

The Raise Resilience Program: Supporting Caregivers of Children with Hydrocephalus

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Abstract

The RAISE Resilience Program is dedicated to enhancing the resilience of caregivers of children with hydrocephalus. Hydrocephalus, a chronic neurological condition that often requires numerous brain surgeries, is life-altering for both the individual diagnosed and their support system. Research suggests that caregivers are particularly affected, experiencing lower levels of resilience and symptoms of post-traumatic stress. We partnered with the Hydrocephalus Association (HA), a non-profit dedicated to support, education, and advocacy for families with hydrocephalus to create a resilience program for such caregivers. RAISE is a six-module skills training program that will build upon HA's current online caregiver support groups, covering the topics of Resilience, Agency, Intentional Thinking, Strengths, and Engagement. Within these modules, participants will learn about the protective factors of resilience, agency and self-efficacy, thinking traps and reframing strategies, and the VIA character strengths. The group provides community and accountability to aid caregivers in their integration of these strategies into their everyday lives. This project includes six fully developed presentations, a facilitator script, and handouts. The RAISE Resilience Program provides preventative, cost-effective, and scalable support for an at-risk population of caregivers.

Keywords: positive psychology, resilience, caregivers, hydrocephalus, post-traumatic stress, agency, self-efficacy, ABC model, thinking traps, character strengths

Table of Contents

Sector Overview	5
Hydrocephalus	5
Hydrocephalus Association	7
Caregiver Support	8
Application of Positive Psychology	10
Literature Review	11
Resilience	12
Protective Factors.....	12
Building Resilience	14
Agency	15
Intentional Thinking.....	17
Character Strengths.....	19
Measurement Tools.....	21
Project Proposal	22
Resilience	23
Agency	25
Intentional Thinking.....	26
Character Strengths.....	28
Engagement.....	29
Limitations	31

Applications Materials.....	32
References	33
Appendix A: Program Modules.....	42
Appendix B: Worksheets and Handouts	164

The reality of being a parent of a child with hydrocephalus is best understood in how Tessa van der Willigen (personal communication, January 20, 2023), on the Hydrocephalus Association's board of directors and parent of a child with hydrocephalus, describes it. She compares it to the sword of Damocles, the idea of standing under a sword suspended by a single thread, not knowing how thick that thread is. As the leading organization providing support and education to those with hydrocephalus and their families, Hydrocephalus Association knows what their community needs and how to support them best—resilience training for caregivers. This situational analysis reviews the information necessary to understand hydrocephalus as a condition, the Hydrocephalus Association's role in providing support and resources for this community, the unique needs of caregivers, and how positive psychology can provide guidance in helping caregivers flourish in the face of adversity.

Sector Overview

Hydrocephalus

Hydrocephalus is a complex and chronic neurological condition affecting over one million Americans of all ages (Walker & Cartwright, 2021). The condition involves abnormal cerebrospinal fluid (CSF) accumulation within the brain's ventricles, causing pressure on the brain. The choroid plexus, a specialized tissue, makes CSF at a typical rate of one pint per day, continuously replacing itself as it is absorbed into the bloodstream. The fluid travels through the brain and spinal cord, protects against forceful blows, distributes important substances, and carries away waste products (Walker & Cartwright, 2021).

Hydrocephalus can be congenital or acquired (Walker & Cartwright, 2021). Congenital refers to hydrocephalus present at birth or developed later in life but caused by a condition present at birth, such as spina bifida, aqueductal stenosis, or brain malformation. Acquired

hydrocephalus develops after birth and not from a condition present at birth, such as head injuries, brain tumors, brain bleeds, or brain/spinal cord infections. It can affect both children and adults. Beyond when the condition develops, other specifications include *communicating* or *non-communicating* based on where the fluid gets blocked, *compensated* (or arrested) if it is treated in early childhood and remains asymptomatic for many years, and *normal pressure hydrocephalus* which occurs in older adults typically over 60 (Walker & Cartwright, 2021).

Symptoms of hydrocephalus can vary significantly from prominent physical signs of an enlarged head or a bulging soft spot on an infant to symptoms including vomiting, sleepiness, vision problems, gait disturbances, vertigo, fainting, short-term memory loss, mild dementia, and impairment of bladder control (Walker & Cartwright, 2021).

Currently, there is no cure for hydrocephalus, but treatments can be promising with early detection and intervention. There are three forms of surgical treatment: a shunt, the most common, which is a flexible tube placed in the ventricular system to drain the CSF; an Endoscopic Third Ventriculostomy (ETV), where a surgeon punctures a membrane on the floor of the third ventricle for the CSF to drain; an ETV with Choroid Plexus Cauterization (CPC), which adds cauterizing the structure that produces the CSF (Kahle et al., 2016).

While hydrocephalus is treatable, there is significant variability in the long-term functionality of shunts (Walker & Cartwright, 2021). When a shunt fails, immediate recognition of the signs is essential to getting a patient care in time to prevent brain damage and death. Between procedure revisions and hydrocephalus itself, hydrocephalus-related procedures are the number one condition pediatric neurosurgeons treat and the most common reason for brain surgery in children (Zimmerman et al., 2020a).

Hydrocephalus Association

The Hydrocephalus Association (HA) was founded in 1983 by parents of children with hydrocephalus. It is the nation's largest non-profit 501(c)3 organization dedicated to providing support, education, and advocacy to people with hydrocephalus and their families (Hydrocephalus Association, 2023b). Their mission is to support those affected by hydrocephalus and find a cure. They do not provide medical care, advice, or treatment recommendations (Hydrocephalus Association, 2023g).

A group of volunteers serves as HA's board of directors. They provide strategic direction and oversight for the organization while a professional staff runs daily operations (Hydrocephalus Association, 2023b). In addition, their Medical Advisory Board, selected for their expertise in hydrocephalus and exceptional patient care, advises the board of directors and provides guidance for the staff (Hydrocephalus Association, 2023b).

As an organization that began as a parent support group, they still serve to build community-based support for those affected by hydrocephalus. Their resources and offerings reflect this core vision. With headquarters in Bethesda, Maryland, HA provides support programs locally and nationally and resources for people with hydrocephalus and their caregivers across the lifespan (Hydrocephalus Association, 2023f). They have built an engaged, supportive community across the country with national and regional virtual meet-ups for individuals in different populations within their audience and around 50 community networks with local facilitators. Their national conference provides a forum for those living with hydrocephalus and their caregivers to connect with world-renowned medical practitioners and researchers (Hydrocephalus Association, 2023i). HA also sponsors local events, online resources and classes, student scholarships, and summer camps for kids (Hydrocephalus Association, 2023e).

One of their most popular events is their WALK to End Hydrocephalus ® (Hydrocephalus Association, 2023h). Of their \$4 million annual budget, half of their funding comes from this event and similar local events (Hydrocephalus Association, 2023a). Other funding sources include \$1 million from individual donations and \$1 million from foundations and corporate sponsorships (Hydrocephalus Association, 2023a). HA has earned the Platinum Seal of Transparency from Guidestar, a Seal of Excellence from America's Best Charities, and is a member of the National Health Council (Hydrocephalus Association, 2023c).

HA has invested over \$13 million in research focusing on five primary research priorities: (1) developing non-invasive and one-time therapies, (2) reducing the burden of current treatments, (3) improving the process of diagnosing and screening for hydrocephalus, (4) improving the quality of life for those with hydrocephalus and their families, (5) and improving access to care (Hydrocephalus Association, 2023d). HA prioritizes developing ways to reduce the emotional and psychological challenges that accompany living with hydrocephalus (Hydrocephalus Association, 2023d), which is precisely the entry point needed for this project.

Caregiver Support

HA strives to support those directly and indirectly affected by hydrocephalus. A growing area of research suggests that caregivers of children with hydrocephalus are in need of supplemental support. A study by Zimmerman et al. (2020b) found that parents scored lower on quality-of-life scales than their *children with hydrocephalus*. Caregivers face a series of unique challenges. Barnes et al. (2023) surveyed 17 families whose children were diagnosed with hydrocephalus around birth to understand their experiences. Parents noted that the stress started when they received the diagnosis and reported feeling overwhelmed by the lack of specific information on the condition and the uncertainty about their child's future (Barnes et al., 2023).

The challenge continues as parents must endure seeing their child undergo numerous invasive surgeries (Barnes et al., 2023). After these surgeries, caregivers must remain alert, as shunt malfunction is the most considerable risk for patients with hydrocephalus (Zimmerman et al., 2021). Shunt failures occur frequently, often require immediate surgery, and can be life-threatening if not addressed (Zimmerman et al., 2021). Parents report constant uncertainty and fear since they are often responsible for recognizing signs of shunt failure and deciding when to seek care for their child (Barnes et al., 2023).

In addition, the impact of hydrocephalus often expands beyond the medical condition itself. It is common for children with hydrocephalus to have comorbid conditions, such as seizures, memory issues, anxiety, depression, learning disabilities, school challenges, or other behavioral health symptoms (Barnes et al., 2023; A. Garzon, personal communication, January 20, 2023; Zimmerman et al., 2020a). Caregivers face the challenge of juggling the immediate needs of the condition with these additional needs (Barnes et al., 2023). Since they often spend a great deal of time supporting their child with hydrocephalus, their relationships with their spouse and other children often suffer (Barnes et al., 2023).

With such responsibility and encompassing life impacts, it is not surprising that caregivers of children with hydrocephalus have reported symptoms of post-traumatic stress disorder (PTSD). In a study of 91 parents of children with hydrocephalus, 14% met the criteria for PTSD; still, others demonstrated post-traumatic stress symptoms, or PTSS (Zimmerman et al., 2021). This diagnosis results from exposure to trauma, either directly or vicariously, through witnessing others endure a traumatic event, learning of such an event impacting someone close, or repeated exposure to details of trauma (American Psychiatric Association, 2022). Notably, over 50% of the parents reported that hydrocephalus was the most significant trauma they had

experienced in their lifetime (Zimmerman et al., 2021). According to the Diagnostic and Statistical Manual of Mental Disorders (DSM), sudden and serious medical emergencies qualify as traumatic events (American Psychiatric Association, 2022). These families face exposure to trauma in multiple ways, but perhaps the most fitting to this description is a shunt failure. Symptoms of post-traumatic stress can present in various ways and may look different from parent to parent (American Psychiatric Association, 2022).

Additionally, children and caregivers affected by hydrocephalus were found to have lower levels of resilience than the general population. Resilience skills are essential for handling stress, rebounding from crisis, and making challenging decisions (Reivich & Shatté, 2002). Research shows that resilience negatively correlates with the severity of PTSS in caregivers of children with hydrocephalus (Zimmerman et al., 2021). Because of the levels of stress caregivers experience and the growing research on the impact of PTSS on this population, tailored support is critical. These individuals may benefit specifically from learning the skills of resilience.

Application of Positive Psychology

HA has a clear understanding of what their community needs and how positive psychology can advance that vision. Positive psychology is the scientific study of human flourishing and well-being (Pawelski, 2016). The fundamental belief of the field is that promoting human goodness, strengths, and wellness is as important to a life well lived as removing disease and disorder (Peterson, 2006). The primary goal of this project is to create a resilience program with a target audience of caregivers of children with hydrocephalus.

This program will be community-based and potentially incorporated into their existing system of nationwide support groups. As HA began as a parent support group, they value their community-based support networks and see it fitting that these groups be at the center of

resilience programming. We are proposing a hybrid program model that incorporates materials for asynchronous learning housed on the HA site accessible to only the support group participants with in-person/virtual synchronous support group sessions for debriefing, discussion, and interventions. HA sees it imperative that the resilience program be group-based with facilitators that hold participants accountable for pursuing and completing the program.

Their inspiration for such a resilience program comes from the PRISM (Promoting Resilience in Stress Management) model, a manualized, skills-based training program consisting of four 30-60 minute, in-person, one-on-one sessions with four pillars (stress management and coping, goal-setting, cognitive restructuring, and benefit-finding), originally created for adolescents with advanced cancer (Rosenberg et al., 2015). PRISM has been applied to other populations and has been shown to build resilience (B. Rocque, personal communication, January 20, 2023). However, this program is not scalable because it requires trained facilitators and one-on-one sessions. HA sees PRISM as a base model for teaching resilience skills in four to six modules but wants a scalable version explicitly designed for the hydrocephalus community.

Within these modules, we will touch on concepts related to the protective factors of resilience and known contributors to those, going beyond the topics of the PRISM model. The literature review will help us focus on specific factors that might be most applicable to caregivers of children with hydrocephalus and their unique challenges.

Literature Review

Our situational analysis revealed that caregivers of children with hydrocephalus experience high levels of stress. To assist the Hydrocephalus Association in supporting the well-being of these caregivers, we are proposing a program designed to help them build the resources of resilience so that they are better equipped to deal with the ongoing stress, uncertainty, and

unique challenges of caring for someone with hydrocephalus. This literature review will explore topics relevant to our proposed program, its content, and its structure. Topics include resilience, the protective factors of resilience, existing resilience programs, and potential topics for our modules, including agency, intentional thinking, and character strengths.

Resilience

Resilience can be defined in many ways, but it is essential to frame resilience in a way that is relevant to our target population. Resilience is commonly conceptualized as bouncing back after facing adversity, but this definition fails to capture the complexity of resilience as a process and skill (Southwick & Charney, 2012). The American Psychological Association (2023) defines it as “the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands.” In the context of pediatric illness, Rosenberg and Yi-Frazier (2016) described it as “a set of resources including internal sources (both inherent traits *and* learned skills), external sources (*dynamic* social support and community), as well as existential sources (*ongoing* meaning-making, legacy-building, and faith)” and the process of using these resources to support well-being during and after adversity (p. 507). Keeping these definitions in mind, we can see that resilience can be learned and called on in daily life and in times of need. This definition provides a basis for an effective intervention: to increase these resources of resilience and the ability to harness them in caregivers of patients with hydrocephalus.

Protective Factors

Research around the protective factors of resilience is particularly pertinent in constructing a resilience program. Protective factors are components that contribute to the ability

to adapt well (Cutuli et al., 2021). In this sense, they reflect the resilience resources in Rosenberg and Yi-Frazier's (2016) description and are central to our intervention.

Southwick and Charney (2018) named ten protective factors based on coping themes in their interviews with prisoners of war, special forces instructors, and civilians who experienced significant trauma. These protective factors include facing fears, optimism, a moral compass, spirituality and religion, social support, resilient role models, attention to the body and health, brain fitness, cognitive and emotional flexibility, and meaning (Southwick & Charney, 2018). This framework functions specifically at the individual level. This framework is important for our population, but it is also essential to consider their role as caregivers and family members.

An integrative review by Benzies and Mychasiuk (2009) discussed 24 protective factors that foster family resiliency at the individual, family, and community levels. Family resiliency is the "ability of a family to respond positively to an adverse event and emerge strengthened, more resourceful, and more confident" (Benzies & Mychasiuk, 2009, p. 104). Not all of the factors in their framework are modifiable or relevant. However, the following protective factors may be beneficial to consider in the context of our program. At the individual level, they include an internal locus of control, emotional regulation, belief systems, self-efficacy, effective coping skills, and health; at the family level, family cohesion, supportive parent-child interaction, and social support; at the community level, involvement in the community, peer acceptance, supportive mentors, and access to quality health care. This framework of protective factors allows us to consider the resources that build resilience at multiple levels so that our program can better equip caregivers to draw on these resources. In the context of our program, we can use these frameworks to determine what skills to focus on in the modules of our resilience program.

Building Resilience

Several studies have explored how to build resilience, specifically in those dealing with challenging medical conditions. Although none of them directly address individuals with hydrocephalus (a gap we hope to be able to fill), these studies are crucial in learning about resilience in the context of serious illness.

As discussed in our situational analysis, Promoting Resilience In Stress Management (PRISM) is an intervention for building resilience in adolescents and young adults with serious illnesses, such as cancer and type 1 diabetes (Rosenberg et al., 2015). This program focuses on four skills: stress management, goal-setting and problem-solving, positive re-appraisal of stressors, and meaning-making or benefit-finding. The format involves one-on-one sessions, two 30 to 50-minute sessions, and one 30-minute follow-up session, with a trained facilitator. Although the program was regarded positively by patients and parents, Rosenberg et al.'s (2015) study did not evaluate the efficacy of the intervention.

Promoting Resilience In Stress Management for Parents (PRISM-P) was then developed based on increasing demand from patients and parents who participated in the original study (Yi-Frazier et al., 2017). These parents expressed an eagerness to develop resilience skills. The format mostly mirrored the original PRISM with a trained facilitator, two or four-session options for content, and a follow-up session. However, researchers ran into challenges with retention rates as participants reported not wanting to leave a child's bedside or prioritize self-care over the needs of the child.

With a small sample size and less than 80% of participants completing the whole program, researchers could not evaluate its feasibility. However, they did find increased parent-perceived resilience and decreased parent-reported distress in those who completed it. Parents

expressed specific appreciation for this type of self-care as a means to better care for their child. Considering ideal content, timing, and format for such a program are still unclear, the authors suggested that it should be minimally demanding, include important yet appealing topics, and provide adequate intervention skills (Yi-Frazier et al., 2017). They suggest that group sessions, accelerated pacing, and web-based models may be worth considering. These studies supply essential insight into the unique conditions of building resilience in those affected by serious illness. Our resilience program will stand apart from PRISM and PRISM-P, as it takes into account the distinctive needs of families with hydrocephalus.

Agency

Martin Seligman (2021) defined agency as an individual's belief that they can influence the world, while Frohlich et al. (2001) described it as one's ability to deploy a range of causal powers. Based on these definitions, we believe agency encompasses rich research within the areas of self-efficacy, habit formation, and mind-body connection to aid families dealing with the uncertain outcomes of hydrocephalus.

Self-efficacy theory encompasses "people's beliefs in their capabilities to produce desired effects by their own actions" (Bandura, 1997, p.vii). While the literature does not provide specific work showing the impact of self-efficacy and outcomes for patients with hydrocephalus, or their caregivers, research shows the impact of self-efficacy and healthcare outcomes. O'Leary (1985) studied the impact of self-efficacy on many conditions, from substance abuse, eating disorders, pain, and cardiac rehabilitation, and found that people's perceptions of their self-efficacy were related to different forms of health behavior. A systematic review by Luszczynska et al. (2009) revealed many benefits of self-efficacy related to healthcare, such as its impact on general psychological distress, showing its association with lower levels of distress, anxiety,

negative affect, and depressive feelings. Additionally, it was found that focusing on self-efficacy may facilitate recovery from trauma, promote well-being, and may be helpful in designing empowering interventions. The study identified a few areas that could specifically relate to supporting individuals with hydrocephalus and their caregivers. It noted a strong relationship between higher levels of self-efficacy and higher levels of positive emotions, as well as higher levels of self-efficacy and lower self-reported somatic health conditions such as better self-care with chronic diseases, lower sickness-related disability, and lower disability related to chronic pain. With this research in mind, applying habit formation to mindfulness and movement within our target audience might be valuable to consider as part of our intervention.

When considering how the condition of a person with hydrocephalus can change suddenly and that self-efficacy can support better outcomes, being prepared with the highest level of mental and physical fitness is important to consider. Just as the surgeons prepare for years and are on-call for the necessary shunt revision procedures, the families dealing with hydrocephalus must also be prepared to achieve the best outcomes. Habit formation may be one pathway to this preparedness, as research has shown that people who consistently behave in healthy ways daily do so out of habit (Wood & Neal, 2016). In this manner, habits open the door to support each family member's ability to influence their agency to maintain their health in preparation for the uncertainty of hydrocephalus. Mindfulness could be one avenue influenced by habit formation to exert agency over health. Research by Holzel et al. (2011) discusses how various psychological conditions can be associated with decreased capacity for emotional regulation. While the exact mechanisms for these neuroscientific pathways have yet to be discovered, there is growing evidence that mindfulness positively impacts emotional regulation (Holzel et al., 2011).

Beyond mindfulness, habit formation can also assist with control over one's physical state through physical activity (PA). PA is often confused with just exercise, but PA can be any body movement that results in energy expenditure above resting levels (Faulkner et al., 2015; Caspersen et al., 1985). While exercise may be an effective positive intervention to help people feel better, we want to be clear that we are not recommending that everyone should "work out". Instead, we believe that advocating for inclusive forms of movement and physical activity is essential, especially within our target population. PA has been shown to facilitate positive emotions, engagement, and accomplishment and prevent and reduce negative experiences and states, such as stress and depression (Hefferon & Mutrie, 2012). Promoting agency through self-efficacy and positive habit formation will allow those impacted by hydrocephalus the best opportunity to support themselves and their loved ones.

Intentional Thinking

Psychologists have long studied the relationship between thoughts, feelings, and behaviors. In fact, recognizing the bidirectional interaction between these components is a foundational aspect of Cognitive Behavioral Therapy (CBT) (Tolin, 2016). Despite these clinical origins, understanding this connection has been found relevant to nonclinical populations as well. Reivich & Shatté (2002) utilize this foundation in their ABC skills for building resilience. In this model, A, or *Adversity*, focuses on the triggers that negatively impact one's resilience levels, and B, or *Beliefs*, refers to the thoughts that one has during this adverse situation. Within the *Beliefs* category, it is helpful to look at the in-the-moment thoughts, the causal and core beliefs that influence these thoughts, and the assumptions being made about the future (Reivich & Shatté, 2002). These thoughts impact what emotions are experienced, their intensity, and the actions that follow, comprising the final letter of the acronym: C, or *Consequences* (Reivich & Shatté, 2002).

This model helps build awareness of the interactions between thoughts, feelings, and behaviors and can be used to facilitate deliberate changes to cultivate resilience (Reivich & Shatté, 2002).

Many resilience-building interventions target the beliefs component of the ABC model. Research shows that resilient people typically demonstrate flexible thinking; they use a variety of coping tools and thinking strategies based on what is relevant to the situation (Southwick & Charney, 2018). Because of the benefits of variety, in this section, we explore multiple intentional thinking strategies that can be utilized to facilitate resilient thoughts and beliefs amongst our caregivers of children with hydrocephalus.

Part of resilient thinking lies in recognizing faulty thinking. *Thinking traps* are predictable forms of flawed thinking that hinder one's resilience and can promote depression (Reivich & Shatté, 2002). The eight thinking traps related to resilience are jumping to conclusions without all of the information, narrowed attention on the negative, magnifying the negatives and minimizing the positives, personalizing problems as one's own fault, externalizing problems as outside of one's own responsibility, overgeneralizing flaws as part of one's character, mindreading by assuming others' thinking, and using emotional reasoning (Reivich & Shatté, 2002). Learning these categories of maladaptive thinking allows individuals to recognize their own patterns and catch themselves when they step into a thinking trap (Reivich & Shatté, 2002). Adjusting thinking to get out of the "trap" alters the *Beliefs* portion of the ABC model and, subsequently, the consequences that result (Reivich & Shatté, 2002).

Other interventions aim to strengthen one's thinking. Cognitive reappraisal refers to reframing an adversity, or a negative event, in a positive way (Southwick & Charney, 2018). The basic premise is asking oneself, "Is there another, more positive way to think about the

situation?” Other approaches within cognitive reappraisal include using humor, gratitude, or reframing failure as an opportunity for growth (Southwick & Charney, 2018). This process has been found to activate brain regions related to cognitive control and decrease activation of emotional areas of the brain, thereby reducing negative emotions (Southwick & Charney, 2018). Cultivating a sense of emotional control is especially important to our population.

Acceptance is another essential tool for resilience building that has been found particularly meaningful for those impacted by trauma or high-level stress (Southwick & Charney, 2018). Acceptance involves acknowledging the situation for what it is, allowing one to identify parts of the situation within and outside of one’s control (Southwick & Charney, 2018). While acceptance does not add a positive twist to the situation, it does help clarify realistic directions for future actions (Southwick & Charney, 2018). Importantly, acceptance helps individuals refocus on what is within their control in a situation that may provoke feelings of lack of control.

The ABC model creates a powerful blueprint for intervention. There are many evidence-based ways to rethink adversities; however, we hope to identify the most relevant resilient building strategies for *our* population. It is important to recognize that pessimism can be functional in preparing for danger and threats (Rashid & Seligman, 2018). Based on our population’s very real challenges, we suggest focusing on approaching thinking intentionally, focusing on what is effective in the moment rather than promoting a purely positive lens.

Character Strengths

Character strengths are the qualities within us that display core virtues such as wisdom, courage, humanity, justice, temperance, and transcendence (Niemiec, 2014; Niemiec & McGrath, 2019; Peterson & Seligman, 2004). They help us focus on what is right about people,

what is best within them, and what they can uniquely offer the world (Niemiec & McGrath, 2019; Peterson & Seligman, 2004). Chronic disease can sometimes color perspective and cause a person to be seen through the lens of deficit. Teaching caregivers about character strengths allows them to see themselves and those they care for through a strength-based perspective.

Not only is a strengths-based perspective important in its own right, but research shows that the development of character strengths is positively related to an increased sense of well-being (Chaves et al., 2015; Dolev-Amit et al., 2020; Wagner et al., 2019; Yan et al., 2020). This effect is particularly relevant, considering chronic illness can take a toll on the psychological well-being of the individual and their caregiver (Ghosh & Deb, 2017).

Strength spotting is the practice of looking for strengths in another person by paying attention to their words and actions (Niemiec, 2014; Niemiec & McGrath, 2019). Through strengths spotting, we can encourage another person to see the positives in their character, especially in difficult circumstances. Working in a group setting (as participants will in our intervention) is a powerful way to support strengths spotting. Throughout the group's time together, members can use their strengths to identify and encourage the strengths they see in others (Lavy et al., 2014).

The Values In Action (VIA) assessment is a self-report scale that rates 24 strengths based on a 5-point Likert scale to determine the highest strengths, also called signature strengths. Signature strengths are the character strengths that are most foundational to one's personality (Niemiec, 2014; Niemiec & McGrath, 2019; Peterson & Seligman, 2004). Each person has signature strengths but also can access any of the lower strengths when needed (Niemiec & McGrath, 2019). Research suggests that focusing on strengths and using strengths in new ways can help boost well-being (Dolev-Amit et al., 2020; Niemiec, 2018; Schutte & Malouff, 2018).

Character strengths development can be a vehicle for building resilience. Research has shown that focusing on strengths supports those with chronic illness and their caregivers (Niemi & McGrath, 2019; Peterson et al., 2006). Interventions specifically designed to build target strengths can bolster well-being through the challenges of chronic illness (Cherif et al., 2020; Peterson et al., 2006). For example, the character strengths of hope and forgiveness have been found to be robust predictors of self-compassion (Booker & Perlin, 2020), a valuable resilience protective factor. In a longitudinal study, the character strengths of love, zest, and gratitude highly correlated with finding meaning and life satisfaction in adolescents facing serious illness (Chaves et al., 2015). Also, strengths can be underused or overused and must be brought into balance to have the maximal positive impact (Niemi & McGrath, 2019).

