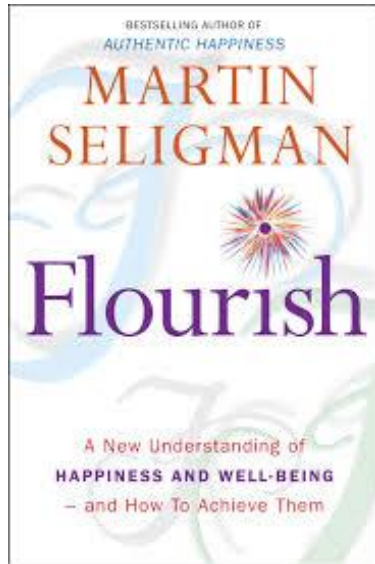
**Attitude and perspectives**  
valuing what you do as a doctor, maintaining interest in the job, developing self-awareness and accepting your own limitations

**Balance and prioritisation**  
setting limits, work life balance and looking after and valuing yourself, taking effective approaches to CPD

**Organisation of your work environment**  
good management, having good staff, effective systems at work

**Supportive relationships**  
positive personal relations, effective professional relationships and good communication

# Resilience resources



# On line resources

Free on line test for resilience quotient <https://www.testyourrq.com/>

Martin Seligman on resilience <https://www.youtube.com/watch?v=e0LbwEVnfJA>

Sven Henson Resilience – slides <http://www.slideshare.net/sfmardon/sven-hansen-elf-12-resilience-presented-at-education-leaders-forum-2012>

Sven Henson Leadership and resilience - <https://www.youtube.com/watch?v=4UCuX-Y1jpk>

Sven Henson longer talk on resilience <https://www.youtube.com/watch?v=Ka0LeDubU3k>

Developing resilience – CIPD guide for practitioners <http://www.cipd.co.uk/hr-resources/guides/developing-resilience-evidence-guide.aspx>

Steve Peters on Chimp Management <https://www.youtube.com/watch?v=R-KI1D5NPJs>

Questionnaire for signature strengths

<https://www.authentichappiness.sas.upenn.edu/home> for signature strengths for the VIA Survey of Character Strengths ( not the brief strengths test)

# 4 DEEP BREATH TECHNIQUE

4x4x4x4x4

Breathe in through your nose filling up your belly for  
4 seconds

Hold for 4 seconds

Exhale through your mouth for 4 seconds

Hold for 4 seconds

Repeat x 4