Given that learning about strengths and building an understanding of what they are and how they work has been shown to increase well-being, we propose including a module on character strengths to help caregivers and people with hydrocephalus build their sense of agency, self-knowledge, and resilience (Niemi, 2018; Niemi & McGrath, 2019).

Measurement Tools

While our work with Hydrocephalus Association is centered around creating a tool for families of individuals with hydrocephalus, they have requested suggestions for measurement tools to quantify the impact of our deliverable. Requests for a potential tool include relative brevity, ease in scoring, and a resultant numeric score to track improvement and compare to other populations. Two measurement tools appear as viable options, the Connor-Davidson Resilience measure (CD-RISC) and the Grit scale. The CD-RISC has 10 and 25-question versions available and has been found to have sound psychometric properties for measuring resilience (Connor & Davidson, 2003). The scores demonstrate the ability to distinguish between

greater and lesser resilience. The scale indicates that resilience is modifiable and can be impacted by treatment. The eight-item Short Grit Scale (Grit-S) is a validated and psychometrically strong self-report measure of perseverance (Duckworth & Quinn, 2009). Reviewing these tools, we believe the CD-RISC could be a useful tool to measure resilience in participants pre- and post-intervention to assist in determining the efficacy of the RAISE program.

Project Proposal

Our literature review illustrated the opportunity to support caregivers of children with hydrocephalus with resilience training based on the core components of resilience, agency, intentional thinking, and character strengths. While these topics all have literature supporting their value in other similar domains, we believe they would be appropriate to apply to this population and could lead to additional research to better understand how to support caregivers of children with hydrocephalus.

When we bring together our work from the situational analysis and literature review, a five-part program of resilience begins to emerge. This program will be led by facilitators within existing support groups of the Hydrocephalus Association and builds off an empowering acronym, RAISE. The format of each section will consist of an instructional slideshow, a discussion of material through guided prompts, and a skills activity to practice with the group. At the end of each module, participants can set their intentions for using the content in their own lives. The module outline of the proposed intervention is as follows:

R - Resilience - flexing and growing in the face of adversity

A - Agency - taking charge of what you can and can't control

I - Intentional Thinking - taming the voice in your head

S - Strengths - seeing yourself and others in technicolor

E - Engagement - wading in and jumping in

To assist with the request of providing a program that will allow for pre- and post-resilience measurements, we recommend administering the Connor-Davidson Resilience measure (CD-RISC) (see Appendix A) before the first module and after the fifth.

Resilience

The first module of our program will serve as an introduction to the program itself, covering the framework of each session, the structure to be expected, and content about the concept of resilience.

The content section of this module will focus on reframing resilience and defining the protective factors of resilience (partially as an introduction to the following modules). Because of the common misconceptions of resilience, as bouncing back from adversity, rather than as a way to navigate adversity, it is essential to first define resilience as a set of skills that can be learned and improved through practice and as important for both major adversity and everyday stressors (American Psychological Association, 2023; Southwick & Charney, 2018).

After properly defining resilience, we will describe the benefits of resilience in the particular context of caring for a child with hydrocephalus (i.e., greater capacity to care for the child, greater well-being, decreased risk for PTSD) (Zimmerman et al., 2021).

Then, we will outline the protective factors of resilience, or the components that contribute to the ability to adapt well, including social support, optimism, cognitive and emotional flexibility, attention to body and health, meaning, effective coping skills, and access to quality health care (Benzies & Mychasiuk, 2009; Cutuli et al., 2021; Southwick & Charney, 2018). It will be explicitly stated that not all protective factors are modifiable by the individual.

Although many are skills that can be cultivated, others are states and conditions that the individual can not necessarily adjust. It is important to acknowledge the real pain these caregivers experience and that in building resilience, we are not ignoring that but rather empowering them with the skills to better adapt to challenges and promote better well-being for themselves and their families.

There are some protective factors that are more influenced by access and socio-economic status, including proper access to adequate medical care, something essential to managing hydrocephalus, and ensuring a caregiver feels prepared to deal with the ongoing challenge of a diagnosis and what comes along with that. If someone in the group feels they need assistance accessing that, they will be directed to the appropriate resources. Additionally, it must be clear that this program is for building resilience in preparation for dealing with the daily stressors and potentially life-altering challenges that come with caring for a child with hydrocephalus, not as a substitute for professional mental health care if that is needed.

During the session, caregivers will be asked to reflect on the strong protective factors in their lives and areas where there may be room for growth. For the activity component, we will introduce the practice of *Stop Breathe Be*. This short and simple mindfulness meditation includes stopping for a moment, taking a full breath, paying attention to how it fills the body, and moving forward with more presence and awareness (Baime, 2003). This practice will set the stage for the implementation of the rest of the program, encouraging participants to slow down in their processing of information to allow for reflection and implementation of the skills that will be discussed later in the program.

Agency

We propose that agency will be a key component of resilience training, considering the caregivers of children with hydrocephalus experience overall feelings of helplessness (Barnes et al., 2023). According to Seligman (2021), a hallmark of agency is an individual's belief that they can influence the world. Given the lack of control these caregivers have described and the stress they feel upon diagnosis (Barnes et al., 2023), we feel that helping caregivers regain some semblance of control is important. We intend to achieve this by validating the situation the caregivers find themselves in, educating the group on the definition of agency, describing different ways to express agency, allowing for skills practice of agency, facilitating a discussion about agency, and, ultimately, providing activity options to practice agency. Regarding skills practice, we would prompt participants to create an "Even if..., I can..." statement based on the concepts of acceptance and agency. Writing thoughts down, or journaling, has been shown to assist in well-being (Asbury et al., 2018; Kim-Godwin et al., 2020; Ullrich & Lutgendorf, 2002). We intend the facilitator-led activity, with prompts, will seed individual agentic behaviors within the group. Following the in-group skills practice, there will be discussion prompts for participants to consider agency further.

Options for exercising agency on their own will be shared throughout the module. Multiple options will allow for person-activity fit, a concept that represents the need for an intervention to match the needs and wants of the individual (Lyubomirsky, 2007). For example, one activity option is creating an emergency action plan for family preparedness. This activity could include a detailed list of important information, such as the signs and symptoms of a shunt failure or closure of an endoscopic third ventriculostomy (ETV), key phone numbers, the hospital's address, and even a prepped bag. Other options include a 10-minute body scan

meditation or a 10-minute walk. The body scan allows individuals to pause, listen to their body, and engage in mindfulness while walking could be a simple entry point to moving one's body. These items allow the caregiver to try physical self-care activities without committing to intense changes to their daily routine.

Intentional Thinking

The intentional thinking module expands on the goal of cultivating a sense of control from a cognitive angle. This section will be split into two modules, designed to encourage resilient thinking patterns by first recognizing ineffective thinking and then learning how to change it.

Both modules will be based on the ABC model, which stands for adversity, beliefs, and consequences, demonstrating the influence of thoughts on ones' feelings and behaviors (Reivich & Shatté, 2002). Both modules will begin by reviewing this interaction and learning how one's beliefs can be modified to change the resulting emotional and behavioral responses.

In the first intentional thinking module, the group will build on this idea by learning to recognize unhelpful thinking. The group will learn Reivich & Shatté's (2002) eight resilience thinking traps—jumping to conclusions, tunnel vision, magnifying and minimizing, personalizing (self-blame), externalizing (blaming others), overgeneralizing, mindreading, and emotional reasoning. During group discussion, participants will be asked to reflect on thinking traps they most commonly fall into and how these traps interact with the ABC model. Participants will then engage in an activity in which they create a visual cue of a thinking trap that can be strategically placed in their everyday environment to help them avoid the trap.

The second intentional thinking module will begin by reviewing the ABC model.

In this session, the focus will be on learning a variety of coping tools to practice flexible thinking and promote resilience (Southwick & Charney, 2018). The strategies introduced include both altering thinking to help participants avoid thinking traps and cognitive reappraisal. To minimize confusion, we will utilize the terminology “reframing” to encompass all of these tools. The reframing strategies used to help participants avoid a thinking trap include *Thoughts vs. Facts*, *Playing Detective*, *Balancing it out*, and *Cope with Catastrophe*. *Thoughts vs. Facts* is the idea of recognizing that thoughts are not always factual (Linehan, 2015). For example, if someone is in the self-blame trap, they might remind themselves that just because they are thinking they are to blame, does not mean it is 100% true. *Playing Detective*, or acquiring more information, helps with countering thinking traps like jumping to conclusions where lack of information is leading to a skewed perspective (Linehan, 2015; Reivich & Shatté, 2002). *Balancing it Out* is the idea of looking at all sides of a situation, countering thinking traps like magnifying and minimizing where value tends to be inaccurately placed on one side or the other (Linehan, 2015; Reivich & Shatté, 2002). Last, *Cope with the Catastrophe* involves creating a plan of how one might get through a challenging or feared situation (Linehan, 2015). This tool may be particularly effective for getting out of a trap, as it encourages an agentic perspective of taking control over what can be controlled.

In addition, cognitive reappraisal can be used to reframe thoughts during times of adversity (Southwick & Charney, 2018). This can take a variety of forms, including reframing something to be more positive, utilizing humor, looking for ways to grow, or employing gratitude (Southwick & Charney, 2018). We will utilize the terms *Rethink It*, *Distance Yourself*, and *Acknowledge Growth* to prompt these different forms of reappraisal. *Rethink It* is the idea of

identifying multiple ways to think about a situation, specifically trying to see it in a neutral or positive light (Southwick & Charney, 2018). *Distance Yourself* uses humor as a reappraisal strategy. By finding humor in a situation we can confront difficulties in a safe way (Southwick & Charney, 2018). *Acknowledge growth* challenges participants to uncover meaning or opportunities for growth within an adversity (Southwick & Charney, 2018).

A handout will be provided with a series of questions prompting reframing through these various lenses. We acknowledge that caregivers may prefer certain techniques to others and therefore want to provide multiple approaches.

After learning the various strategies, the group will return to the ABC model, this time looking at what the interaction between their thoughts, feelings, and behaviors might be like if they were to apply a reframing strategy. Caregivers will be provided a worksheet to support this learning exercise.

Character Strengths

We propose character strengths as the fourth module of our program in order to help caregivers of children with hydrocephalus see their children through a strengths-based perspective rather than deficit-based. Additionally, caregivers can become overwhelmed and cease to see their own strengths. Through this module, we aim to help caregivers assess their strengths, see and appreciate the strengths in their child, and build support in their groups through spotting strengths in each other.

Prior to the group meeting, individual participants will take the free version of the [VIA Assessment](#) and come to the meeting with the PDF report available to discuss (VIA Institute on Character, 2023). The module will present the 24 character strengths identified by the VIA

institute (Niemiec, 2014; Niemiec & McGrath, 2019). These 24 strengths will be presented and grouped under the six universal virtues so that themes and similarities can be discussed.

Character strengths will be explored in contrast to talents and skills as well.

After learning about strengths, participants will learn to identify their signature strengths by using two methods. First, they will consider their top five strengths based on the VIA assessment. Second, they will reflect on which strengths are most foundational to their identity and which are most effortless, essential, and energizing (Niemiec & McGrath, 2019). After identifying their signature strengths, the group will discuss to explore further. Next, participants will engage in the activity of strengths spotting using the SEA model, which stands for See, Explain, and Appreciate (Niemiec, 2018). Through the SEA model, people are encouraged to look closely at others, use concrete words to describe others, and use words of affirmation to voice appreciation (Niemiec, 2018). They will be encouraged to use specific examples from group time to give examples of these strengths in action.

A closing reflection will include encouraging participants to have their children ages eight to seventeen take the [children's VIA assessment](#). By exploring character strengths, we hope to help caregivers build their resilience by seeing the resources they innately bring to caregiving challenges (Reivich & Shatté, 2002). Focusing on these character strengths and using them in new ways will help caregivers manage problems more effectively, contribute to their sense of well-being, and encourage them to see both themselves and their child through a strengths-based perspective (Niemiec, 2018; Niemiec & McGrath, 2019).

Engagement

The final module of the program involves bringing together the concepts from the earlier modules and actively engaging with them in everyday life. This section will serve as a review of

the topics of resilience, agency, intentional thinking, and strengths. The group will have the opportunity to reflect on members' experiences and growth with each skill through facilitated discussion. The main intention of this final module is to step beyond understanding and actively integrate these skills into everyday life. This session will be a platform for sharing reflections on what worked and did not work for group members when implementing the skills. Through sharing ideas and experiences, we hope that group members will gain a new perspective or usage of the skills that they can then try in their own lives.

The skills practice session involves creating a WOOP, which stands for identifying a *Wish*, using imagery to envision the desired *Outcome*, identifying potential *Obstacles*, and creating a *Plan* to overcome these obstacles, for engaging with one or two of the RAISE skills (Character Lab, 2023). The WOOP is a tool for building intrinsic motivation and self-control around a behavior or habit and is used to help people move from a vague wish to an action plan (Character Lab, 2023). This process has been found to have positive effects on stress, time management, physical health behaviors, and academic success (Character Lab, 2023). Group members will utilize this format to identify a wish for how they want to implement the RAISE skills into their daily life, imagine themselves succeeding at the goal, predict potential barriers to executing their goals, and plan ahead to ward off these difficulties.

In the spirit of engagement, the group facilitator will emphasize the importance of utilizing social support for accountability and connection as members work to apply RAISE in their own lives. High-quality connections with others have been found to be related to increased positive emotions and energy (Dutton, 2003), whereas lack of support and being isolated have been found to be correlated with stress, PTSD symptoms, and depression (Southwick & Charney,

2018). We intend for this final module to underscore the power of relationships in supporting one's goals and as a protective factor of resilience (Southwick & Charney, 2018).

Limitations

While we believe concepts of agency, intentional thinking, and character strengths will be beneficial in raising resilience in our target population, we cannot know for sure based on the lack of resilience training research in this population. It is important to acknowledge that we are proposing the utilization of interventions that are theoretical in nature, in many instances, or have been applied in other domains and have not yet specifically been studied with caregivers of children with hydrocephalus. Additionally, our intervention is based on research on WEIRD (western, educated, industrialized, rich, and democratic) population, which comprises roughly 97% of all behavioral science research subjects (Heinrich et al., 2010). The flaw is in the assumption that there is little variation across humans and that these subjects are representative across all populations when, in fact, the research shows that there is substantial psychological and behavioral variation among populations. This fact is important to acknowledge as a limitation of the research and of our program, potentially affecting its effectiveness as it rolls out across HA's platforms that range the entirety of this diverse American landscape. Additionally, it is important to acknowledge that different populations within the hydrocephalus community are affected by the disease differently. For example, health outcomes vary based on race and socioeconomic status, with poorer outcomes more likely for African American patients (Attenello et al., 2015). The difference in experiences with hydrocephalus make it difficult to be sure a uniformed approach is even appropriate, or if resilience training should be called upon without additional attention being given to appropriate access to quality care.

Applications Materials

In the Appendices we have included our six module presentations embedded with a facilitator script (Appendix A) and accompanying group handouts and worksheets (Appendix B). Included in this final section are handouts to accompany the Agency (Even If, I Can), Intentional thinking (ABC Model, Thinking Traps, Effective Reframing), and Strengths (Character Strengths Chart) modules, an ABC Activity worksheet to be used during session activities in Intentional Thinking II, WOOP worksheet to be used during the Engagement module, and a reflection worksheet (Setting Intentions) designed to close each RAISE module and serve as a skills practice opportunity.

Conclusion

The RAISE resilience program is a six-module program designed to be delivered through the Hydrocephalus Association's existing online support groups. It provides enough structure for a non-trained facilitator with adequate flexibility, allowing it to be tweaked and applicable to a wider range of people affected by hydrocephalus. The Hydrocephalus Association's mission to support, educate, and advocate for all individuals affected by hydrocephalus has been an inspiring mission to guide this project. We hope this resilience program can function in the spirit of HA's mission and empower these individuals and families facing unthinkable challenge to embrace resilience. It has been an honor to work with and serve this organization and this community, and we hope this program contributes to their powerful mission.

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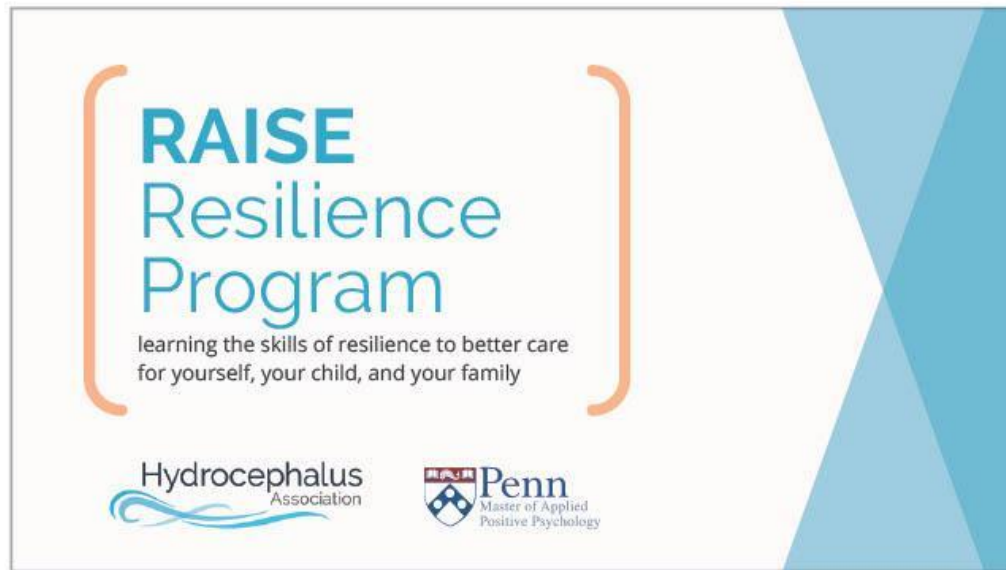
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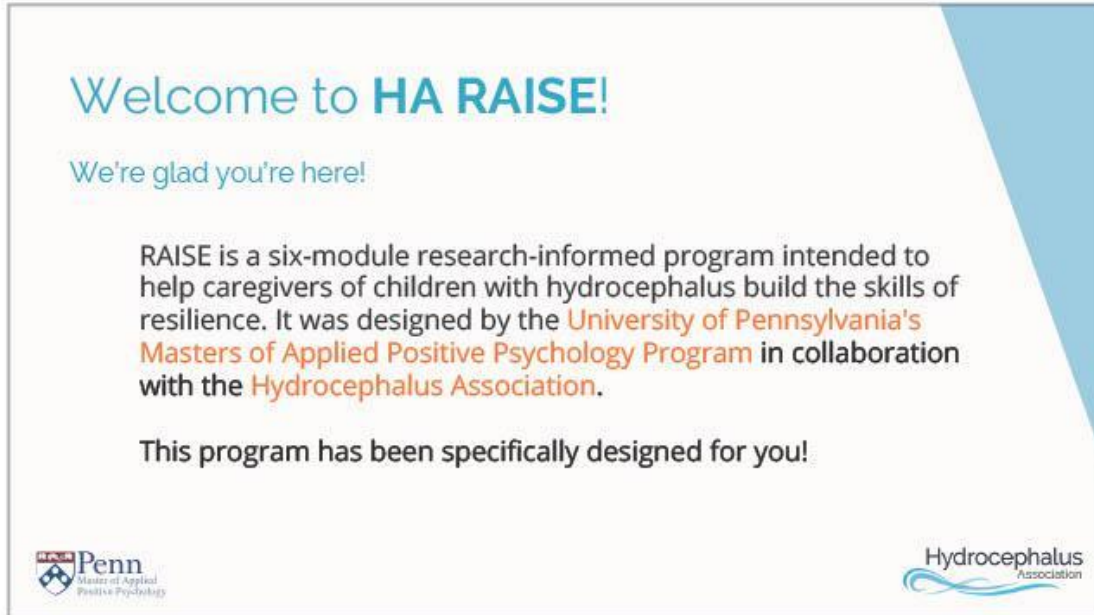
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<https://doi.org/10.1016/j.wneu.2020.12.008>

Appendix A: Program Modules

[Hello, Facilitator! Welcome to HA RAISE! Facilitator notes and instructions will be displayed in brackets. Please feel free to read straight from the script that accompanies each slide.]



Welcome to HA RAISE!

We're glad you're here!

RAISE is a six-module research-informed program intended to help caregivers of children with hydrocephalus build the skills of resilience. It was designed by the **University of Pennsylvania's Masters of Applied Positive Psychology Program** in collaboration with the **Hydrocephalus Association**.

This program has been specifically designed for you!

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Welcome to the RAISE resilience program! We are so glad you are here.

[Read slide.]

WHAT IS RAISE

- R Resilience** flexing and growing in the face of adversity
- A Agency** finding what you can and can't control
- I Intentional thinking** taming the voice in your head
- S Strengths** seeing yourself and others in technicolor
- E Engagement** wading in and jumping in

The RAISE program is built from five key concept areas.

[Read slide.]

PROGRAM STRUCTURE

- 1 **Resilience** flexing and growing in the face of adversity
- 2 **Agency** finding what you can and can't control
- 3 & 4 **Intentional thinking** taming the voice in your head
- 5 **Strengths** seeing yourself and others in technicolor
- 6 **Engagement** wading in and jumping in



We have five concept areas but six modules. Intentional thinking will be broken up into two modules.

A presentation slide with a white background and a blue triangle in the top right corner. The title 'Agenda: Resilience' is in orange, followed by the subtitle 'Flexing and growing in the face of adversity' in black. Below are four items: 'LEVEL UP - Learn to reframe resilience', 'CIRCLE UP - Discuss how resilience is important to you', 'BUILD UP - Practice taking a moment to reset intentions', and 'WRAP UP - Check in and set intentions'. Logos for Penn State and the Hydrocephalus Association are at the bottom.

Agenda: Resilience
Flexing and growing in the face of adversity

LEVEL UP - Learn to reframe resilience
CIRCLE UP - Discuss how resilience is important to you
BUILD UP - Practice taking a moment to reset intentions
WRAP UP - Check in and set intentions

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Now that you know a bit more about the program and what you signed up for, let's dive into the focus of today: resilience.

Here's the agenda for today.

Level up – We will learn about the definition of resilience.

Circle up – We'll discuss the content of the lesson and how resilience is specifically important for you.

Build up – We will learn how to take a moment to reset with a quick activity.

Wrap up – We will set our intentions for this program and the week ahead.



LEVEL UP: REFRAMING RESILIENCE

Let's discuss!

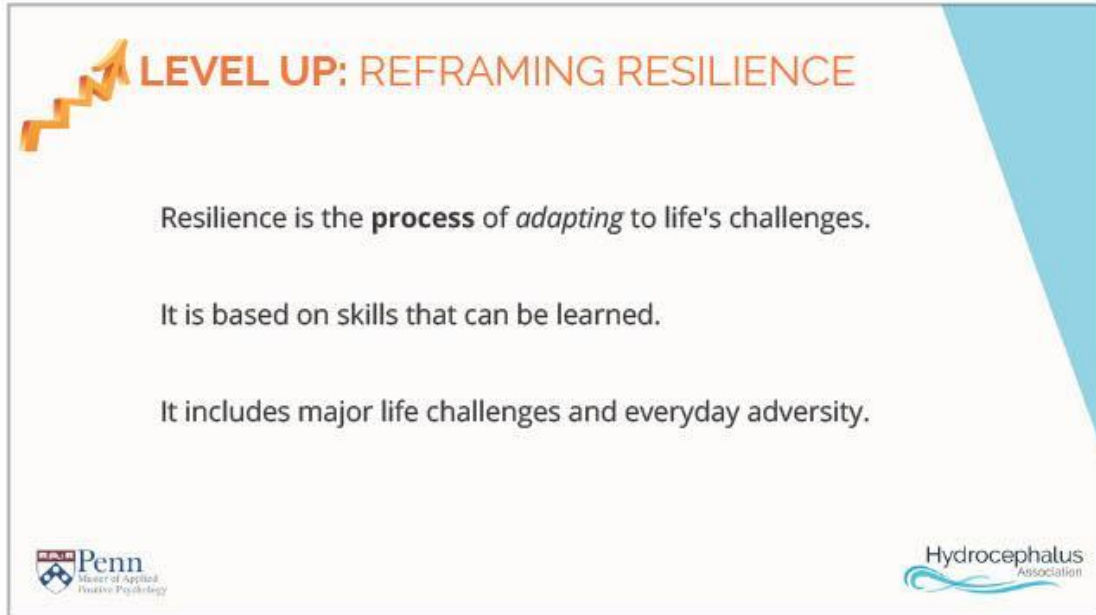
**What do you think of when you
hear the word resilience?**

Before we dig into the content, let's discuss what we think of when we hear the word resilience.

What are your first instincts and reactions, positive or negative?

[Be open to positive and negative reactions to the word. The goal is to invite individuals to share their impressions and then dispel myths about resilience in the next slides.]



LEVEL UP: REFRAMING RESILIENCE

- Resilience is the **process** of *adapting* to life's challenges.
- It is based on skills that can be learned.
- It includes major life challenges and everyday adversity.

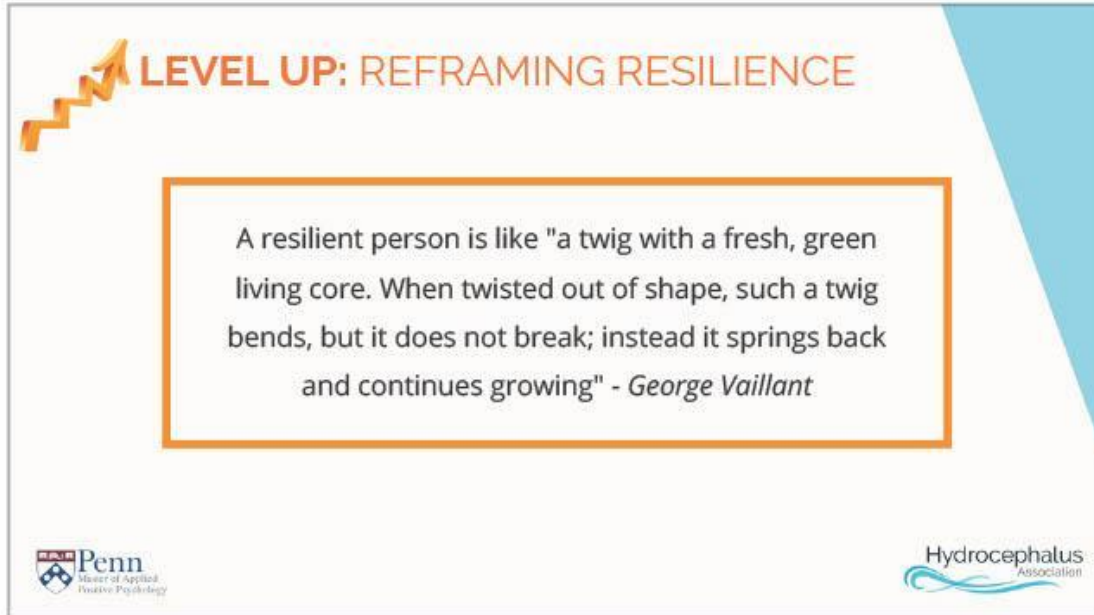
Now, let's look at what resilience actually is and how this definition can be more helpful to us.

Resilience is the process of adapting to life's challenges. The keywords here are process and adapting.

It is based on skills that can be learned. People aren't just born resilient or not. Resilience is necessary for navigating both major life challenges and everyday adversity.

It refers to how we process events after they happen, how we respond to things as they happen, and how we prepare for things we think might happen.

Resilience is not just reactive. It informs how we navigate our lives.



LEVEL UP: REFRAMING RESILIENCE

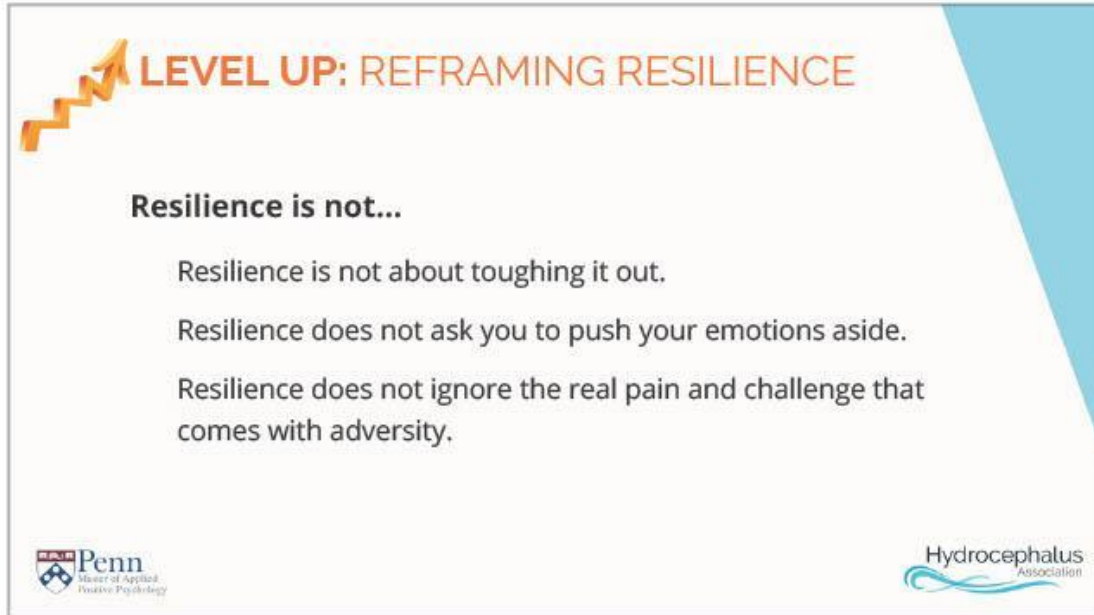
A resilient person is like "a twig with a fresh, green living core. When twisted out of shape, such a twig bends, but it does not break; instead it springs back and continues growing" - *George Vaillant*

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A resilient person is like "a twig with a fresh, green living core. When twisted out of shape, such a twig bends, but it does not break; instead it springs back and continues growing."

This quote represents what it means to be resilient. To be resilient is to bend but not break. To adapt to what is happening.



LEVEL UP: REFRAMING RESILIENCE

Resilience is not...

- Resilience is not about toughing it out.
- Resilience does not ask you to push your emotions aside.
- Resilience does not ignore the real pain and challenge that comes with adversity.

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In defining resilience, we also have to be clear about what it is not.

[Some of these ideas might have come up in your discussion about resilience. Please make those connections if relevant.]

[Read slide.]

Importantly, resilience actually asks us to become more aware of our emotions and in tune with how we react to challenges. It absolutely involves first acknowledging the hardship and then informs how we navigate that hardship.



LEVEL UP: REFRAMING RESILIENCE

Resilience is built.

Protective factors are characteristics that predict positive outcomes in the face of adversity.

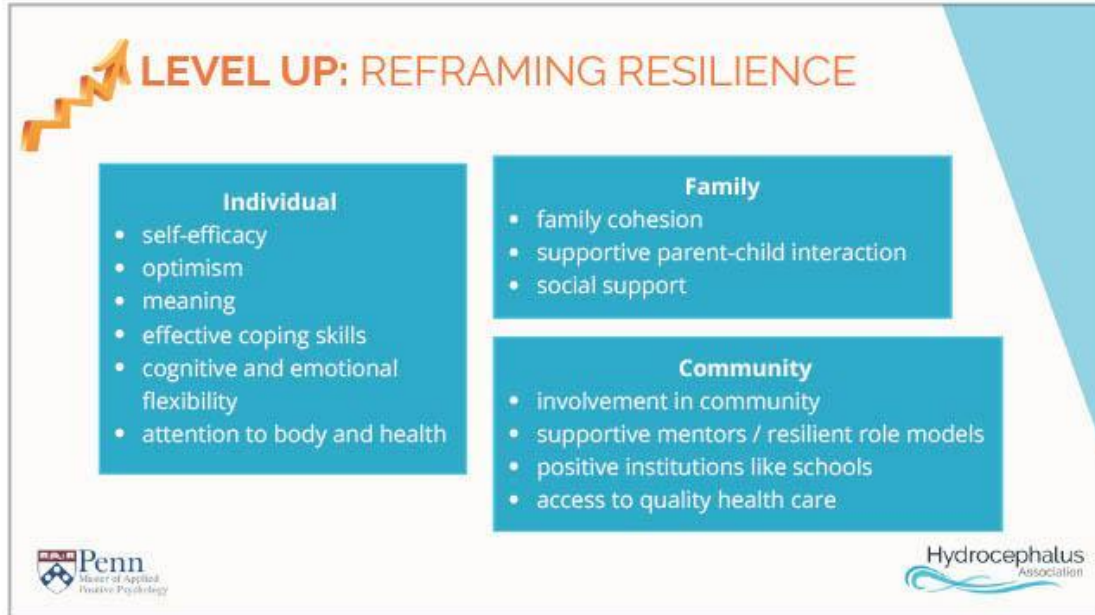
They exist at the individual, family, and community levels.



Another key component of our new definition of resilience is that it is built.

Protective factors are characteristics that predict positive outcomes in the face of adversity. They exist at the individual, family, and community levels.

Protective factors are the building blocks of resilience and as the name suggests, protect us against the negative effects of adversity. If you think about the nature metaphor of the flexible and green branch, protective factors are the strong roots of the tree that allow it to weather any storm.



These are examples of protective factors at the individual, family, and community level. It's not about having all of them; it's about how a mix of these that is personal to you supports your ability to get through the hard stuff.

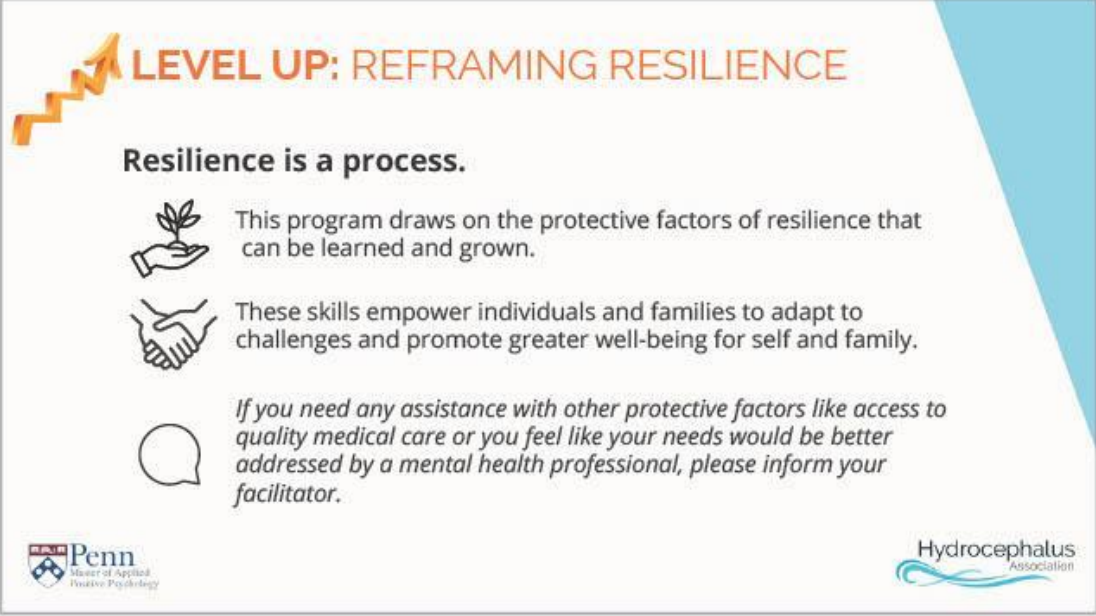
One important factor to notice here is how resilient role models are a protective factor. As you learn the skills of resilience, you can better model them for and teach them to your children.

[For your reference and if there are additional questions about these concepts:

Self-efficacy is the belief you can achieve what you put your mind to (similar to the agency module).

Cognitive and emotional flexibility is the ability to identify unhelpful thoughts and adjust your thinking to suit your needs and emotions better (similar to the intentional thinking module).]

As you look through these, think about which ones exist in your life, which ones are strongest and which ones aren't as strong -maybe you have a great support system, but you struggle personally with coping with stress. [As the facilitator, feel free to provide an example of how these play out in your life.]



LEVEL UP: REFRAMING RESILIENCE

Resilience is a process.

-  This program draws on the protective factors of resilience that can be learned and grown.
-  These skills empower individuals and families to adapt to challenges and promote greater well-being for self and family.
-  *If you need any assistance with other protective factors like access to quality medical care or you feel like your needs would be better addressed by a mental health professional, please inform your facilitator.*

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As our definition of resilience says, resilience is a process, not a destination.

This program draws on the protective factors of resilience and focuses specifically on the ones that the individual can build.

These skills empower individuals and families to adapt to challenges and promote greater well-being for self and family.

It is also essential for us to acknowledge that we don't have control over all of the factors that build resilience. As you looked through those protective factors and feel you may need assistance with certain ones, please reach out to your facilitator. Resilience is a team effort and it's important to remember that resilient people reach out.



LEVEL UP: REFRAMING RESILIENCE

Why resilience?
Higher resilience is associated with:

- ↓ fewer post-traumatic stress symptoms
- ↓ less negative emotions, depression, and anxiety
- ↑ more positive emotions and life satisfaction

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As you know, caregivers of individuals with hydrocephalus face significant challenge and adversity. The research suggests that this exposure to stress and trauma places them at an increased risk of experiencing post-traumatic stress symptoms such as sleep issues, intrusive memories, avoidance of disturbing memories, irritable behavior, and problems with cognition. These are symptoms associated with post-traumatic stress disorder, which often includes experiencing many of these symptoms after a traumatic event.

Resilience (the focus of this entire program) is associated with fewer of those symptoms.

Resilience is also associated with less negative emotions, less depression, and less anxiety.

But it doesn't only protect you against the negative; it allows more space for the positive. It is associated with more positive emotions and life satisfaction.



LEVEL UP: REFRAMING RESILIENCE

Why resilience in caregivers?
Resilient caregivers are proactive about obtaining information and resources, fostering a good relationship with healthcare providers, and creating a community.

So what does resilience look like in caregivers?

Resilient caregivers are proactive about gathering information and resources, fostering a good relationship with doctors and healthcare providers, and creating a community.

Attending this program and investing your time in building these important skills is the perfect example of what resilient caregivers do. You've already shown that you have a solid foundation of resilience by reaching out in this way. The next five modules will build on that foundation.



CIRCLE UP: GROUP DISCUSSION

- What do you need resilience for?
- What are your hopes for this program and for learning the skills of resilience?
- Can you identify protective factors in your life?
- How have you been resilient in the past week?



So let's chat.

As I mentioned, the first step in resilience is often acknowledging the suck. [Feel free to adjust the language to fit your style.] Here's our time to do that. What do you need resilience for in your life?

Now, what are your hopes for this program, for how resilience can help you navigate those challenges you mentioned?

[Address other questions as time allows. You may wish to copy these questions into the chat and get off screen share to be able to see everyone better during the discussion. Also, feel free to add additional discussion questions that are uniquely suited to your group, their previous questions, and their personal challenges and interests.]



In order to build the skills of resilience, it's important to focus first on building awareness and knowing when to take a moment to reset intentions. The Stop, Breathe, Be exercise takes 15 seconds and can help you practice this skill.

Stop – The first step is to stop what you are doing, not for long, just for a moment.

Breathe – Take a full breath in, filling your lungs, remembering what it feels like to fill your body with fresh air.

Be – Exhale and move forward with that stillness and renewed intention.

[Depending on your group, you may want to repeat this three times.]

This brief moment can take you out of your head and back into the present. It can be used anytime you are feeling the weight of the world on your shoulders and is a key skill in building awareness. This type of self-awareness and emotional regulation will be immensely helpful moving forward, as they will create the space for you to practice the skills that you will learn in this program and ultimately build your resilience.



WRAP UP: Checking in and setting intentions

How are you feeling right now?

What is your intention for this week?

Next session: **Agency**



The Feeling Wheel
by Gloria Willcox




As we wrap up this first session, let's check back in with ourselves and see what we can take into our lives.

Let's wrap up the day with our checkout. Take a moment to reflect on how you are feeling as we close out today, and write down your intention for how you would like to try out this skill this week.

[See handout.]

[Depending on group size, share checkouts aloud if possible. If the group is too big and checkout would take up too much time, have group members share their feelings and intentions in the chat.]

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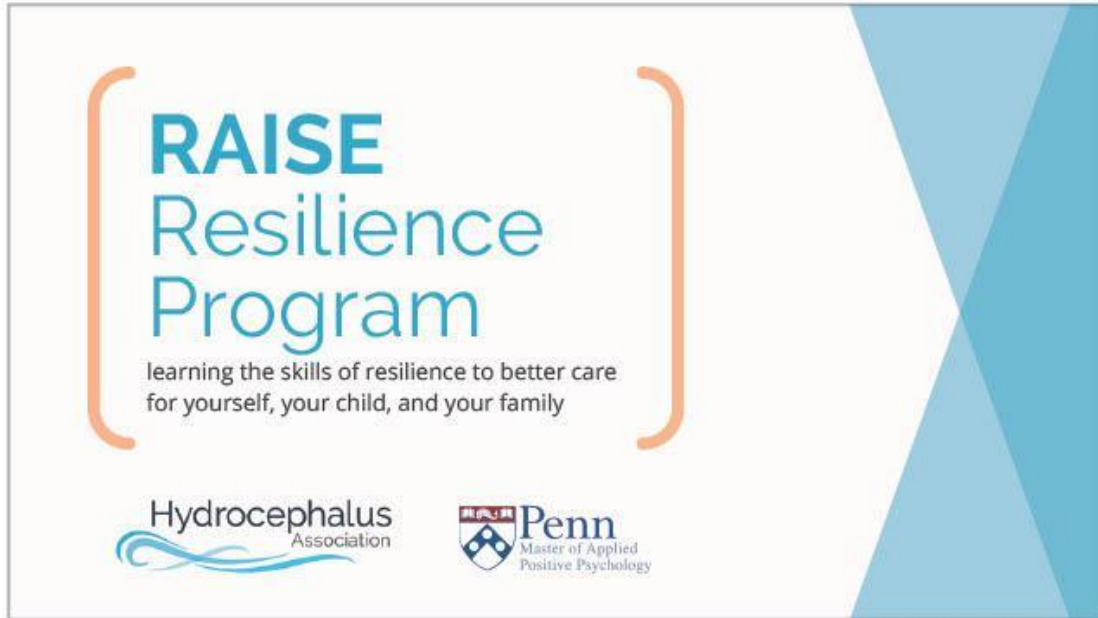
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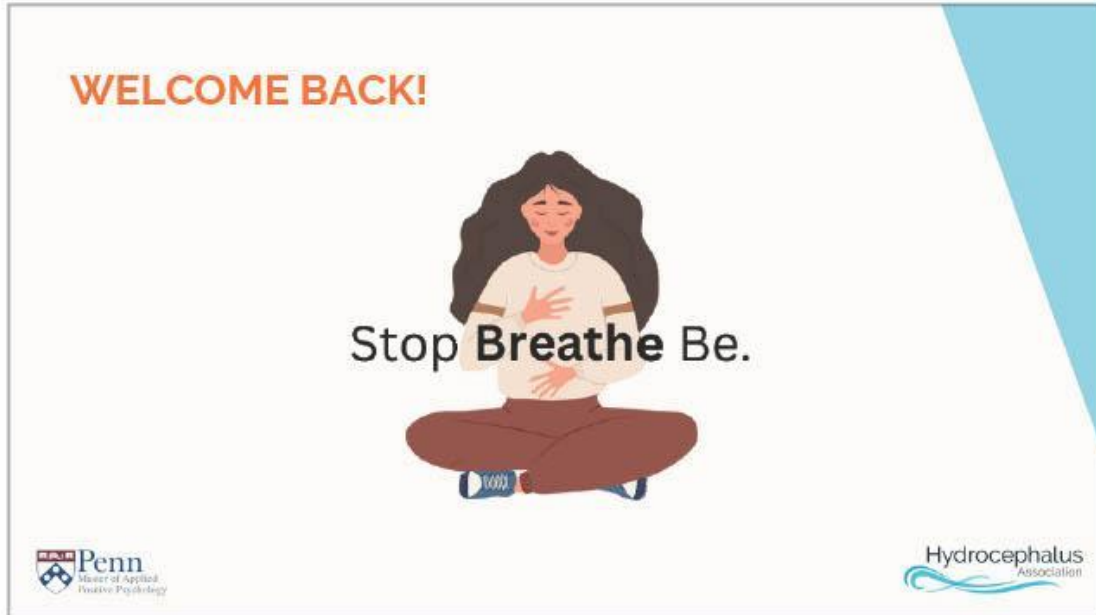


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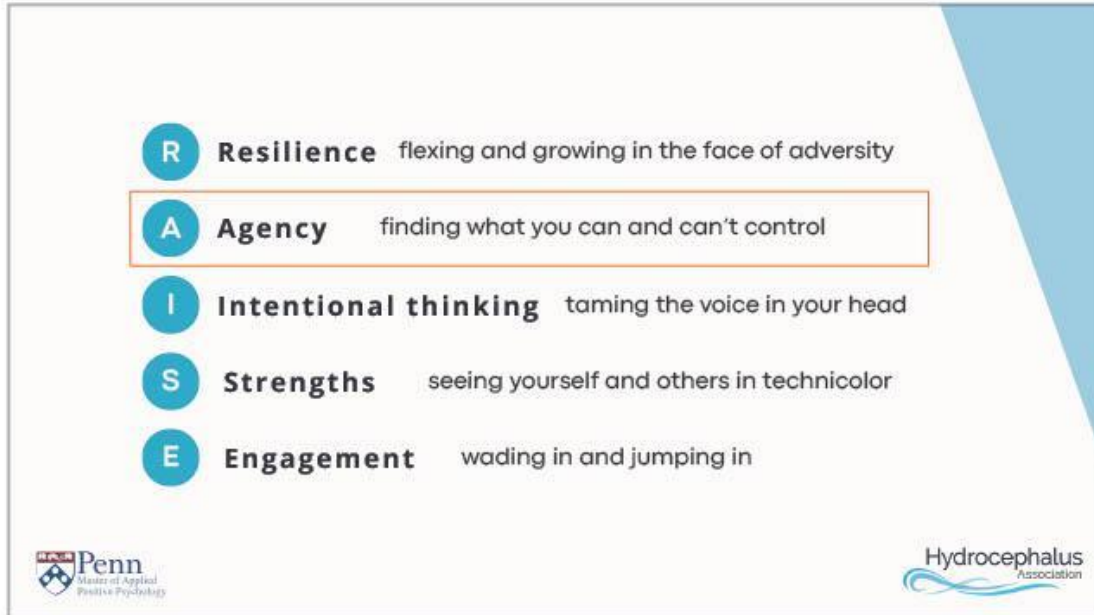




Welcome back! It is nice to see everyone. Before we get started, let's just take a second to practice our Stop, Breathe, Be skill. Please take this opportunity to stop what you are doing, put your phone down, close out of other tabs, and just join us fully in this virtual room. Next, fill up your lungs with one big breath.

[Model taking a large breath in].

Letting it out nice and slow. Now, just stay in the moment a little bit longer and just be. It is wonderful to be back with everyone today.



Today we come to our second module in our RAISE Model, Agency.



Agenda: Agency
Taking charge of what you can and can't control

- START UP** – Review resilience and the RAISE model
- LEVEL UP** – Define agency and learn about its impacts
- CIRCLE UP** – Discuss agency in our own lives
- BUILD UP** – Practice taking control
- WRAP UP** – Check in and set intentions

Let's take a look at today's agenda.

Start up - First, we will review the concept of resilience.

Level up - Next, we'll define and learn about agency.

Circle up - Then, we will create discuss agency in our own lives.

Build up- We will take time to have an in-class exercise.

Wrap up- And finally, we will check in with how we are all feeling and set our intentions for practicing agency.



 **START UP: Review**
Resilience: flexing and growing in the face of adversity

What are your takeaways from the initial module on **resilience**?

The first module was an overview regarding the concept of resilience. Would anyone be willing to share a takeaway they had from the first module?

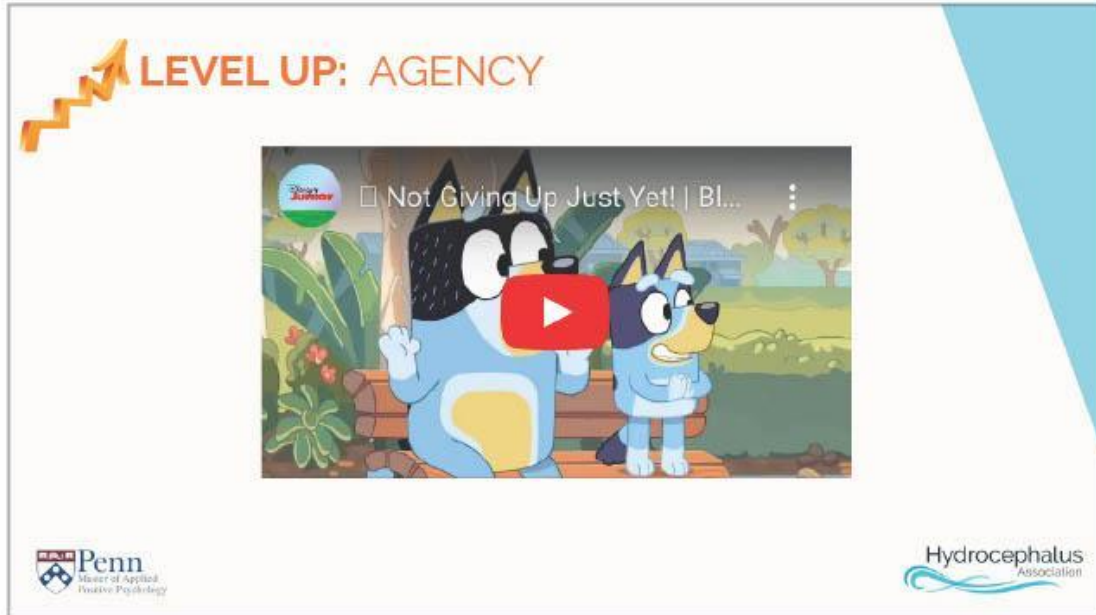
[If no one immediately shares a takeaway, please consider sharing a takeaway you had.

Below are some potential general takeaways to reference:

Resilience is how we respond to things.

Resilience can be learned or developed.

Resilience is not about toughing it out, ignoring emotions, or ignoring real pain and difficulty.]



We're going to start with a clip from the popular children's cartoon, Bluey, based out of Australia.

[Click on the video and play the clip until 3:34. Please note that you may have to skip past the initial advertisement to save time.

Copy the link into chat if facing technology issues: <https://www.youtube.com/watch?v=XpNH2Mdkpok>]



Now that we have seen the video, let's define the concept of agency.

Agency is your belief in your ability to act toward and achieve a goal. This definition has two main components - your belief in your ability to achieve a goal and your action toward that goal.

This can include your belief in your ability to call on your resources, skills, and knowledge in changing and challenging situations.

Agency is important when you're thinking about things you can and cannot control in your life. The goal of this module is to help you recognize things in your life that are under your control. So even when life feels stressful and challenging, you can turn to certain activities and beliefs that remind you of your power.



Before a person can believe that they can influence their world, they need to believe they can influence their own behavior.

Let us look at the process of agency that Bentley went through to get to the rings. She has failed a few times and is thinking she just can't do it.

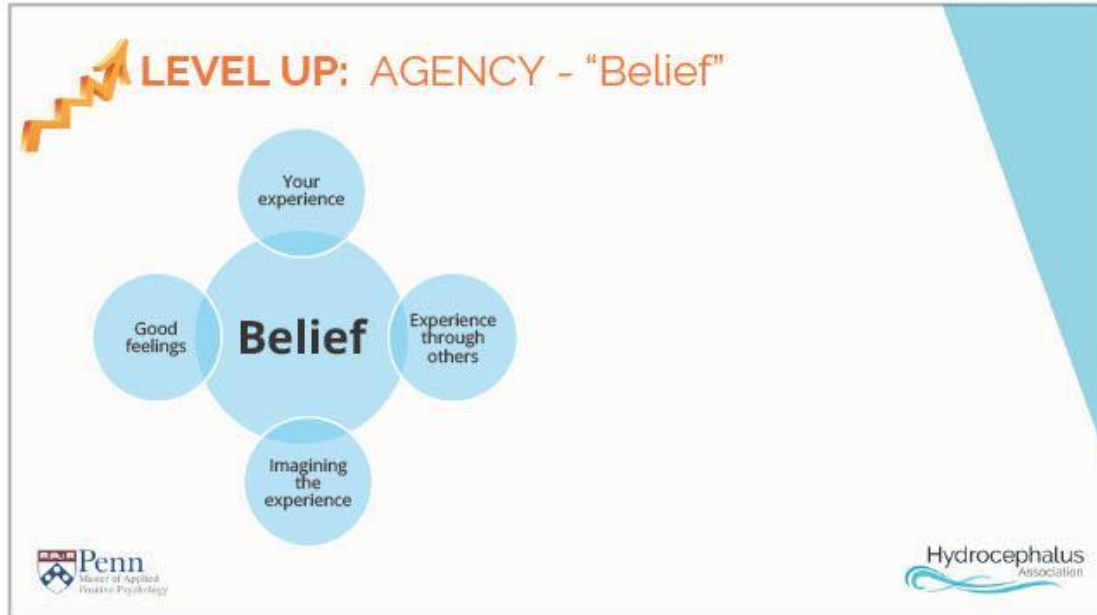
Here is Bentley at a low point where she does not have much agency. At this point, she thinks she has failed and does not believe in herself.



Here Bentley is determined to be able to find a new way to get to the rings.



Here Bentley believes she has come up with a new plan to get to the rings finally, and she is demonstrating agency.



This belief we are talking about is something that can be built. We can all think about times when our belief in our ability to influence our lives was high or low.

This belief is based on four types of experiences and can therefore be grown through exposure to these experiences.

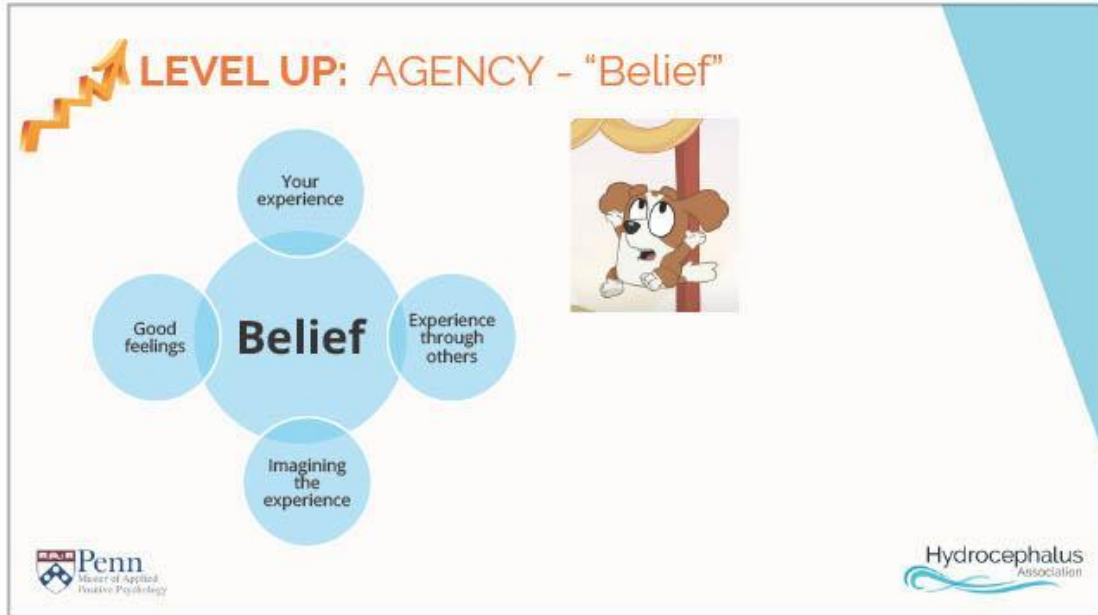
First is our own experience. If you've done that thing before, you're more likely to believe you can do it again.

Next is experience through others. Seeing others do something helps us believe in our own ability to do it. So this is your sign to share those experiences where you did something difficult with people around you. We can increase the agency of those around us when we share those experiences.

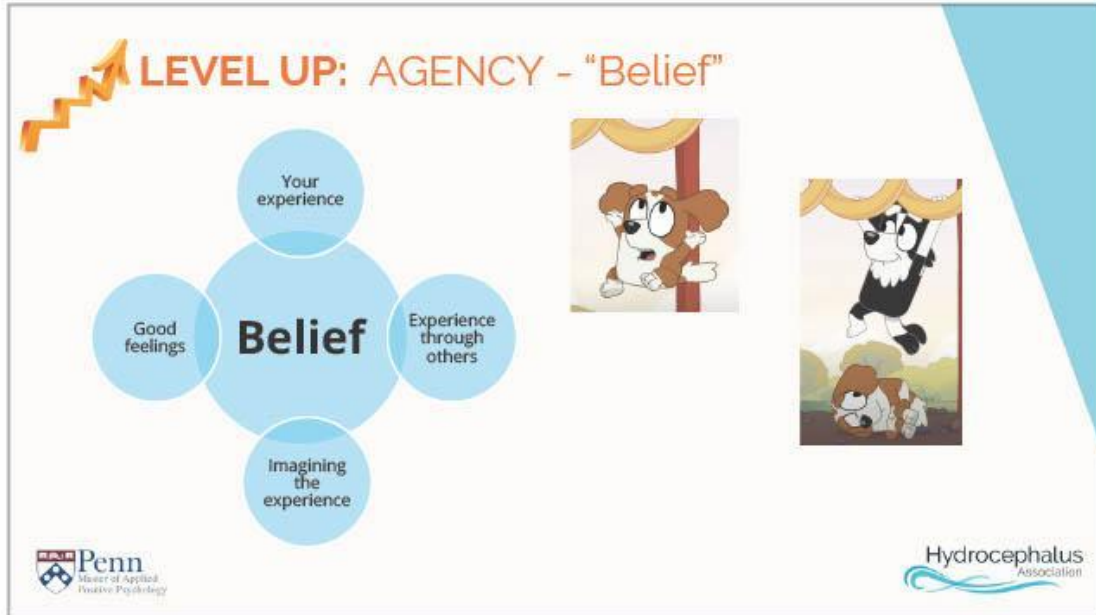
Then, there is imagining the experience. Visualizing yourself doing the thing promotes your belief in your ability.

And finally is good feelings. Feeling good makes you feel better about being able to do things. It's that reinforcement when we are successful that makes us want to do it again.

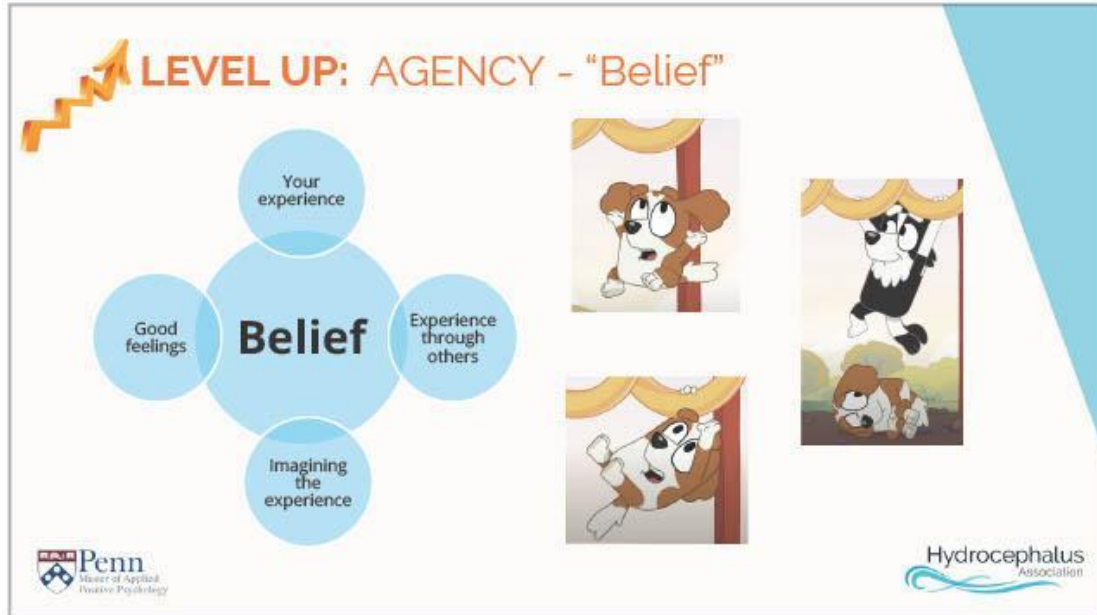
Let's see how Bentley uses a few of these to increase her belief in herself.



Here is Bentley trying through her own experience.



Here is Bentley watching another dog complete the activity. This is a great example of experience through others. Because she sees another dog do it, she has a renewed belief in herself.



Here Bentley has succeeded, and she is smiling, which is important for reinforcing her hard work.

When you put all the clips of Bentley together, you can see her belief in her ability to call on her skills and resources in challenging situations.

LEVEL UP: AGENCY - "Action"

Some things we could be doing to practice our agency:

-  Grow in the habit of being prepared
-  Grow in the habit of journaling
-  Grow in the habit of mindfulness
-  Go for a mindful walk

The second part of agency is action. Your belief in your ability to influence your life is important, but what is belief without the ability to “do”?

This brings us to “the how” of being able to influence yourself and your situations. Practice, or habit formation, is one of the pathways to developing agency. Remember how your experience adds to your belief. Well, these habits and practices can help you build your agency by reminding you of what you can do.

Here are some habits we can start working on to enhance our agency.

Being prepared can involve creating an emergency plan or learning more about hydrocephalus and the signs of a shunt failure. Creating an emergency action plan can reinforce your belief in your ability to handle an emergency. “I can be prepared for an emergency.”

Learning more about hydrocephalus and your child's diagnosis can involve talking to fellow parents about things that happened and how they handled them. Not only will this give you valuable information, but it will also reinforce your belief that you can handle those challenges as well.

Journaling can reinforce your belief in your ability to confront yourself and process your thoughts and emotions. “I can process my emotions so that I can be a better family member.”

A mini-mindfulness habit of doing a body scan daily or maybe even our stop, breathe, be that we

learned about last time and practiced today can reinforce your belief in your ability to become more self-aware. "I can slow down and notice my thoughts so that I can change them."

A mindful walk can reinforce your belief in your ability to care for yourself. "I can take care of myself so that I am a better caregiver."

All of these actions can be ways to exert or practice our agency, grow our beliefs in ourselves, and focus on things in our lives that we have control over.



In summary, when you have belief in yourself, plus action, the result can be agency.



LEVEL UP: AGENCY

Benefits:

- Improved recovery from trauma
- Increased
 - levels of positive emotions
 - self-care related to chronic diseases
 - overall well-being
- Decreased
 - stress
 - anxiety
 - depressive feelings






So why does this all matter? Beyond the obvious that it feels better to be the version of Bentley on the right versus the version on the left, there are more concrete benefits to increasing agency.

Larger level changes have been identified as improved recovery from trauma, higher levels of positive emotions, higher levels of self-care related to chronic diseases, and improved overall well-being.

Agency has also been associated with decreased stress, anxiety, and depressive feelings.



CIRCLE UP: GROUP DISCUSSION

Is anyone willing to share a moment where they demonstrated agency? *Remember, agency is an individual's belief that they can influence their life.*

Is anyone willing to share a moment when they felt low in agency / when they just felt like they couldn't make a difference in things?



[Read question prompt #1.] Is anyone willing to share a moment where they demonstrated agency? Remember, agency is a person's belief that they can influence their life or work toward or achieve a goal. And remember that sharing these experiences can help others believe in their ability to do the same.

[Read question prompt #2.] Is anyone willing to share a moment where they felt low in agency? Where they just felt like they couldn't make a difference in things.

[You may wish to copy these questions into the chat and get off screen share to be able to see everyone better during the discussion.

Also, feel free to add additional discussion questions that are uniquely suited to your group, their previous questions, and their personal challenges and interests.]



The purpose of this segment is to practice our agency.

We're going to do that with an "Even if..., I can..." statement. This is a statement where you are allowed to make whatever statement you want that starts with "even if" and continues with what feels like needs to be stated and then add on, "I can..."

[See handout.]

[If an example is needed, please provide a personal example that will connect with the group. A basic example could be: "Even if I don't know when my child's shunt might fail, I can have an emergency plan in place for myself and others to utilize."]

After sharing the concept of the activity, feel free to break people off into groups of 2 to discuss and create. If breaking into groups isn't possible, ask people to work on their own statements for 3-5 minutes and then bring them back into a main group to share.]

Would anyone be willing to share their "Even if..., I can..." statement?



WRAP UP: Checking in and setting intentions

How are you feeling right now?

What is your intention for this week?

Next session: **Intentional Thinking**



The Feeling Wheel
by Gloria Willcox



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Let's wrap up the day with our checkout. Take a moment to reflect on how you are feeling as we close out today, and write down your intention for how you would like to try out this skill this week. Remember some suggestions from earlier in this module, create an emergency plan, start a journaling practice, do a body scan meditation, or go for a mindful walk alone or with family.

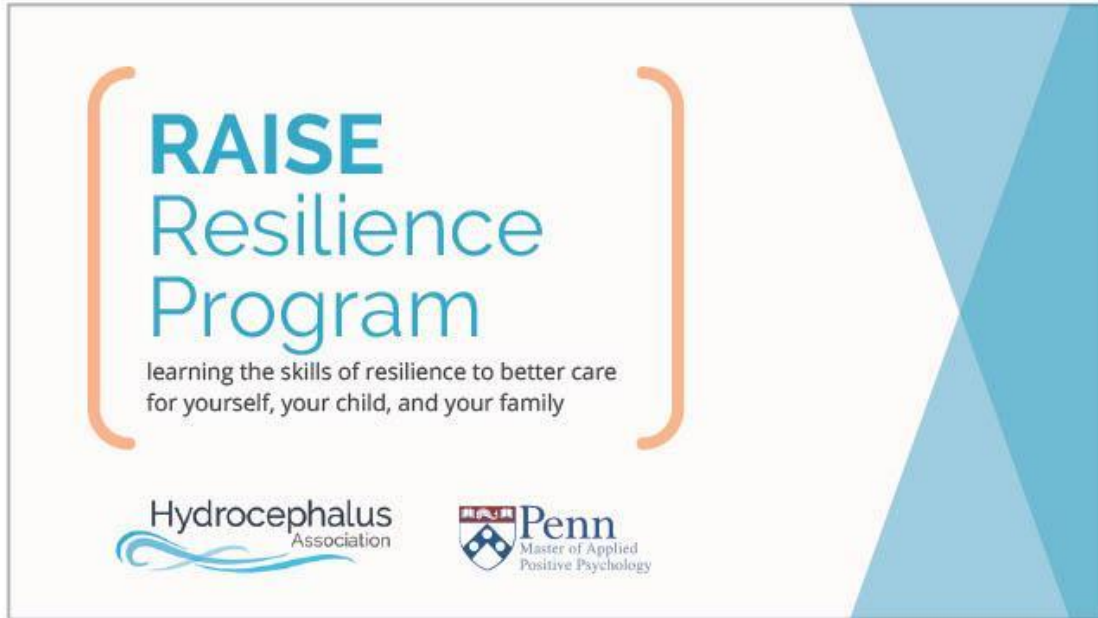
[See handout.]

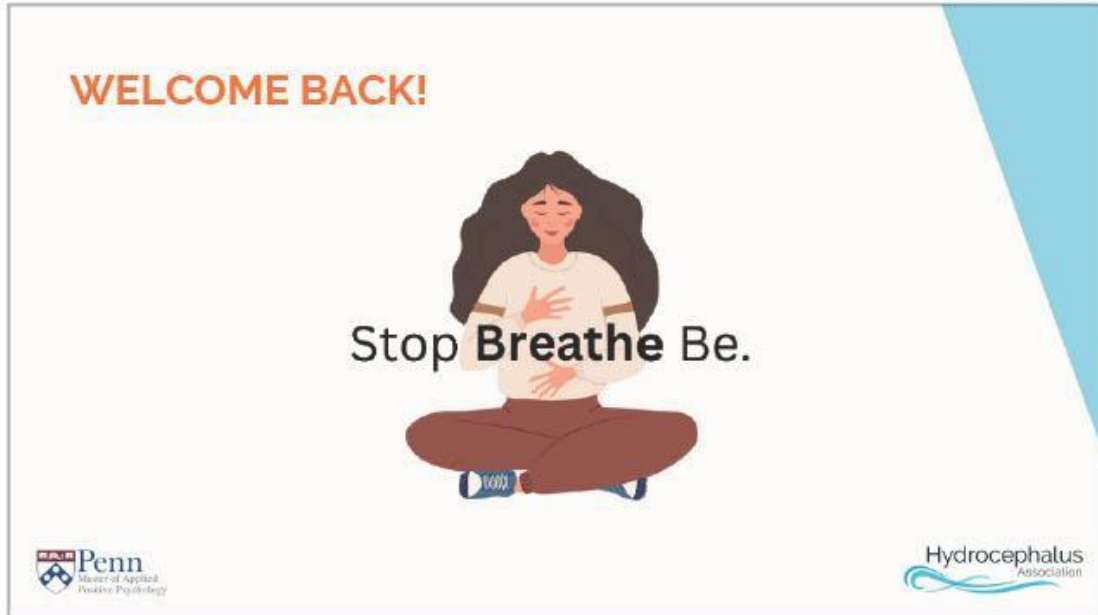
[Depending on group size, share checkouts aloud if possible. If the group is too big and checkout would take up too much time, have group members share their feelings and intentions in the chat.]

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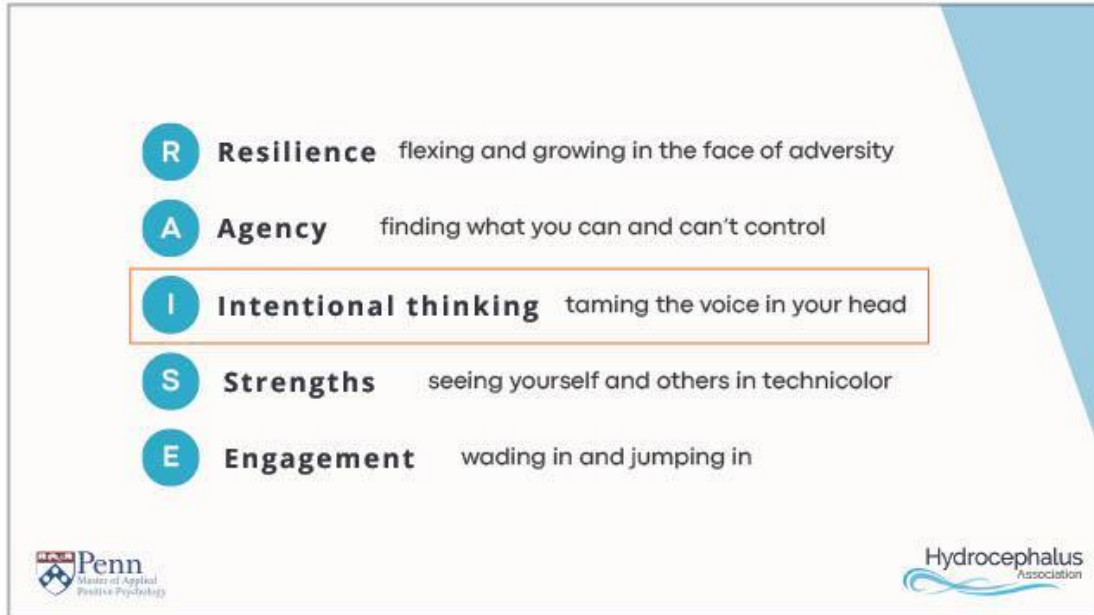




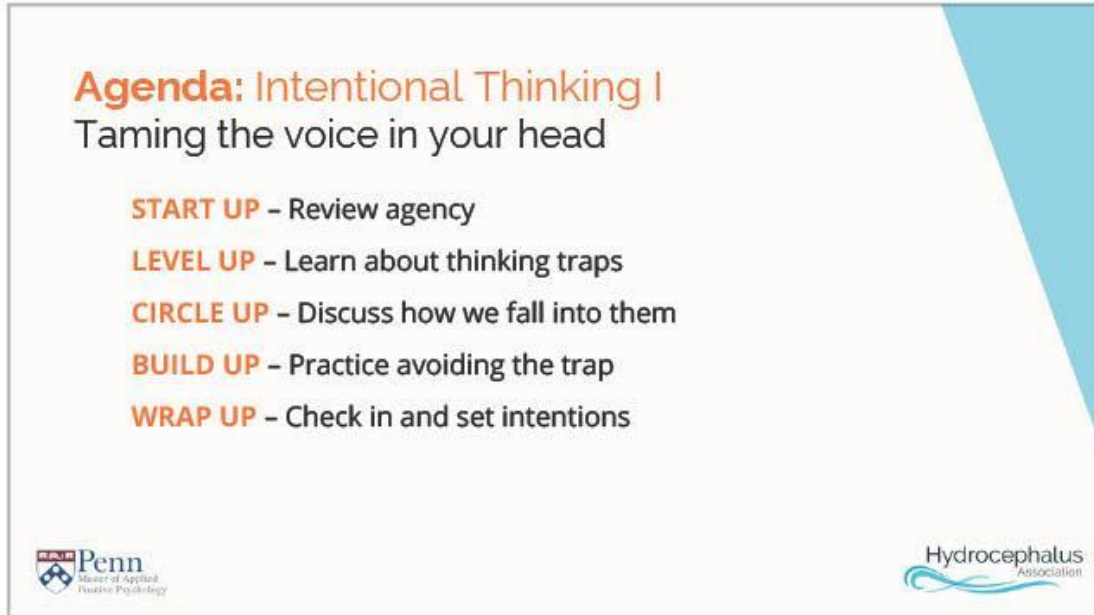
Welcome back! It is nice to see everyone. Before we get started, let's just take a second to practice our Stop, Breathe, Be skill. Please take this opportunity to stop what you are doing, put your phone down, close out of other tabs, and just join us fully in this virtual room. Next, fill up your lungs with one big breath.

[Model taking a large breath in.]

Letting it out nice and slow. Now, just stay in the moment a little bit longer and just be. It is wonderful to be back with everyone today.



Today, we are starting in on our Intentional Thinking module. This module is composed of two parts, the first is designed to help us recognize our unhelpful thinking patterns, the second will teach us how to change them!



Agenda: Intentional Thinking I
Taming the voice in your head

- START UP** – Review agency
- LEVEL UP** – Learn about thinking traps
- CIRCLE UP** – Discuss how we fall into them
- BUILD UP** – Practice avoiding the trap
- WRAP UP** – Check in and set intentions

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Let's take a look at today's agenda.

Start up - We'll start with a short review of agency.

Level up - Then, we'll dive into learning about thinking traps.

Circle up - Next, we'll discuss how this all applies to you and how we fall into these traps.

Build up - We'll put this skill into action with an activity.

Wrap up - Last but not least, we will wrap things up with our checkout.



START UP: Review

Agency: Taking charge of what you can and can't control

- Agency = belief + action
- Improves well-being
- Decreases feelings of anxiety and depression
- "Even if..., I can..."
- How did you take agency over your life since we last met?



Last week we discussed Agency. Agency involves two parts:

Belief in oneself to influence outcomes

Taking action

We discussed using the framework "Even if..., I can..." to create an agentic statement when facing a challenging situation.

How did you put this skill into practice since last time? How did you take agency over your life?

LEVEL UP: Thinking Traps

Frozen- Do You Want To Build A Sn...

Watch on YouTube

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We will start with a short clip from the movie Frozen. For those who are unfamiliar with the story, Elsa, the eldest sister, has magical, wintery powers. Anna is the younger sister. As you watch, please pay attention to how Elsa perceives her powers.

[Play clip.]

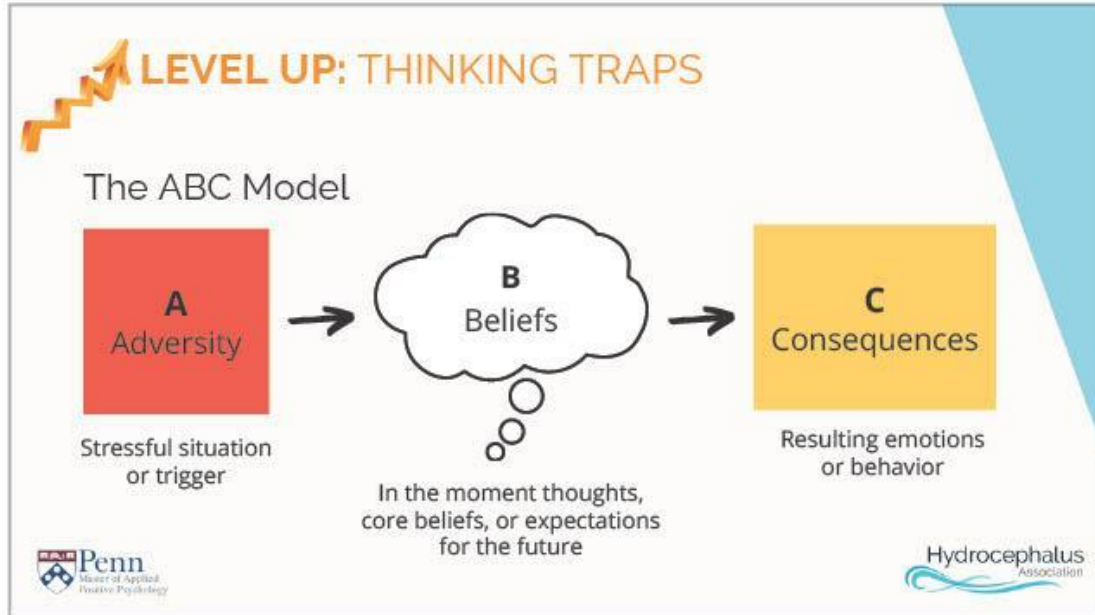
Let's discuss:

How did Elsa's thinking about her powers impact her situation?

Is there a different way she could have thought about them that would have been more effective?

[Copy the link into chat if facing technology issues:

<https://youtu.be/WRsBMPnQYbQ>]



As you know, in this module, we are going to learn about intentional thinking. This involves recognizing unhelpful thinking patterns and replacing them with more helpful thinking. To do this, we first have to understand how our thinking impacts us. For this, we turn to the ABC Model.

A, Adversity: This is a negative event, stressor, or trigger.

Example: In the movie clip example, the adversity was that Elsa had powers that she didn't know how to control.

B, Beliefs: The adversity leads to certain thoughts or beliefs. This section can include the thoughts that pop up in our heads at that moment, assumptions about the future, or deeper beliefs that have accumulated over the years.

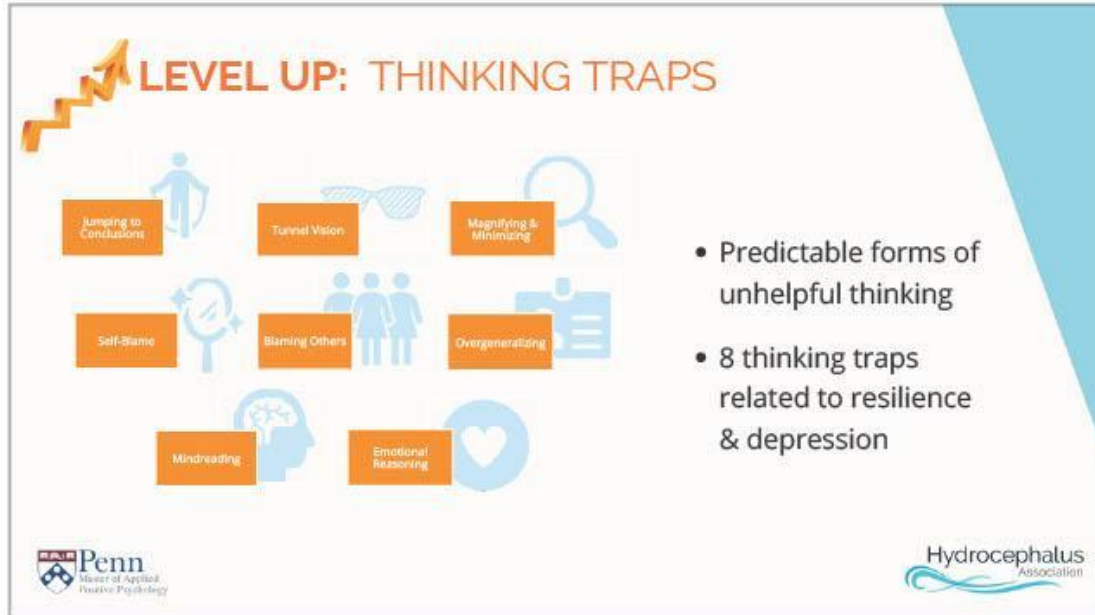
Example: In the clip, Elsa's belief was that she could not safely control her powers around other people.

C, Consequences: Our thoughts or beliefs influence our feelings and our actions.

Example: Elsa's beliefs led her to feel scared and hide away from everyone in order to keep them safe. However, **spoiler alert**, this is very isolating, and if you have seen the movie, you know this is not actually an effective approach to the problem.

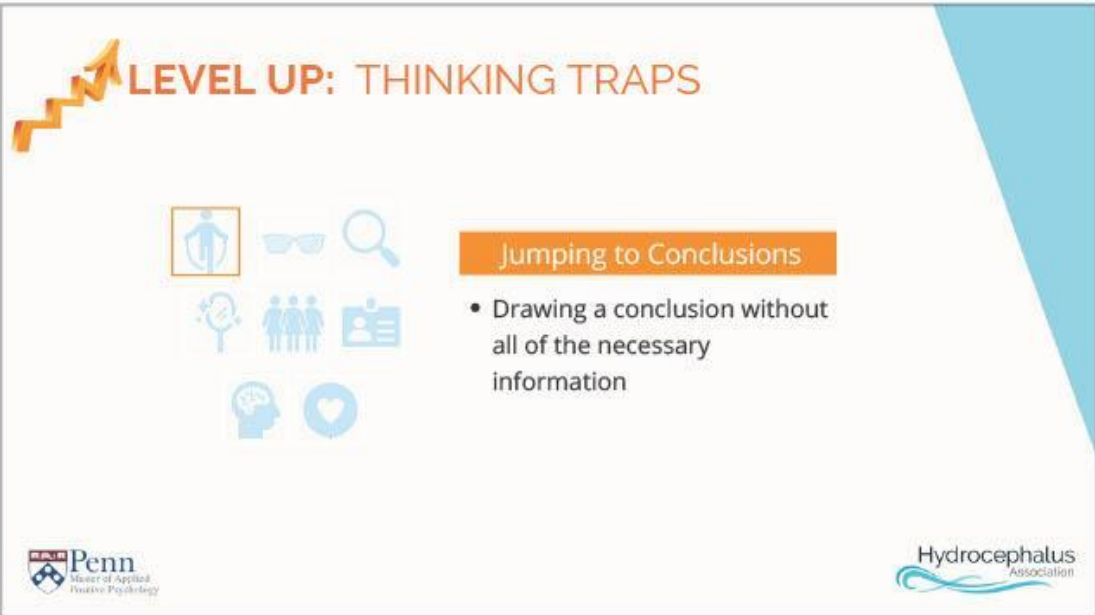
As you can see, our thoughts, feelings, and behaviors are all connected. Understanding this connection can help facilitate deliberate changes in this process and cultivate resilience. In the two Intentional Thinking sessions, we are going to be taking a microscope to the thoughts portion of this model.

[See handout.]



First, we are going to learn about common forms of unhelpful thinking. We call these “Thinking Traps” because we often fall into these “traps” without knowing it. There are eight traps that are specifically related to resilience and depression that we are introducing here. Learning to recognize these traps can help us avoid them and be at our best. As we learn about these traps, pay attention to the ones that stand out to you. Think about which traps you fall into.

[See handout.]



LEVEL UP: THINKING TRAPS

Jumping to Conclusions

- Drawing a conclusion without all of the necessary information

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First, we have Jumping to Conclusions. This is the trap of making an assumption without all of the information.

For example, someone waiting for medical results might assume “They’re going to give us bad news because it’s taking so long.” When in reality, the doctors could be busy with other patients or be short staffed, leading to the extended wait time. Without the actual medical results, they cannot know if it is going to be bad news or not.

LEVEL UP: THINKING TRAPS

Tunnel Vision

- Narrowly focusing on the negative parts of a situation
- Ignoring the positive parts
- Ignoring evidence that does not support our own beliefs

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Next, we have Tunnel Vision. In this trap, our attention narrows on just the negative parts of a situation. Because our view is so narrow, it is easy to ignore evidence that doesn't support the belief.

For example, a parent might be upset that their child was not invited to a class birthday party and think, "My child doesn't fit in, he doesn't have any friends, I'm sure he's terribly lonely," ignoring the fact that the child has a friend next door and is part of an active virtual group of friends from summer camp.

LEVEL UP: THINKING TRAPS

Magnifying & Minimizing

- Inaccurately assigning value to positive or negative events
- Magnifying the bad and minimizing the good = Overly Pessimistic
- Magnifying the good and minimizing the bad = Overly Optimistic

Next, we have the trap of magnifying and minimizing, which involves inaccurately assigning value to positive or negative events in our lives. Another way to think about this is thinking in extremes. This can involve both a negative and a positive extreme.

Magnifying the bad, Minimizing the good: Someone who puts more weight on negative events than the positive.

For example, a parent who may have made a mistake early on in their child's medical journey may magnify their mistake and minimize all the positive actions they've made since.

Magnifying the good, Minimizing the bad: Someone who brushes off the negative as not that big of a deal and ignores negative feedback.

For example, not going to the doctor when you're having new symptoms because "it will be fine."

LEVEL UP: THINKING TRAPS

Self-Blame

- Blaming problems solely on ourself.

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Self-blame, or personalizing, is the trap of being too hard on ourselves. When we blame ourselves, we take complete responsibility for the problem and ignore outside factors that may have contributed to it. Paired with other thinking traps, this can become the mentality that “I am the problem.”

Let’s take a look at the example of Sarah and Luke. Luke has a learning disability and has been struggling in school this year. Sarah, Luke’s mom, tends to fall into the self-blame trap. When she gets her son’s latest report card, she thinks, “If I were a better parent, this wouldn’t have happened. I should have sat with him when he does his homework. I should have enrolled him in tutoring.” However, Sarah is ignoring the school’s role in the problem, the fact that learning disabilities naturally make school more challenging, and her son’s effort toward his schoolwork. It is unrealistic for Sarah to put all of the blame on herself because there are many factors at play.

Remember, this is a thinking trap! If you fall into this one, this is a form of unhelpful, inaccurate thinking.

LEVEL UP: THINKING TRAPS

Blaming Others

- Blaming others for our problems.

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On the other hand, we have the trap of blaming others, sometimes called externalizing. This is where we point our fingers outward and blame factors outside of ourselves for our problems. This trap can make us feel better about ourselves but often leads to feelings of anger and lack of control.

Let's go back to the example of Sarah and Luke. If Sarah gets the report card and instead blames others, she may feel angry and go to the school and demand better support for her son. In some ways, this may be effective, but it also overlooks support that Sarah could put into place at home. If part of the problem is that Luke is struggling to do his homework, there may be ways Sarah can help. By blaming others, we give up our power in the situation. In this trap, Sarah is losing out on a chance to exercise her agency and control the variables she can control.



LEVEL UP: THINKING TRAPS

Overgeneralizing

- Making sweeping generalizations about someone's behavior
- Describing behavior as part of the person's character
- Watch out for words like "Always" or "Never"

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Next, we have overgeneralizing. This is where we make a sweeping generalization about someone's behavior, labeling it as if it were part of the person's character. An easy way to catch this type of thinking is noticing when you use words like "always" or "never" to describe behavior.

Let's say your oldest child is supposed to take out the trash and forgets. An overgeneralized thought might be, "He's so lazy. He never helps around the house!" That's likely inaccurate. He probably has helped around the house, just not as much as you would like. Describing him as lazy suggests that laziness is part of who he is, a permanent trait of his character.



LEVEL UP: THINKING TRAPS

Mindreading

- Assuming you know what others are thinking

The slide includes a collection of icons representing various thinking traps: a person with a shield, sunglasses, a magnifying glass, a clock, a group of people, a person with a checklist, a head with a brain, and a heart. The slide also features the Penn Master of Applied Positive Psychology logo and the Hydrocephalus Association logo.

Mindreading is the trap we fall into when we assume we can tell what someone else is thinking or feeling. Because we don't have superpowers, we can't actually read minds, but it is very common for people to try.

For example, a parent who meets with their child's teacher to discuss grades might be mindreading when they think that the teacher thinks they are a bad parent, before they even met.



LEVEL UP: THINKING TRAPS

Emotional Reasoning

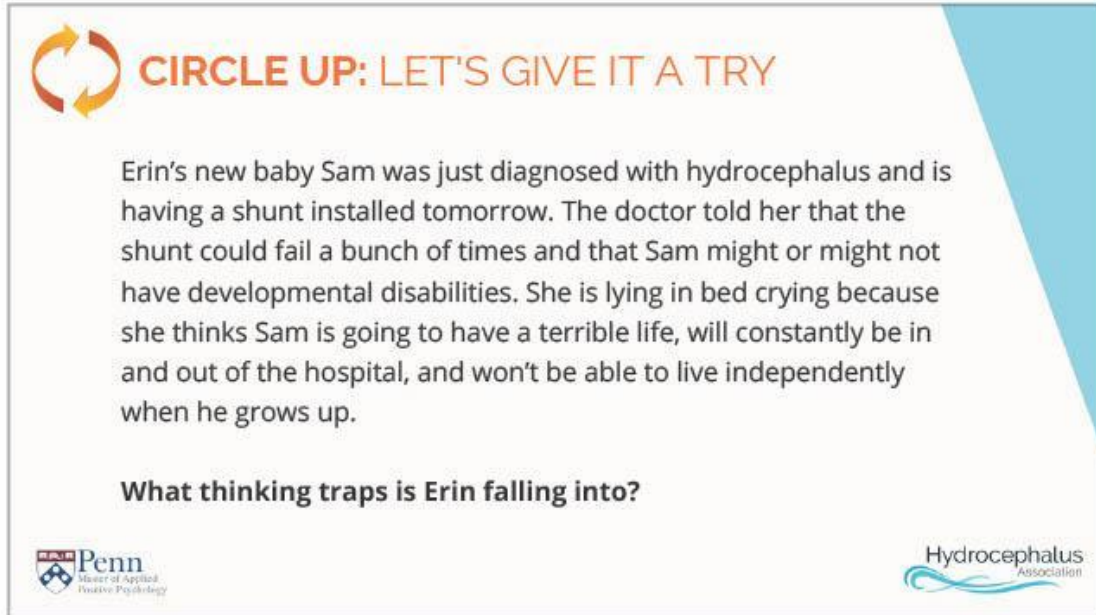
- When our emotional state determines our conclusions

The slide features a collection of icons representing various thinking traps: a person with a shield, sunglasses, a magnifying glass, a clock, a group of people, a person with a document, a brain, and a heart. The Penn logo (University of Pennsylvania) is in the bottom left, and the Hydrocephalus Association logo is in the bottom right.

Last but not least is the emotional reasoning trap. We fall into this trap when the emotions we are experiencing change how we see the world.

When we base our reality and decisions only on the cues and information our emotions are providing us, we can get skewed feedback.

For example, assuming, "If I'm anxious, then something must be wrong."



CIRCLE UP: LET'S GIVE IT A TRY

Erin's new baby Sam was just diagnosed with hydrocephalus and is having a shunt installed tomorrow. The doctor told her that the shunt could fail a bunch of times and that Sam might or might not have developmental disabilities. She is lying in bed crying because she thinks Sam is going to have a terrible life, will constantly be in and out of the hospital, and won't be able to live independently when he grows up.

What thinking traps is Erin falling into?

Now let's give it a try.

[Read slide.]

[Some example answers:

- Emotional Reasoning: Erin is overwhelmed by the diagnosis, and her emotions are making it hard to think through things clearly.
- Jumping to conclusions: Erin is assuming Sam will have a bad life because of his diagnosis.]



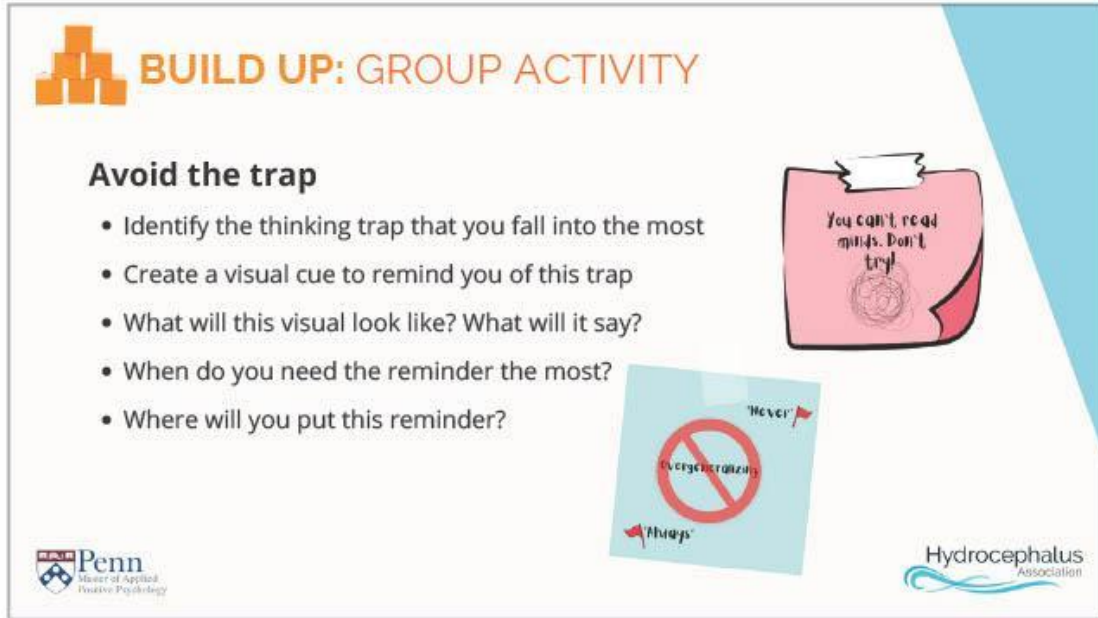
CIRCLE UP: GROUP DISCUSSION

- What thinking traps do you see yourself falling into the most?
- What negative consequences do thinking traps lead you to?
- What adversities bring up thinking traps the most?
- What thinking traps do you see your loved ones falling into?



[Pick 1-2 discussion questions based on the dynamics of the group. You may wish to copy these questions into the chat and get off screen share to be able to see everyone better during the discussion.

Also, feel free to add additional discussion questions that are uniquely suited to your group, their previous questions, and their personal challenges and interests.]



BUILD UP: GROUP ACTIVITY

Avoid the trap

- Identify the thinking trap that you fall into the most
- Create a visual cue to remind you of this trap
- What will this visual look like? What will it say?
- When do you need the reminder the most?
- Where will you put this reminder?




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For our activity, we will be working on building our awareness of our thinking traps to help us avoid falling into them.

- 1) Identify the thinking trap that you fall into the most. Pick 1-2 that you want to get better at avoiding.
- 2) We are going to create visual cues to remind us about our traps. This can be on a sticky note or a reminder on your phone. Get as creative as you want with this exercise. Think about if you want to use visuals or words to remind you of your common thinking traps.
- 3) Next, think of when you need the reminder the most. This will help you determine where to put your reminder. It is not uncommon to fall into thinking traps when we are feeling extra vulnerable. This could be when we are feeling drained from enduring lots of stress or lacking sleep. This could be during times when we feel rushed or like we are lacking important information. Think about other situations or vulnerabilities that might lead you into a thinking trap.

[Discuss these if time permits.]



WRAP UP: Checking in and setting intentions

How are you feeling right now?

What is your intention for this week?

Next session: **Intentional Thinking II** - how to reframe our thinking



The Feeling Wheel
by Gloria Willcox




Let's wrap up the day with our checkout. Take a moment to reflect on how you are feeling as we close out today, and write down your intention for how you would like to try out this skill this week.

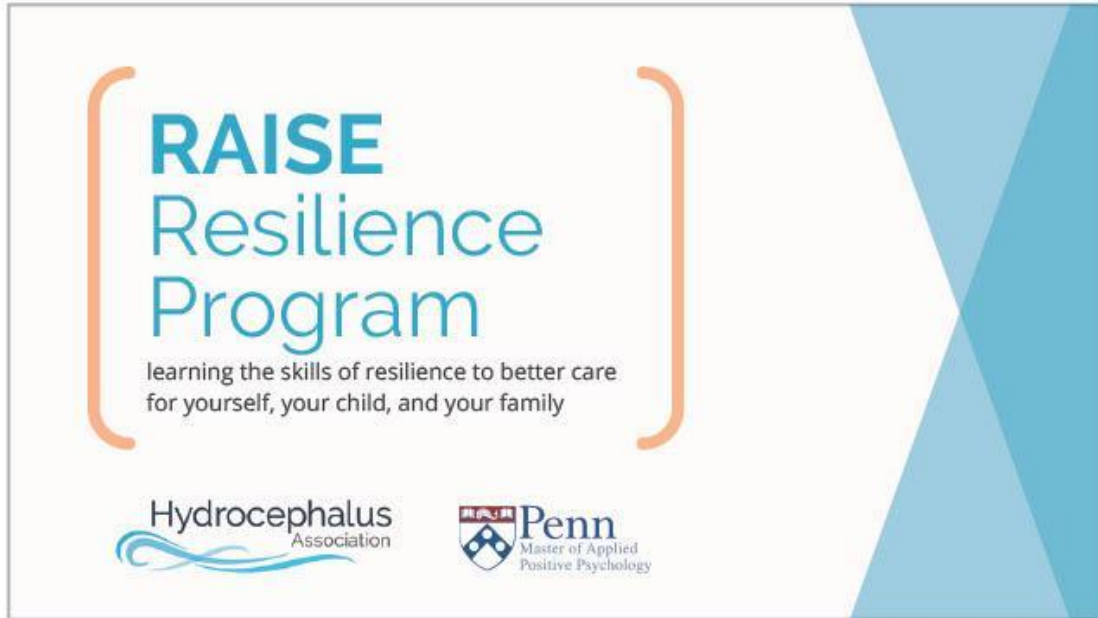
[See handout.]

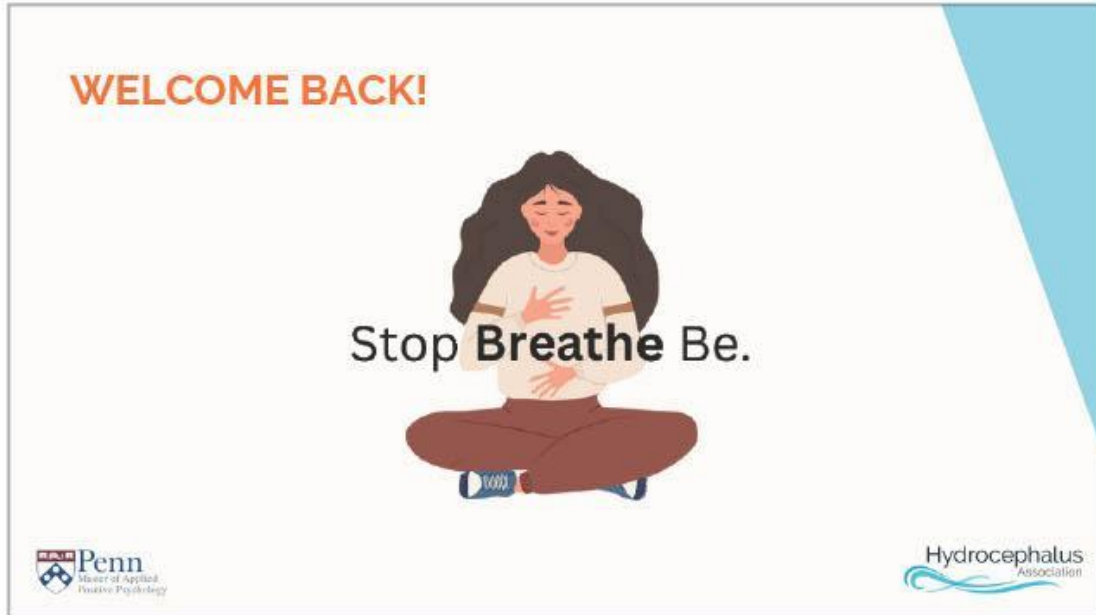
[Depending on group size, share checkouts aloud if possible. If the group is too big and checkout would take up too much time, have group members share their feelings and intentions in the chat.]

References

- Linehan, M. M. (2015). *DBT skills training manual* (2nd edition). Guilford Press.
- Reivich, K. & Shatté, A. (2002). *The resilience factor: 7 keys to finding your inner strength and overcoming life's hurdles*. Three Rivers press.
- Reivich, K. & Saltzberg, J. (2023, March 3). Positive psychology and individuals: MAPP 708 spring onsite 3 [PowerPoint slides]. College of Liberal and Professional Studies, University of Pennsylvania.
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- Willcox, G. (1982). The feeling wheel. *Transactional Analysis Journal*, 12(4), 274-276.
<https://doi.org/10.1177/036215378201200411>



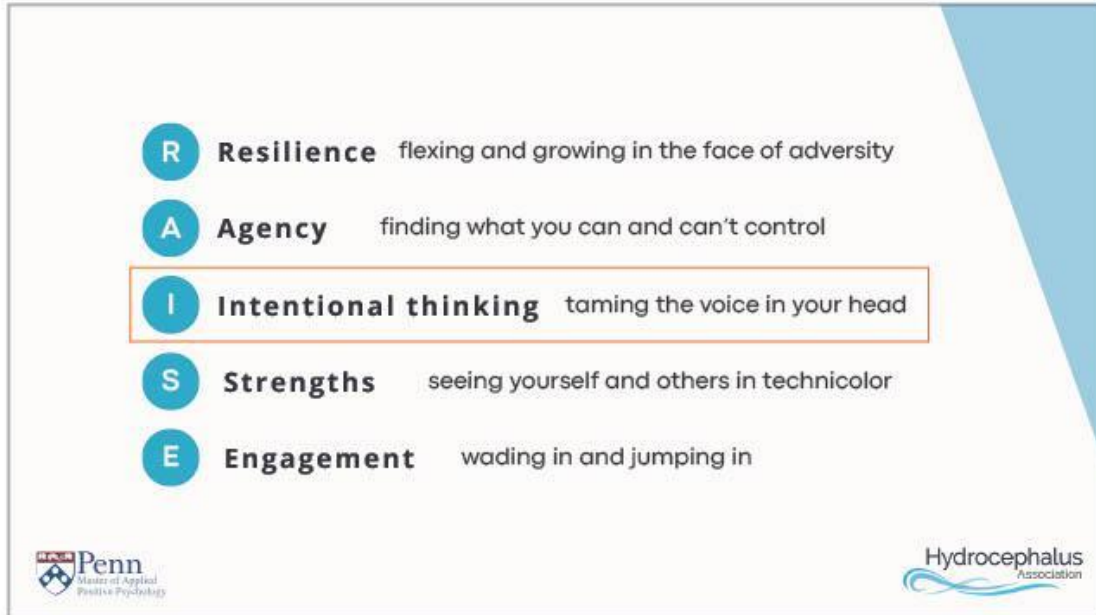




Welcome back! It is nice to see everyone. Before we get started, let's just take a second to practice our Stop, Breathe, Be skill. Please take this opportunity to stop what you are doing, put your phone down, close out of other tabs, and just join us fully in this virtual room. Next, fill up your lungs with one big breath.

[Model taking a large breath in.]

Letting it out nice and slow. Now, just stay in the moment a little bit longer and just be. It is wonderful to be back with everyone today.



R Resilience flexing and growing in the face of adversity

A Agency finding what you can and can't control

I Intentional thinking taming the voice in your head

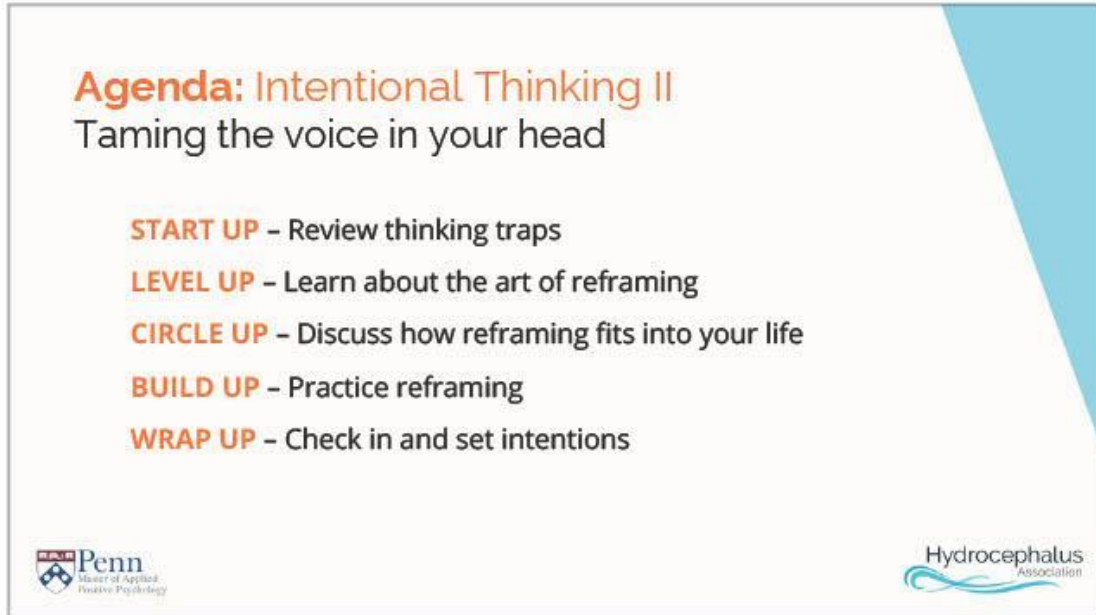
S Strengths seeing yourself and others in technicolor

E Engagement wading in and jumping in

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Today we will be completing our Intentional Thinking module. We spent the last session learning how to recognize our unhelpful thinking patterns, and today we will learn how to change them!

A presentation slide with a light blue background and a darker blue triangle in the top right corner. The title 'Agenda: Intentional Thinking II' is in orange, followed by the subtitle 'Taming the voice in your head' in black. The agenda items are listed in orange and black text: 'START UP - Review thinking traps', 'LEVEL UP - Learn about the art of reframing', 'CIRCLE UP - Discuss how reframing fits into your life', 'BUILD UP - Practice reframing', and 'WRAP UP - Check in and set intentions'. Logos for Penn State and the Hydrocephalus Association are at the bottom.

Agenda: Intentional Thinking II
Taming the voice in your head

- START UP** - Review thinking traps
- LEVEL UP** - Learn about the art of reframing
- CIRCLE UP** - Discuss how reframing fits into your life
- BUILD UP** - Practice reframing
- WRAP UP** - Check in and set intentions

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Let's take a look at today's agenda.

Start up - We'll start with a review of the thinking traps.

Level up - Then, we'll learn about this session's topic: reframing.

Circle up - Next, we'll discuss how you can use reframing in your life.

Build up - We'll get a chance to practice a bit with our activity.

Wrap up - Finally, we will wrap things up with our checkout.



START UP: Review

- Jumping to Conclusions
- Tunnel Vision
- Magnifying & Minimizing
- Personalizing
- Externalizing
- Overgeneralizing
- Mindreading
- Emotional Reasoning

- **Thinking traps:**
Predictable forms of unhelpful thinking
- What thinking traps did you fall into this week?

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Let's start with a short review. Last time we learned about thinking traps. These are predictable forms of unhelpful thinking. We learned about eight different traps, including: jumping to conclusions, tunnel vision, magnifying & minimizing, personalizing, externalizing, overgeneralizing, mindreading, and emotional reasoning.

Discuss:

After learning about these various thinking traps,
did you notice yourself falling into any of these traps?

Were you able to recognize you were in a trap?

What strategies did you use to build awareness around your own thinking patterns?

LEVEL UP: INTENTIONAL THINKING

Watch on YouTube **THIS IS US**

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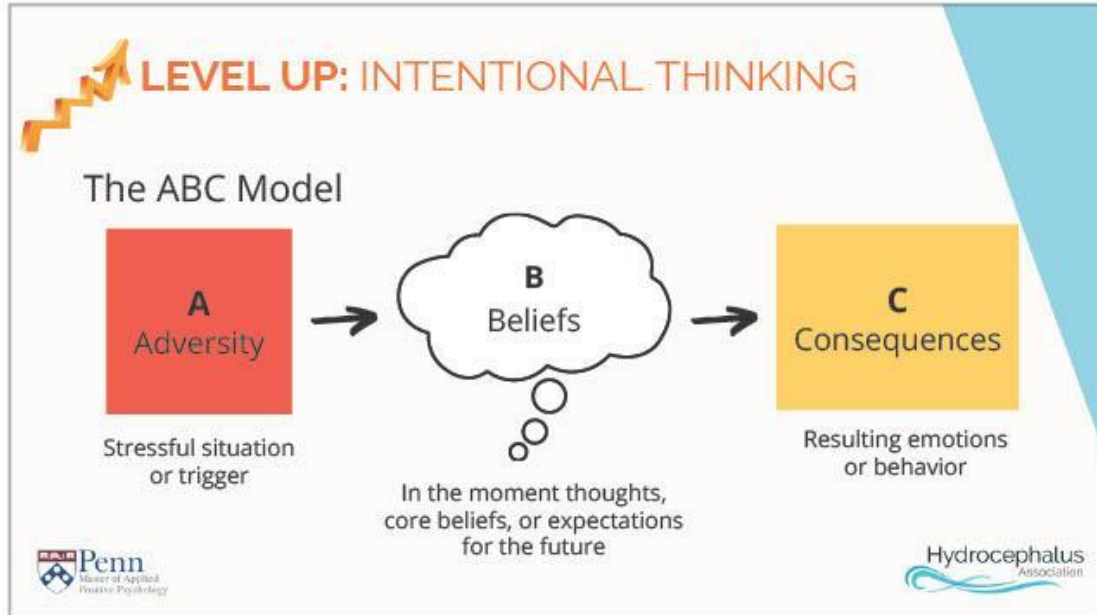
Now that we have strengthened our awareness of our thinking patterns, we are going to learn how to reframe our unhelpful thinking. Let's start with a short clip from the TV show *This Is Us*. In the clip, the family is facing a big life transition, moving to Philadelphia. As you watch, pay attention to the thinking strategy this family uses to cope with this big change.

[Play clip.]

Discuss:

Why do you think the parents shared the worst-case scenario game with their children?
How did saying their worries out loud change how the people thought or felt about their situation?

[Copy the link into chat if facing technology issues:
<https://www.youtube.com/watch?v=utP53SA6HzU>]



Let's think about this through the lens of our ABC model. Remember, our thoughts, feelings, and behaviors are all connected. When an adversity hits, we have beliefs and thoughts about the event, that, as a consequence, trigger various emotions or behaviors.

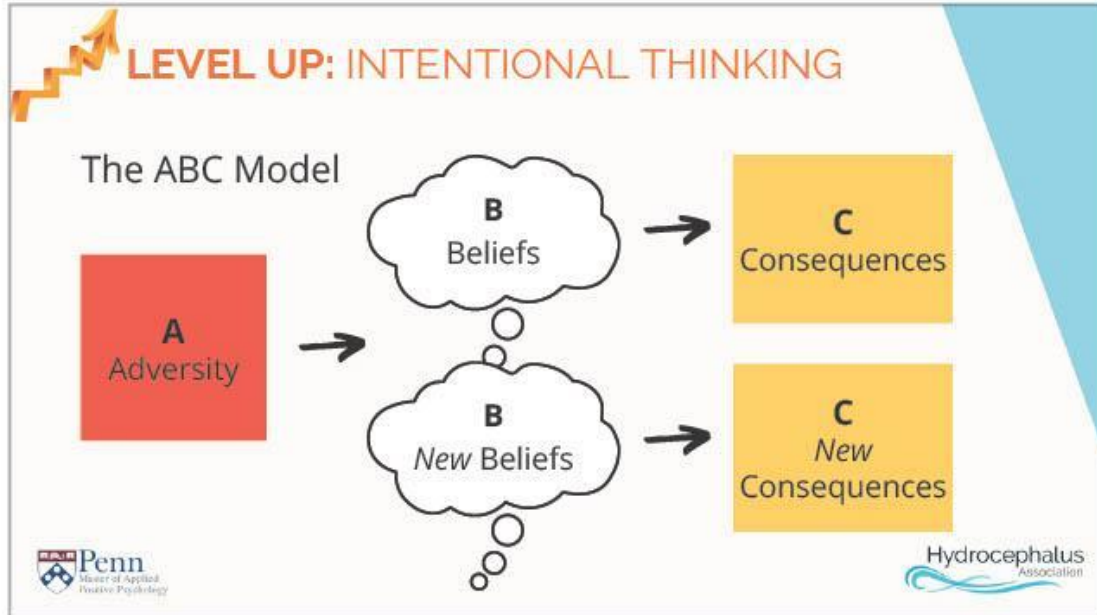
Let's think about the This Is Us example.

A: The adversity was moving to a new city.

B: Randall shared that his worry, thought, or belief was that Deja would forget to text when she got to school.

C: This would result in the consequences of Randall feeling fearful and wanting to ground Deja for an extended period of time.

[Options: You can also use examples from the other family members. Beth shares the belief that she will project "her stuff" onto her children, impacting her children negatively. The little girl shares fear that her friends could forget about her.]



Understanding this connection can help facilitate deliberate changes in this process and cultivate resilience. This is where the idea of intentional thinking comes to life.

We can't always change what happens to us, but we can change how we respond. If we change our beliefs or our thoughts, then we can change the emotions and actions that result. Different thoughts lead to different outcomes or consequences.

LEVEL UP: INTENTIONAL THINKING

The Art of Reframing

- Resilient people are flexible thinkers
- Different tools for different times

Take it or Leave it Policy

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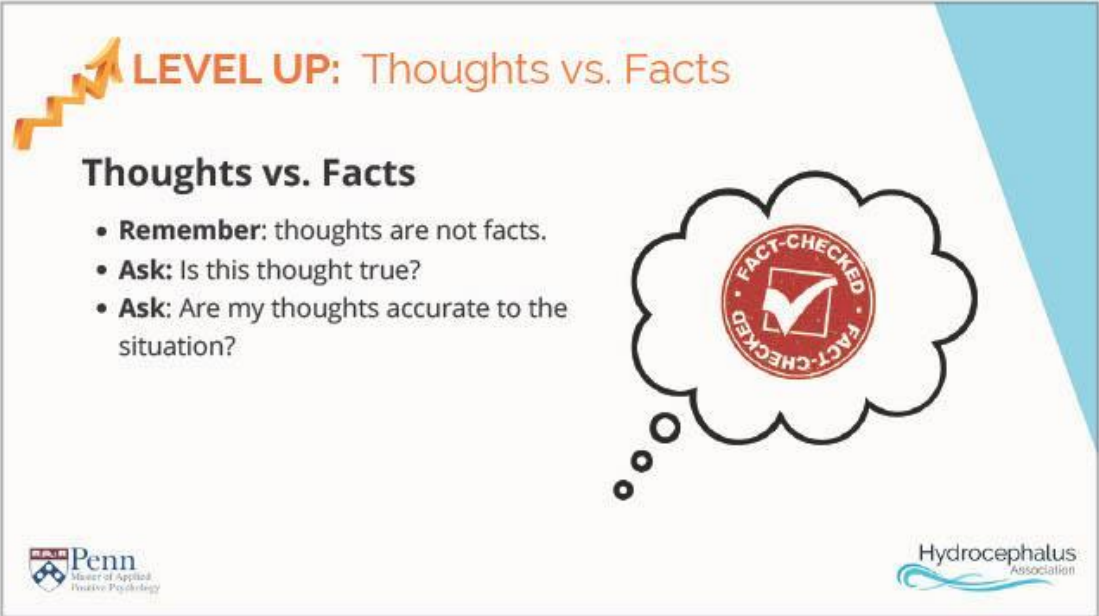
Today we will learn strategies for reframing our thinking to be more accurate, more helpful, and more resilient.

Research shows that resilient people typically demonstrate flexible thinking; they use a variety of coping tools and thinking strategies based on what is relevant to the situation.

We will be going through multiple strategies that you can use to intentionally reframe your thinking in a variety of situations. Not every strategy will fit every situation. There will be different tools for different times.

You may not be a fan of all of these strategies, and that's okay! Take the ones that you find helpful. Leave the ones you don't.

[See handout.]



LEVEL UP: Thoughts vs. Facts

Thoughts vs. Facts

- **Remember:** thoughts are not facts.
- **Ask:** Is this thought true?
- **Ask:** Are my thoughts accurate to the situation?

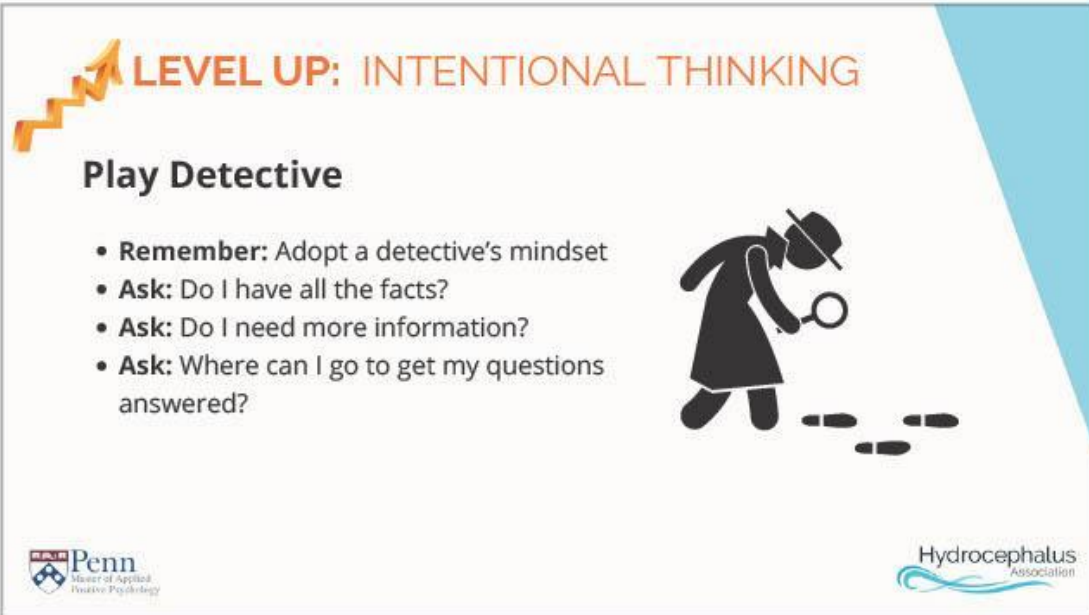
 

For our first strategy, we are going to remind ourselves that there is a difference between thoughts and facts. Thoughts are just neural firings in our brain. We have a lot of silly thoughts that we pay very little attention to all day long. Just because we have a thought doesn't mean it is accurate or true. A helpful strategy can be to ask yourself, is this thought actually true? Does this thought match what's actually going on?

Example:

Situation: Jake has a 7-year-old with hydrocephalus and two sulky teenagers who never want to spend time with him. Jake's belief: "I'm a bad parent. If only I'd spent more time with them when the baby had all those surgeries, the older kids wouldn't hate me like they seem to."

An Intentional Thinker might say to himself: "Are my thoughts true? Everyone knows the teenage years are tough, my kids' friends behave the same way, and in fact, I behaved like that myself when I was 15, so this could easily be just a phase."



LEVEL UP: INTENTIONAL THINKING

Play Detective

- **Remember:** Adopt a detective's mindset
- **Ask:** Do I have all the facts?
- **Ask:** Do I need more information?
- **Ask:** Where can I go to get my questions answered?

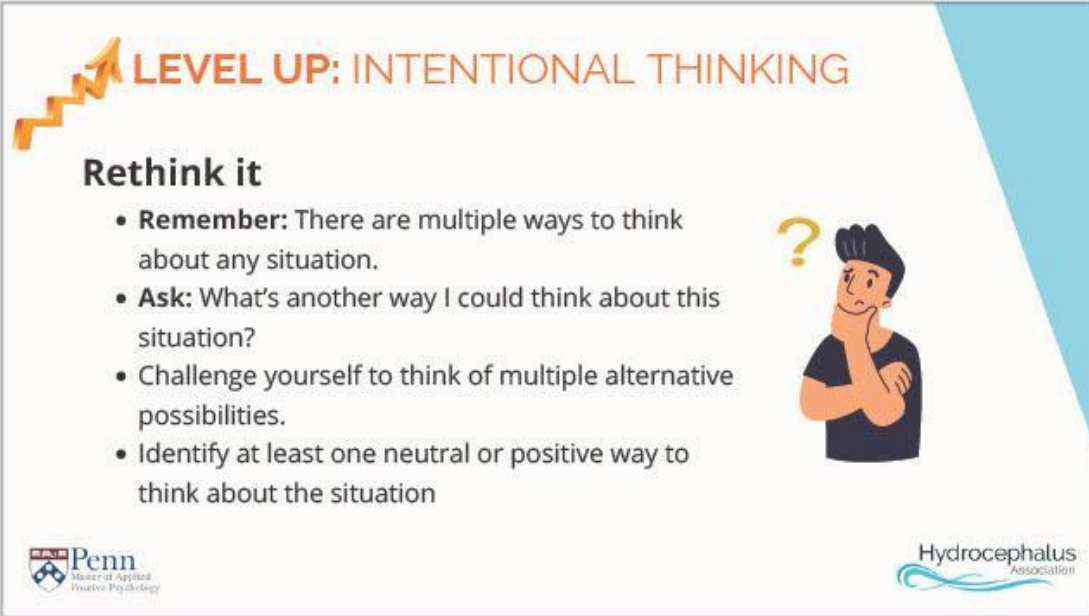
Sometimes we realize we don't have enough information to know if our thoughts are accurate or not. This is when we will want to play detective and gather the facts. Instead of jumping to conclusions, slow down, adopt a mindset of curiosity, and acquire the information you need to make an informed conclusion.

Example:

Situation: Jane's 13-year-old daughter has had academic difficulties in the past but has been doing okay so far this school year. Jane receives an email from her child's teacher asking to talk.

Jane's belief: "Oh no! She's getting behind in school again. What if she doesn't pass?!"

An Intentional Thinker might say to herself, "I'm nervous because my child's teacher reached out, but I don't actually know why the teacher wants to talk to me." Jane might check her child's grades to get more information, ask her daughter about the email, or wait until she speaks with the teacher to draw a conclusion.



LEVEL UP: INTENTIONAL THINKING

Rethink it

- **Remember:** There are multiple ways to think about any situation.
- **Ask:** What's another way I could think about this situation?
- Challenge yourself to think of multiple alternative possibilities.
- Identify at least one neutral or positive way to think about the situation



As we learned during our last module, sometimes our thinking is just inaccurate! We oftentimes fall into our thinking traps without even realizing it. A way to ward off this problem is to get in the habit of asking ourselves, “Is there another way I can think about this situation?” and challenging yourself to think of multiple possibilities. By identifying multiple other interpretations, we are developing more flexible thinking and staying out of narrowed thinking, such as with tunnel vision. When we do this, a good practice is to think of at least one neutral or positive interpretation of the situation. This keeps us accurate and prevents us from falling into traps like self-blame or blaming others.

Situation/Adversity: Let’s look at the example of Tony and Anna, a married couple. Anna is feeling resentful because Tony never seems to fill or run the dishwasher after dinner.

Anna’s Belief: “Tony doesn’t care or respect all the hard work I do around the house.” This thought makes her feel resentful and frustrated. These feelings ultimately put a strain on the couple’s relationship.

An Intentional Thinker might think, “Okay, so I am assuming Tony doesn’t respect me because he doesn’t do the dishes...what else could be true? Well, he could be tired after work. He’s had a lot of big projects lately. He could think that I don’t want him to fill the dishwasher because I have a specific way of doing it and sometimes redo it anyways when he does it wrong. He could not realize how much it bugs me.” By thinking of all of these possibilities, Anna realizes that Tony likely isn’t trying to disrespect her intentionally and feels more confident about bringing up the topic with him.



LEVEL UP: INTENTIONAL THINKING

Balance it out

- **Remember:** Find balance between the two sides
- **Ask:** Am I looking at both sides of this situation?






Another helpful strategy is to get in the practice of balancing it out. If you are someone who tends to maximize or minimize, or fall into black or white thinking, this one might be for you. Balancing it out involves looking at both sides of the situation and then looking for the “grays” or middle between the two extremes. Oftentimes neither extreme is correct, but some sort of combination of the two extremes is more realistic.

Example:

Situation: Elyse, a child with hydrocephalus, is having mild symptoms that are making her parents worry.

Parent’s extreme belief: “We have to go to the emergency room right now.”

An Intentional Thinker might look at both sides, “On one side, going to the emergency room would keep my child safe, but might also be an overreaction. On the other side, not going might put my child in danger. A balanced view could be to call the doctor and check in about the symptoms we are seeing and get more information as to how to move forward.” With this perspective, the parents are still keeping their child safe, and they are avoiding falling into a thinking trap.



LEVEL UP: INTENTIONAL THINKING

Cope with catastrophe

- **Remember:** “Even if..., then I can...” statements
- **Ask:** If my worry comes true, how would I cope through it?






Like our friends in *This Is Us*, we can practice identifying our fears. However, we are going to take it a step further. After playing the Worst Case Scenario game, we can think about how we would cope if the worry came true. Creating a plan helps us feel prepared and makes the feared situation less intimidating. Our agentic “Even if..., I can...” statements are a perfect framework for this strategy.

Example:

Situation/Adversity: Let’s look at Elyse again, who shares with her parents that she has been having headaches lately.

Elyse’s Dad’s Belief: “I’m scared this could be a more serious headache, and we will have to go to the hospital last minute.”

An Intentional Thinker might acknowledge the very real fear that Abe might need medical attention but then look for ways to cope with the feared situation. “Even if we have to go to the hospital, I can get everything prepared now so it is less stressful on myself and my child if we have to go.”

LEVEL UP: INTENTIONAL THINKING

Distance yourself

- Use humor to reframe the situation
- **Ask:** Can I find some humor in this or lighten the situation somehow?

↔

Next, we can use strategies, such as humor, to distance ourselves from the situation. At first glance, humor may seem like it makes light of the adversity, which may seem wildly out of place when you are dealing with very hard life events. However, humor actually is a way to reframe a situation without ignoring the tough emotions that come with it. We can make a joke in a tough time that actually allows us to safely confront the scary thing. Some people are more naturally drawn to humor than others. Remember the take it or leave it policy? Feel free to apply that policy here.

For example, if you accidentally do end up in a thinking trap, you might joke, “Oh I fell WAY down in that trap, just wondering when someone will come to help me out!” Instead of beating yourself up for the mistake, you’re making light of it.



LEVEL UP: INTENTIONAL THINKING

Acknowledge growth

- **Ask:** Can I learn and grow through this experience?
- **Ask:** Is there some meaning I can make from being in this situation?



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Sometimes situations are just hard. However, if we can find a way to acknowledge something helpful that we took away from an experience, that can make us more resilient.

For example, after a challenging hospital visit, an intentional thinker might think, “That was really rough, but now I know what to look for next time, and I can be better prepared to keep my child safe.”



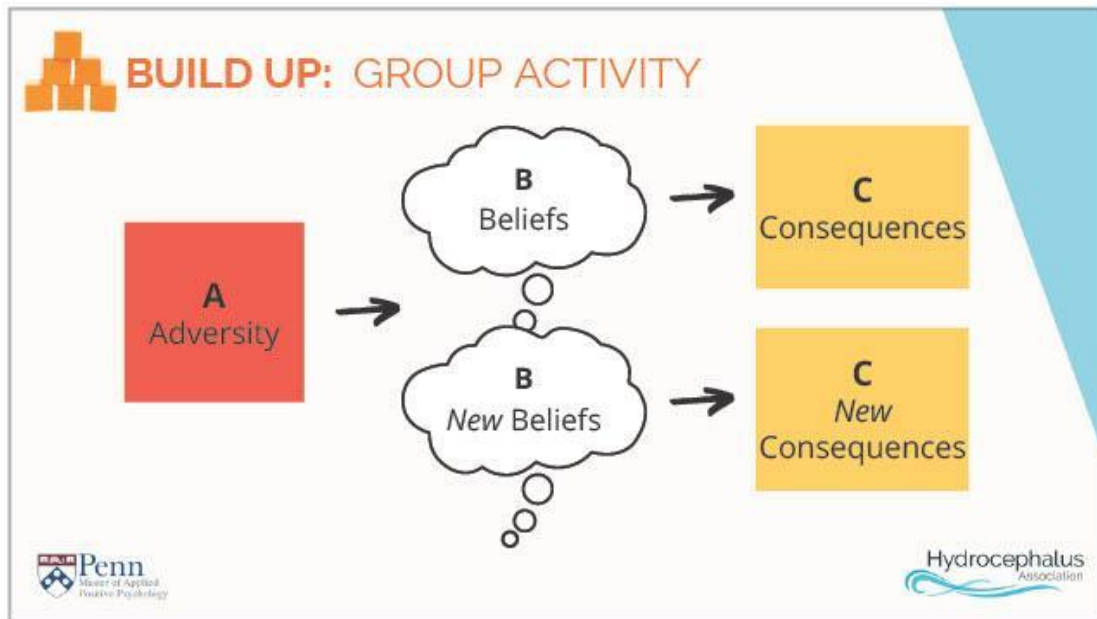
CIRCLE UP: GROUP DISCUSSION

- What reframing strategies stood out to you?
- What strategies do you already use? What new strategies do you want to try?
- When might using these strategies be helpful?
- How might you remind yourself to use these strategies?



[Pick 1-2 discussion questions based on the dynamics of the group. You may wish to copy these questions into the chat and get off screen share to be able to see everyone better during the discussion.

Also, feel free to add additional discussion questions that are uniquely suited to your group, their previous questions, and their personal challenges and interests.]



Now it's your turn to try reframing for yourself.

Start by thinking of an example of a time you fell into a thinking trap this past week. If you don't know the exact trap or if you fell into multiple traps, that's all right. For the purpose of this exercise, we are just going to focus on a moment of unhelpful thinking.

Next, complete the ABC model with the original thought and consequences. Remember, consequences are just the resulting feelings and actions. Consequences can be good or bad.

[See handout.]

Next, pick a reframing strategy from today that you think might have helped you think about the situation differently. Fill in the bottom part of the ABC model with your new beliefs and the new consequences that result.

How would reframing change your thoughts in the situation? How would that impact your emotions and actions?



WRAP UP: Checking in and setting intentions

How are you feeling right now?

What is your intention for this week?

Next session: **Strengths**

REMINDER: Please take the VIA Character Strengths assessment before next session



The Feeling Wheel
by Gloria Willcox




Let's wrap up the day with our checkout. Take a moment to reflect on how you are feeling as we close out today, and write down your intention for how you would like to try out this skill this week.

[See handout.]

[Depending on group size, share checkouts aloud if possible. If the group is too big and checkout would take up too much time, have group members share their feelings and intentions in the chat.]

Also, we have a little bit of homework for you before our next module. This homework is to take the VIA Character Strengths assessment. This will help us dive into your unique strengths next time.

[Here is the link to the assessment: <https://www.viacharacter.org/survey/account/Register>

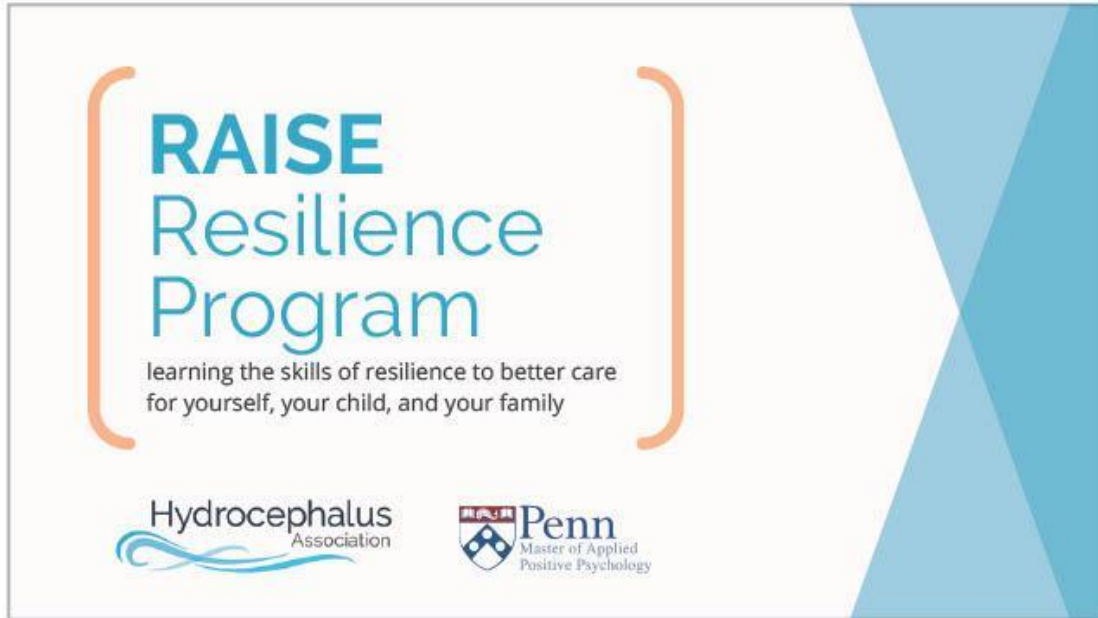
The free version is sufficient.

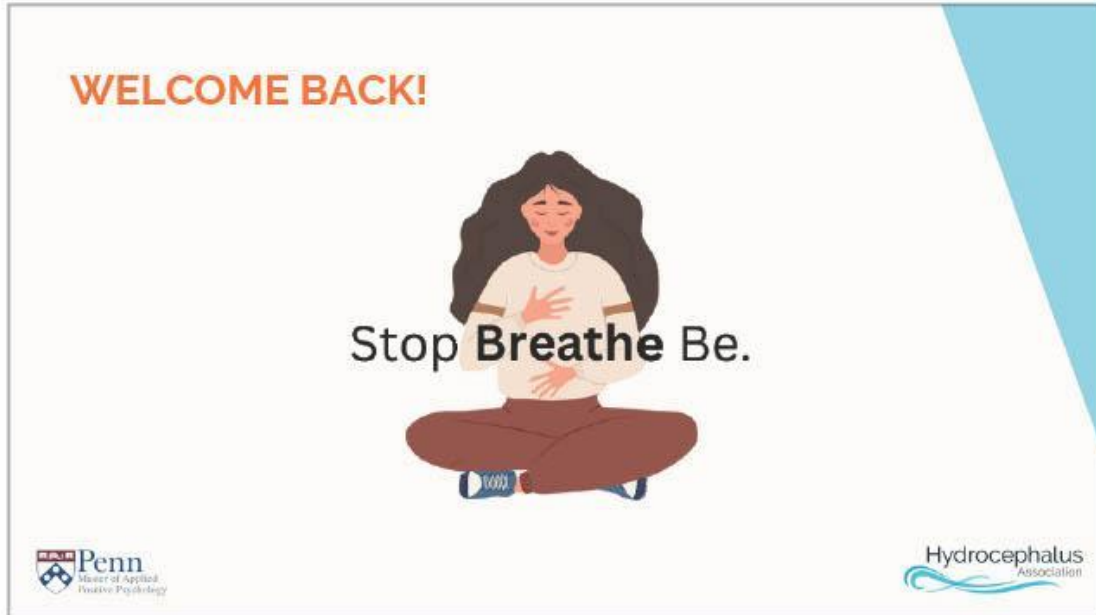
Feel free to put it in the chat and/or send it in an email following the session.]

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<https://doi.org/10.1177/036215378201200411>







Welcome back! It is nice to see everyone. Before we get started, let's just take a second to practice our Stop, Breathe, Be skill. Please take this opportunity to stop what you are doing, put your phone down, close out of other tabs, and just join us fully in this virtual room. Next, fill up your lungs with one big breath.

[Model taking a large breath in.]

Letting it out nice and slow. Now, just stay in the moment a little bit longer and just be. It is wonderful to be back with everyone today.



R Resilience flexing and growing in the face of adversity

A Agency finding what you can and can't control

I Intentional thinking taming the voice in your head

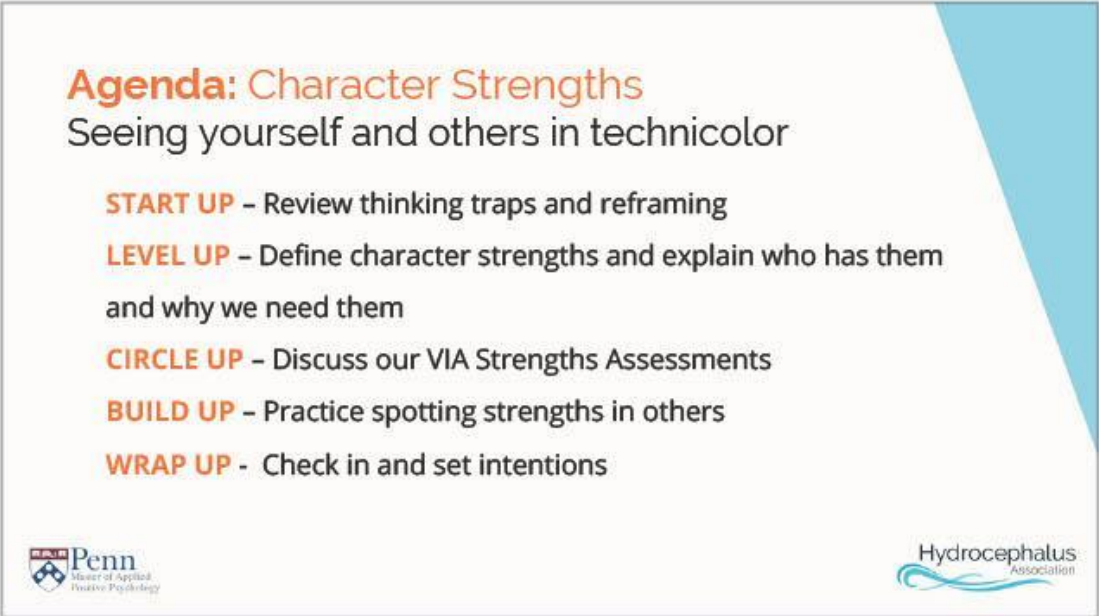
S Strengths seeing yourself and others in technicolor

E Engagement wading in and jumping in

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Welcome to RAISE module 5. Today we will be talking about strengths and how they allow us to see ourselves and others with all the nuance and uniqueness we each bring to the world. Through seeing strengths, we can see ourselves and others in technicolor.

A presentation slide with a light blue background and a darker blue triangle in the top right corner. The title 'Agenda: Character Strengths' is in orange, followed by the subtitle 'Seeing yourself and others in technicolor' in black. The agenda items are listed in orange and black text. Logos for Penn State and the Hydrocephalus Association are at the bottom.

Agenda: Character Strengths
Seeing yourself and others in technicolor

- START UP** - Review thinking traps and reframing
- LEVEL UP** - Define character strengths and explain who has them and why we need them
- CIRCLE UP** - Discuss our VIA Strengths Assessments
- BUILD UP** - Practice spotting strengths in others
- WRAP UP** - Check in and set intentions

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Here's our agenda for today.

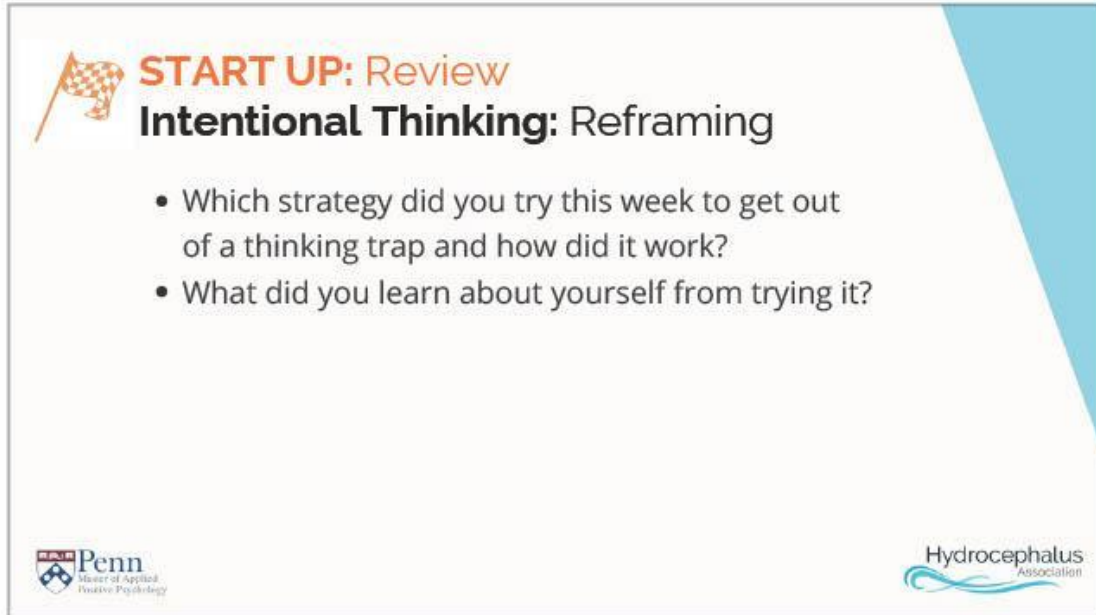
Start up - We'll start with a brief review of what we learned last time with reframing.

Level up - We'll jump into our new topic for today, which is character strengths. As we're getting started, go ahead and get your VIA Assessment out so you'll have it when we talk about strengths. Printed or just the PDF on your computer is fine; whatever works best for you.

Circle up - After we explore the content, we'll pause to circle up and discuss.

Build up - Our activity for today is called strengths spotting. I'm so excited to jump into this with all of you and see what you do with it.

Wrap up - Then, we'll wrap up by checking in with how we're feeling and setting intentions for what we want to practice.



 **START UP: Review**
Intentional Thinking: Reframing

- Which strategy did you try this week to get out of a thinking trap and how did it work?
- What did you learn about yourself from trying it?

To get us started today, we're going to take a few minutes to review what we talked about at our last meeting about intentional thinking and how we get out of those thinking traps.

[Read questions on the slide and prompt discussion.]



To start our session today, we are going to take a look at a video clip from the movie, *The Blind Side*. How many of you have seen this movie? For those of you who have not seen it, it is the true story of NFL football player Michael Oher with the family who took him and changed both his life and theirs.

In this clip, Leann turns around Michael's performance with one simple thing she knows about him. Watch and see if you can see what she does, and then we'll talk about it.

[Play clip.]

What does Leann see that Michael's coach missed?

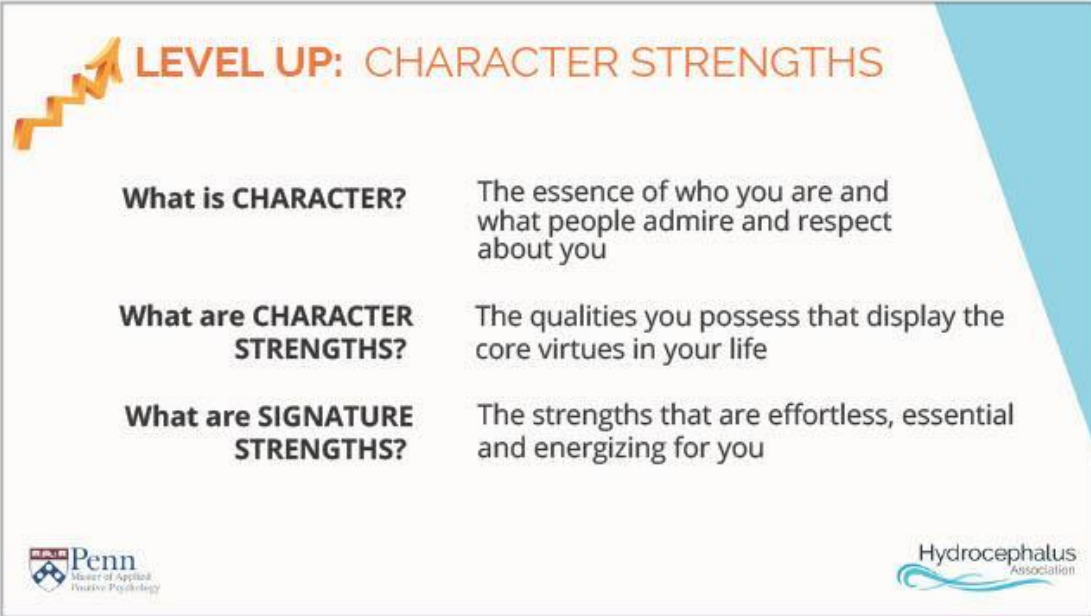
Notice that Michael does not receive additional training in this video. Something else that is very powerful happens. Something that changes his thinking? How would you describe it?

[Give time for people to generate ideas, the concept you are looking for is that she saw his personal strengths.]

Leann saw who Michael is. She saw HIM. She saw his strengths and saw all of him and what he had to offer, and that allowed her to help him tap into his full potential.

This is what we call seeing yourself and others in technicolor. This is the power of character strengths, which is what we'll be talking about today.

[Copy the link into chat if facing technology issues: https://youtu.be/o69s_OGEEY]



LEVEL UP: CHARACTER STRENGTHS

What is CHARACTER?	The essence of who you are and what people admire and respect about you
What are CHARACTER STRENGTHS?	The qualities you possess that display the core virtues in your life
What are SIGNATURE STRENGTHS?	The strengths that are effortless, essential and energizing for you

So what are character strengths? Let's take a minute to unpack this idea.

First of all, what is character?

Character is the essence of who you are as a person. Some people might call it personality. It's what people notice about you, admire, and respect about you most. This is who you are when no one else is looking.

So if that's what character is, what are character strengths?

Character strengths are the unique qualities you possess that display the core virtues and values in your life. They are what makes you unique. In a few minutes, we are going to look at the VIA Assessment reports and debrief what the experience of seeing that report was like for you. There are literally more combinations of strengths profiles than there are humans on the planet! How cool is that? We each really are unique!

Within your strengths profile, you have a ranking. Ok, time to fess up...how many looked right away to see what came up as the highest? (show of hands) How many of you looked to see what came up as the lowest? (show of hands). Funny, that's just how we are. Often we look to see what we are the best at and what we need to work on the most, or at least that's how we see it. The thing about these character strengths is that we all have all 24 of them. We just use some of them more than others.

What are signature strengths? They are not necessarily those that are the highest, although VIA tends to point to the top five. Most importantly, they are the strengths you default to. They are the strengths that feel the most effortless, essential, and energizing to you.

LEVEL UP: CHARACTER STRENGTHS

Why are character strengths important?

- Help you see the world through the lens of what you have to offer
- Help you see that good things in life are just as real as bad things

Building character strengths

- is positively related to an increased sense of well-being
- can be a pathway to building resilience

Learning about strengths can increase well-being!

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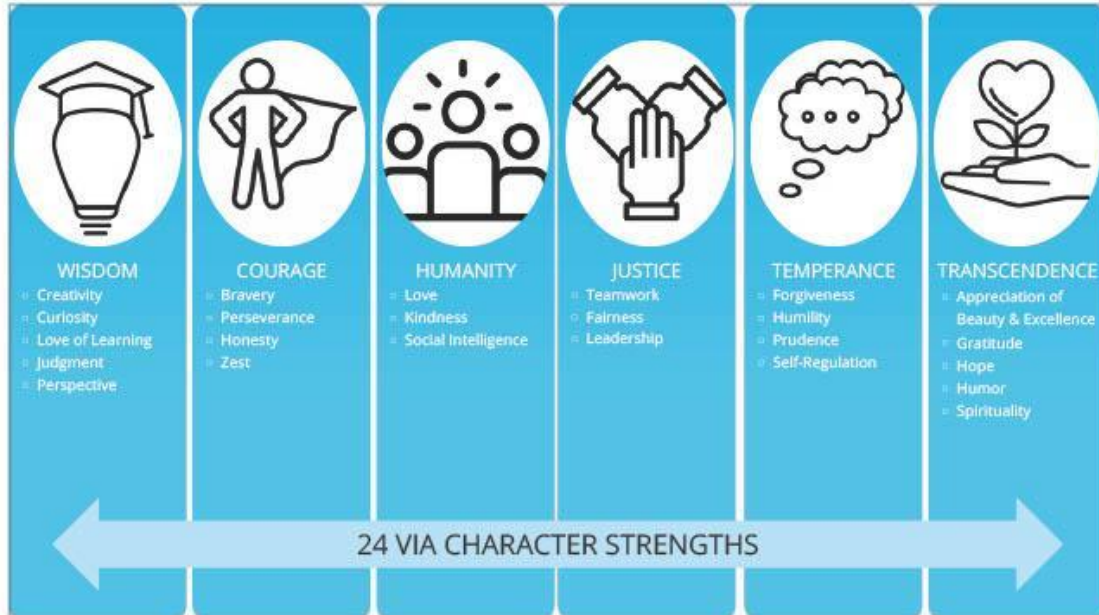
Why are character strengths important? We are going to take a few minutes now to look at some of the benefits that are found in the research around using your strengths.

First, they can help you see the world through the lens of what you have to offer rather than through a deficit lens. Sometimes we have adversity in our lives or difficult situations, and let's face it, hydrocephalus is a very challenging situation to face in your family. Being in that situation can lead us to see ourselves – and our children – through the lens of their challenges. Our goal today is to change that perspective and begin to see ourselves and our children through the lens of their unique strengths. We want to see them in all the nuances that make them who they are at their core. We want to see them as not defined by hydrocephalus but by their strengths. We want to see them in technicolor.

In hard times, it's easy to focus on the bad things. Seeing character strengths helps us remember that the good things in life are just as real as the bad things.

Developing strengths increases our sense and experience of well-being.

The overall target of the RAISE program is building skills that build resilience, which, if you remember from our very first module, is the ability to flex and grow through adversity. We are going to go through it, not around it. Resilience helps us do that. And character strengths are a pathway to building resilience.



It's time to dig into our VIA Strengths Assessments together! Please get out your VIA report and have it somewhere you can easily reference it.

The first thing I want you to notice is that the 24 VIA strengths are divided into six groups under six core virtues. These core virtues are characteristics that are universally valued across time and cultures. You might wonder why some others – like patience – are not there. Not all cultures value patience. Some are real "go-getter" cultures! These are the ones that research has found are most commonly embraced by all cultures.

Next, I want you to take a minute to look at the strengths under each virtue and see how they are arranged.

Now take a look at your VIA profile and compare your strengths ranking to the virtues they are under. I've got a few questions for you to ponder on your own as you look this over: How did you feel about your profile when you first saw it? Does it seem accurate to you? Did anything about how your strengths were ranked surprise you? Do you see any patterns of areas in that you tend to have many strengths? Any areas that you don't? I'll give you a minute to explore that on your own.

Does anyone want to share something they saw that surprised them or an insight you had? [Allow 2-3 min max for this.]

[If there is a lot of discussion, you can make the decision if you want to have more now and

shorten the discussion later or if you want to remind people that we will come back to these thoughts in our Circle Up time and to make a quick note so they don't forget.]



Now that we've looked at what character strengths are and seen our own VIA profiles, I have a question for us to consider:

What is the difference between skills, talents, and character strengths?

Does anyone have an idea?

[Take one response.]



Skills are abilities you develop to accomplish a task.

Talents are intelligence and gifts, often thought of as inborn, that you can develop to their full potential through hard work for their own sake.

And character strengths, as we discussed earlier, are the qualities you possess that display your core virtues and the essence of who you are

Example 1:

Skill: I have trained myself to play all of the scales.

Talent: I am a piano prodigy and have been performing with orchestras since I was 13.

Character Strength: I practice playing piano every day. That is perseverance.

Example 2:

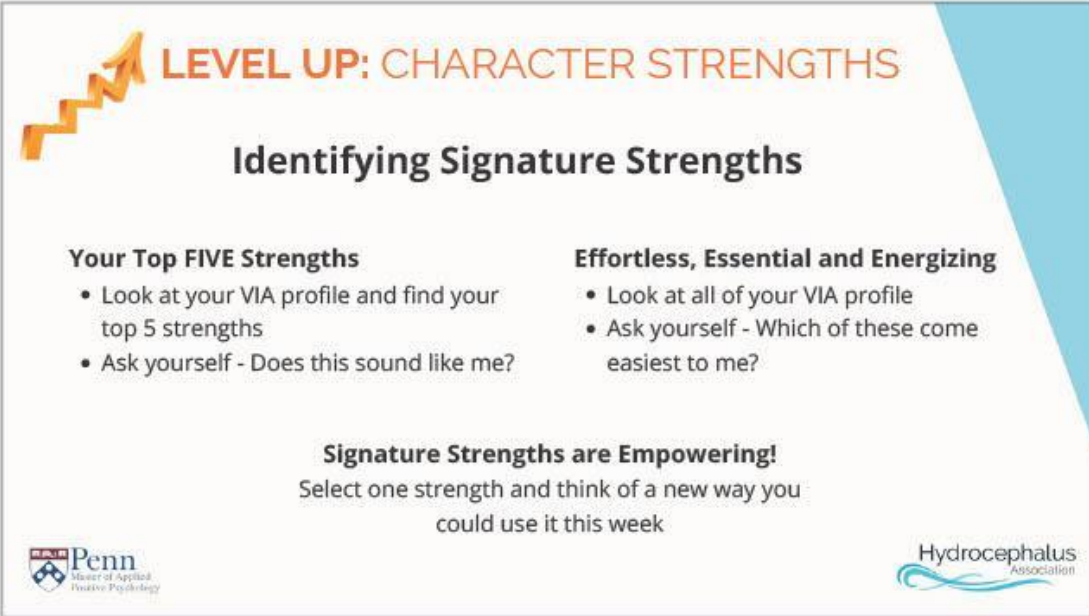
Skill: I've practiced passing the ball.

Talent: I am tall.

Character Strength: I work together as a member of my basketball team. That is teamwork.

Does that make sense? [Answer any clarifying questions if needed.]

[There can certainly be overlap between these, and that is ok. If people do not see these as completely unique, that is a perfectly legitimate perspective. Some people disagree about whether talents are inborn or developed. We do use our character strengths to develop our skills and talents. We also use our skills to develop our talents. And we use our talents to help us build our skills and develop our character strengths.]



LEVEL UP: CHARACTER STRENGTHS

Identifying Signature Strengths

Your Top FIVE Strengths

- Look at your VIA profile and find your top 5 strengths
- Ask yourself - Does this sound like me?

Effortless, Essential and Energizing

- Look at all of your VIA profile
- Ask yourself - Which of these come easiest to me?

Signature Strengths are Empowering!
Select one strength and think of a new way you could use it this week




Earlier in our learning together, we talked about signature strengths as being those strengths that tend to feel effortless to use, essential to who we are, and energizing to act on. We are going to look at two ways to find them now.

Look at your VIA profile and find your top five strengths. The VIA institute would say these are your signature strengths. Sometimes there may be only four, sometimes up to 6. Ask yourself, as you look at these top 5 strengths, does this sound like me? Number them 1-5 (or 6).

Another way to find your signature strengths is to look at how they feel in your life. Which strengths feel effortless, essential, and energizing to you? Look at your VIA profile and ask yourself-which comes easiest to me? Mark those strengths with a star. Some may be the same ones you numbered.

Take a look at what you marked. Which method seemed the most authentic for you? Take a look at the signature strengths you identified. I'm going to give you one minute to reflect quietly on a way you could use that strength in a new way to build your resilience and sense of agency. You might even have some insights about ways you could get out of thinking traps by using a strength [set a one-minute timer].



CIRCLE UP: GROUP DISCUSSION

- What do your signature strengths say about you as a person?
- When do you see yourself using your signature strengths?
Give a few examples.
- How do your strengths help you build strong relationships with others?



[Pick 1-2 discussion questions based on the dynamics of the group. You may wish to copy these questions into the chat and get off screen share to be able to see everyone better during the discussion.

Also, feel free to add additional discussion questions that are uniquely suited to your group, their previous questions, and their personal challenges and interests.]



BUILD UP: GROUP ACTIVITY



SEA Model

S – See a strength in others
 E – Explain and describe it
 A – Appreciate and savor it





[TIP – You can click pause on the gif to make the lady stop peeking out at you!]

This is our fifth module together in the RAISE program. We've gotten to know each others' stories and struggles. Today we learned about strengths. Our Build Up activity is one I think you are really going to enjoy. It's called Strengths Spotting!

You learned about your strengths profile and your signature strengths. You looked at what feels effortless, easy, and energizing to you and ways you could use a strength in a new way.

Now we are going to take those skills and use them to build each other up!

Let's explore the SEA model of strengths spotting first. Think of someone in this group and a strength you've seen them using, either today or any time during our meetings together. Next, when it's your turn to share, tell them the strength and explain how you see them using it. Next, help them savor this strength in their life by telling them why you appreciate that strength in them and how it has impacted you.

For example ... [Model an example. Then, offer each person a chance to share.]

[See handout.]

[You have 15 min for this section. When you are ready to begin, you could either jump off screen share so you can all see each other better or leave this slide up.]



WRAP UP: Checking in and setting intentions

How are you feeling right now?

What is your intention for this week?

Next session: **Engagement**



The Feeling Wheel
by Gloria Willcox




Let's wrap up the day with our checkout. Take a moment to reflect on how you are feeling as we close out today, and write down your intention for how you would like to try out this skill this week.

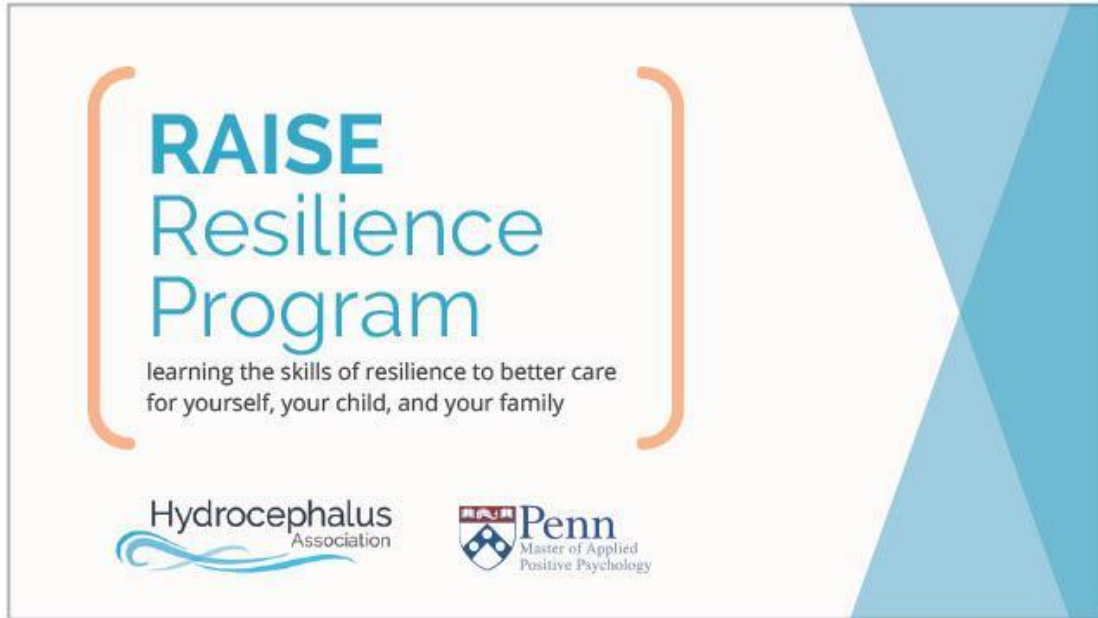
[See handout.]

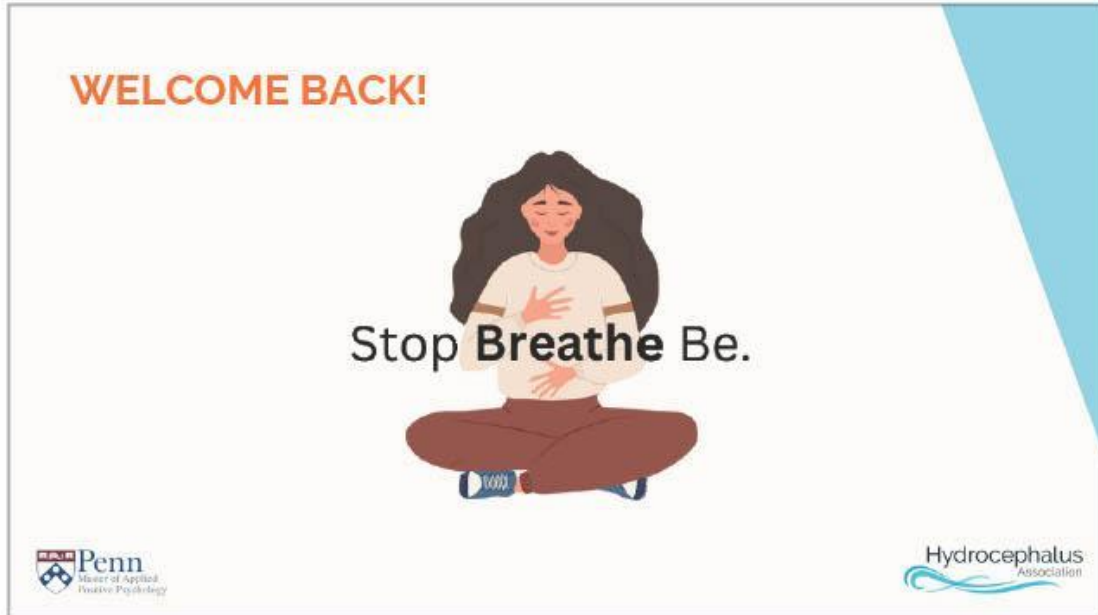
[Depending on group size, share checkouts aloud if possible. If the group is too big and checkout would take up too much time, have group members share their feelings and intentions in the chat.]

References

- Lavy, S., Littman-Ovadia, H., & Barell, Y. (2014). Strengths deployment as a mood-repair mechanism: Evidence from a diary study with a relationship exercise group. *The Journal of Positive Psychology, 9*(6), 547-558.
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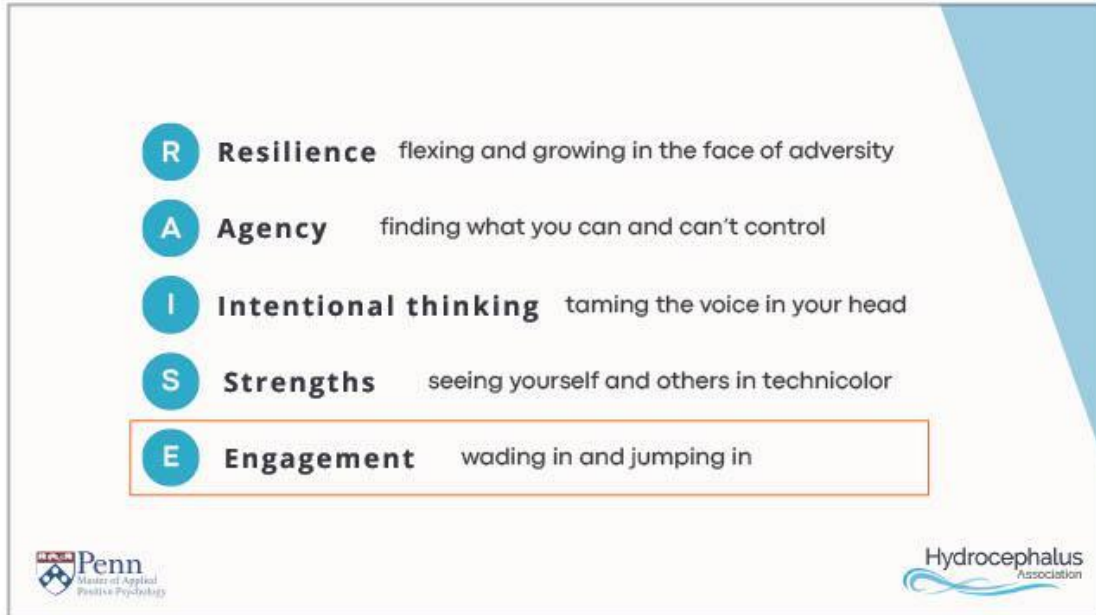




Welcome back! It is nice to see everyone. Before we get started, let's just take a second to practice our Stop, Breathe, Be skill. Please take this opportunity to stop what you are doing, put your phone down, close out of other tabs, and just join us fully in this virtual room. Next, fill up your lungs with one big breath.

[Model taking a large breath in.]

Letting it out nice and slow. Now, just stay in the moment a little bit longer and just be. It is wonderful to be back with everyone today.



R Resilience flexing and growing in the face of adversity

A Agency finding what you can and can't control

I Intentional thinking taming the voice in your head

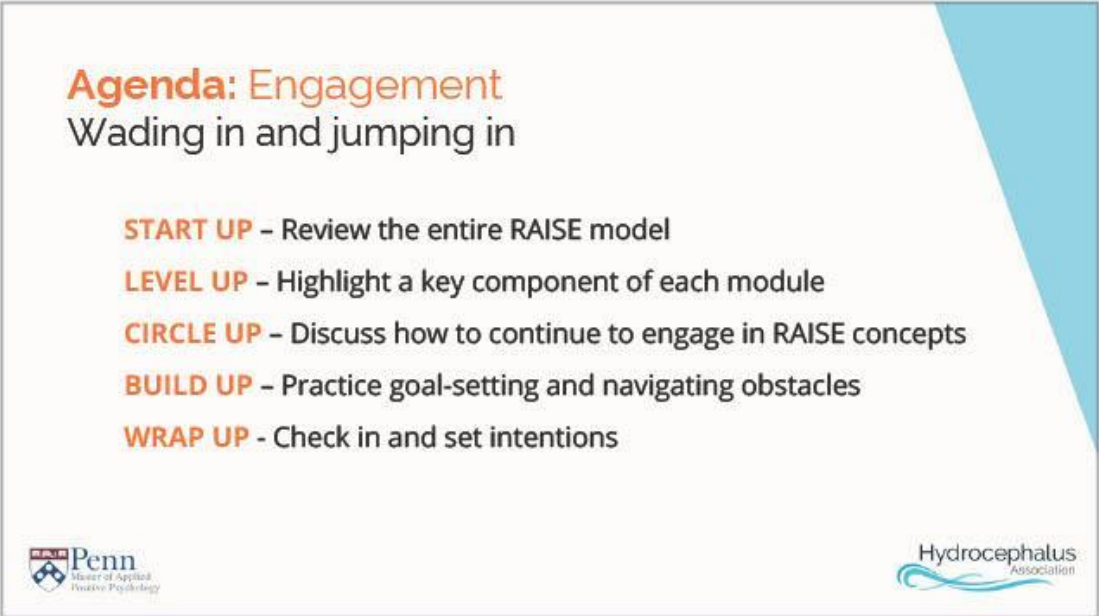
S Strengths seeing yourself and others in technicolor

E Engagement wading in and jumping in

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This is our last module exploring how to integrate everything we have learned into our lives.



Agenda: Engagement
Wading in and jumping in

- START UP** - Review the entire RAISE model
- LEVEL UP** - Highlight a key component of each module
- CIRCLE UP** - Discuss how to continue to engage in RAISE concepts
- BUILD UP** - Practice goal-setting and navigating obstacles
- WRAP UP** - Check in and set intentions

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Let's start by going over our agenda.

Start up - We'll review the five components of the RAISE program.

Level up - Then, we'll highlight key components from each module.

Circle up - We will discuss the reviewed concepts.

Build up - We will take time to have a final in-class exercise that will help us integrate what we have learned into our daily lives.

Wrap up - We will check in with how we are all feeling now that we've come to the end of the RAISE program.



START UP: Review

- R Resilience** flexing and growing in the face of adversity
- A Agency** finding what you can and can't control
- I Intentional thinking** taming the voice in your head
- S Strengths** seeing yourself and others in technicolor
- E Engagement** wading in and jumping in



Today for our review, we're going to start with reviewing all the segments of our module.

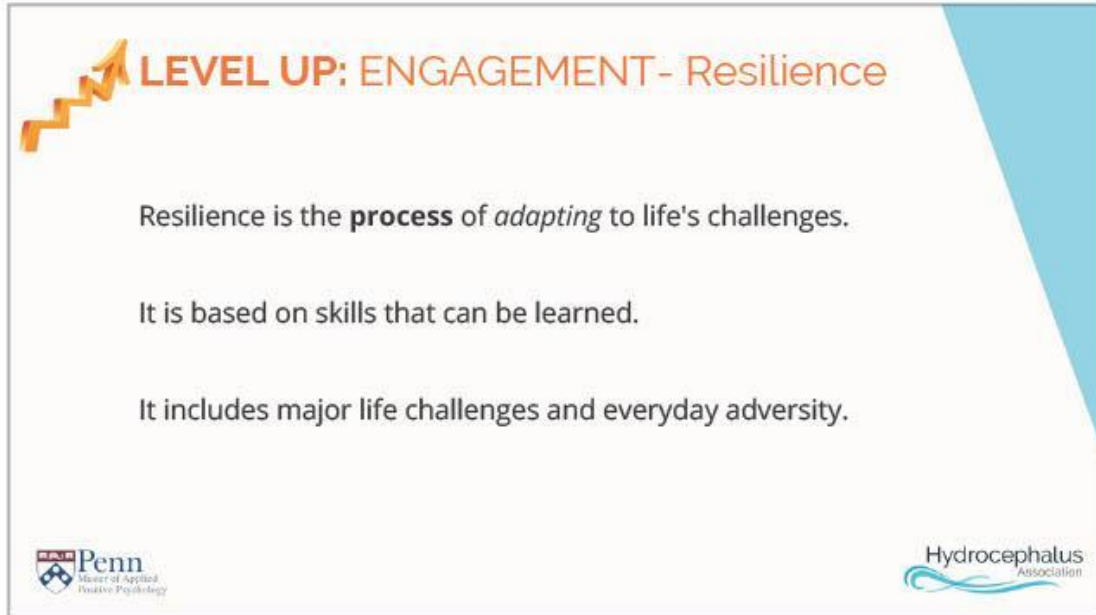
The "R" stands for Resilience - flexing and growing in the face of adversity.

The "A" stands for Agency - taking charge of what you can and can't control.

The "I" stands for Intentional Thinking - taming the voice in your head.

The "S" stands for Strengths - seeing yourself and others in technicolor.

The "E" stands for Engagement - wading in and jumping in.



LEVEL UP: ENGAGEMENT - Resilience

Resilience is the **process** of *adapting* to life's challenges.

It is based on skills that can be learned.

It includes major life challenges and everyday adversity.

In our first module, we learned about resilience. Resilience is the process of adapting to life's challenges. The keywords here are process and adapting. It is based on skills that can be learned. People aren't just born resilient or not. Resilience is necessary for navigating both major life challenges and everyday adversity. It refers to how we process events after they happen, respond to things as they happen, and prepare for things we think might happen.



In the second module, we learned about agency. Let's think back to the video clip from Bluey when the dog, Bentley, was having a difficult time swinging on the monkey bars. The video demonstrated agency nicely. When you have belief in yourself, plus action, the result can be agency.



LEVEL UP: ENGAGEMENT - Agency

Agency is your belief in your ability to act toward and achieve a goal.

It involves both **belief** and **action**.

“Even if..., I can...” statement

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Agency is your belief in your ability to act toward and achieve a goal. This definition has two main components - your belief in your ability to achieve a goal and your action toward that goal.

It was also in the agency module that each of us created an “Even if..., I can...” statement.

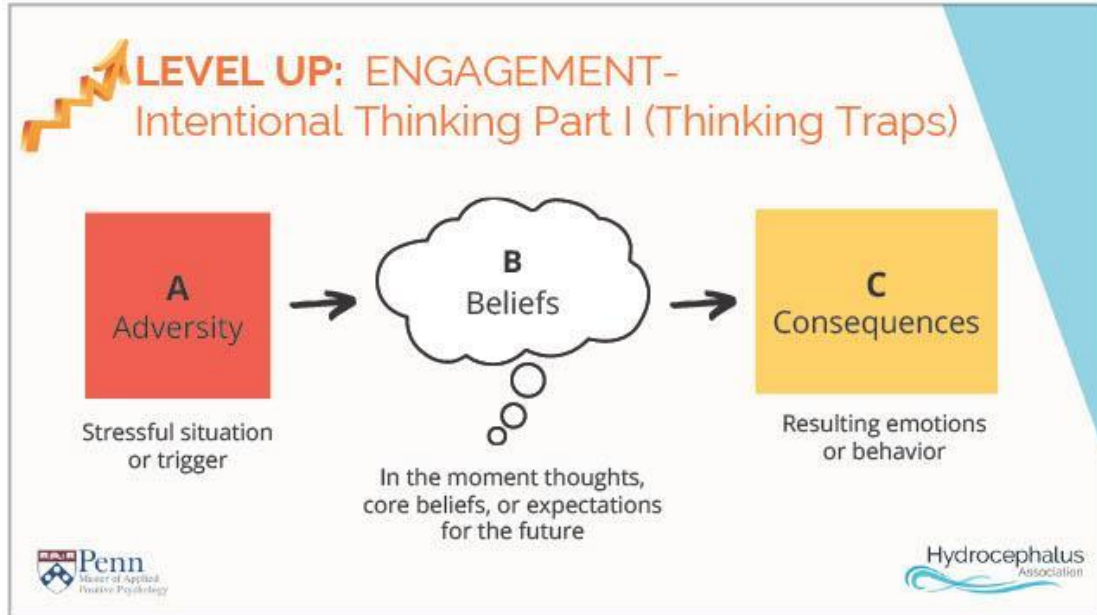
 **LEVEL UP: ENGAGEMENT -**
Intentional Thinking Part I (Thinking Traps)



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In our third module, Intentional Thinking Part I, we discussed thinking traps. Think back to the video clip from the movie Frozen. Elsa was telling everyone they need to stay away from her because she believed she couldn't control her powers around them and she was a danger to everyone.



In this module, we learned specifically about thinking traps. To start, we needed to recognize unhelpful thinking patterns and replace them with more helpful thinking. To do this, we investigated how our thinking impacts us and turned to the ABC Model.

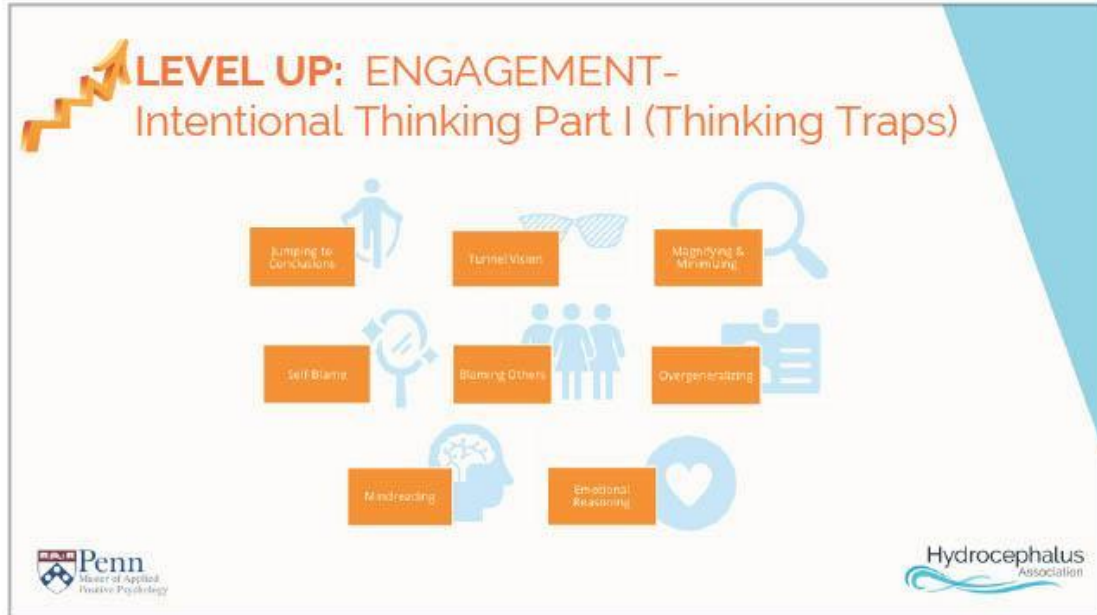
A, Adversity: This is a negative event, stressor, or trigger. In the movie clip example, the adversity was that Elsa had powers that she didn't know how to control.

B, Beliefs: The adversity leads to certain thoughts or beliefs. This section can include the thoughts that pop up in our heads at that moment, assumptions about the future, or deeper beliefs that have accumulated over the years. In the clip, Elsa's belief was that she could not safely control her powers around other people.

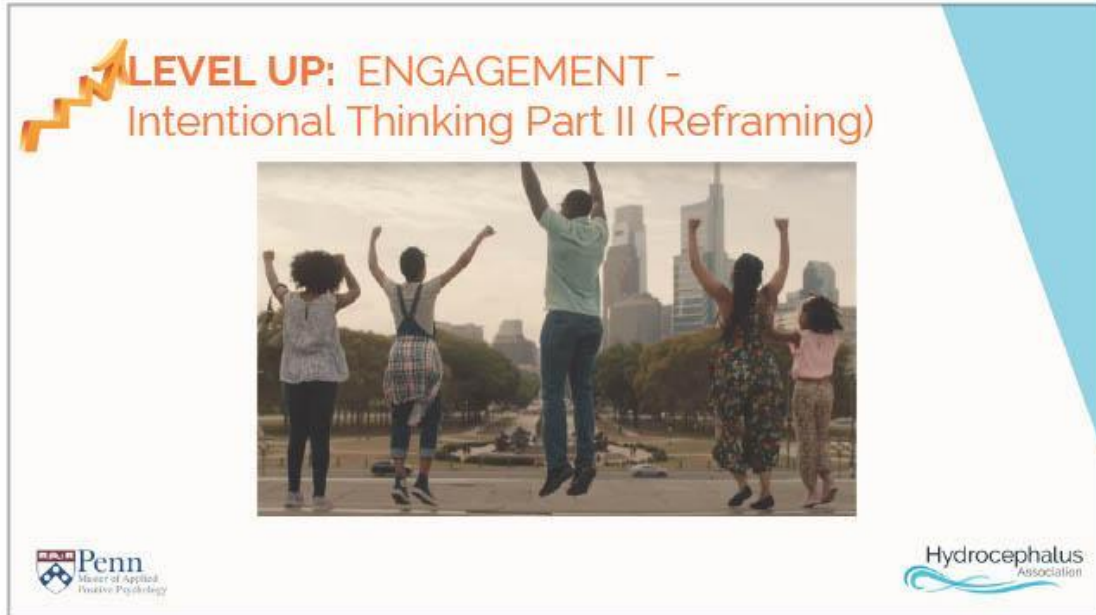
C, Consequences: Our thoughts or beliefs influence our feelings and actions. Elsa's beliefs led her to feel scared and hide away from everyone in order to keep them safe. However, this was very isolating, and if you have seen the movie, you know this was not actually an effective approach to the problem.

We then posed the question: how might the movie have been different if Elsa had thought about her powers differently?

As you can see, our thoughts, feelings, and behaviors are all connected. Understanding this connection can help facilitate deliberate changes in this process and cultivate resilience.



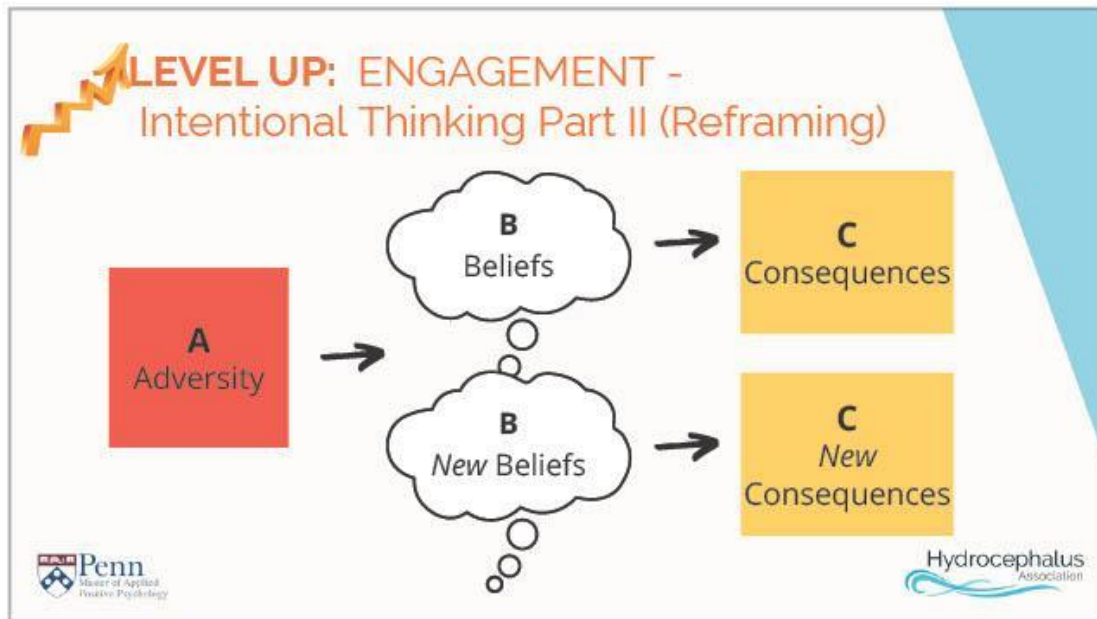
Remember the eight thinking traps that we learned about: jumping to conclusions, tunnel vision, magnifying & minimizing, self blame, blaming others, overgeneralizing, mindreading, & emotional reasoning.



LEVEL UP: ENGAGEMENT -
Intentional Thinking Part II (Reframing)

The slide features a photograph of a family of five (two adults and three children) jumping joyfully in a park with a city skyline in the background. The slide includes logos for Penn Master of Applied Positive Psychology and the Hydrocephalus Association.

Moving on to the fourth module, the second Intentional Thinking module. We focused on reframing. Think back to the clip from the television show, *This Is Us*. The family played the game, worst-case scenario. Each family member shared their worst-case scenario, and the other family members helped them reframe their situation.



With this image, we're going to ask you to think back to the first version of this ABC model with only one path. Remember, our thoughts, feelings, and behaviors are all connected. When adversity hits, we have beliefs and thoughts about the event that, as a consequence, trigger various emotions or behaviors. Understanding this connection can help facilitate deliberate changes in this process and cultivate resilience.

Think back to two of the reframing prompts:
 Play Detective and Rethink It.

This version of the ABC model reminds us that we have a choice to reframe our beliefs about the adversities we encounter and can create a new consequence that may be more desirable.

 **LEVEL UP: ENGAGEMENT- Character Strengths**

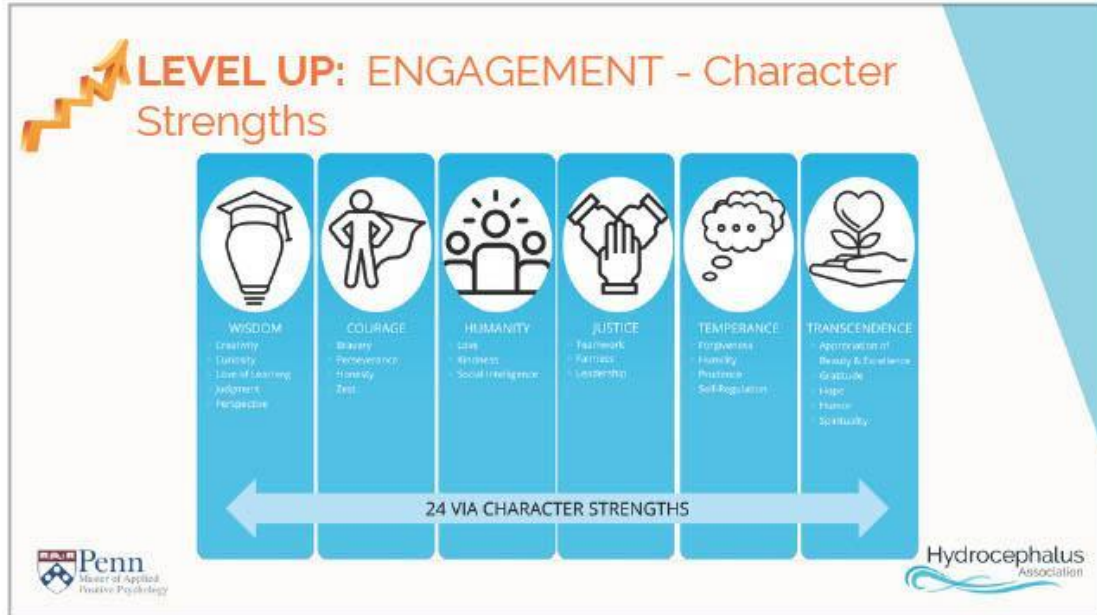


"You should get to know your players, Bert. He tested 98% in protective instincts."

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In our fifth module, we learned about character strengths. We watched a clip from the movie, *The Blind Side*. The scene was set at practice, where the coach was yelling at the young football player and was upset that he wasn't able to block the way he was expected to. Leann then interrupted practice and spoke to the young player in a language he could relate to, his strength of protective instincts.



You'll remember that before this module, we had everyone take the VIA Character Strengths. This slide reminds us that there are 24 VIA strengths which are divided into six groups under six core virtues. These 24 have been found to be the most commonly embraced by all cultures.

Think back to the first time you saw your character strengths and compared them to this graphic:

How did you feel about your profile when you first saw it?

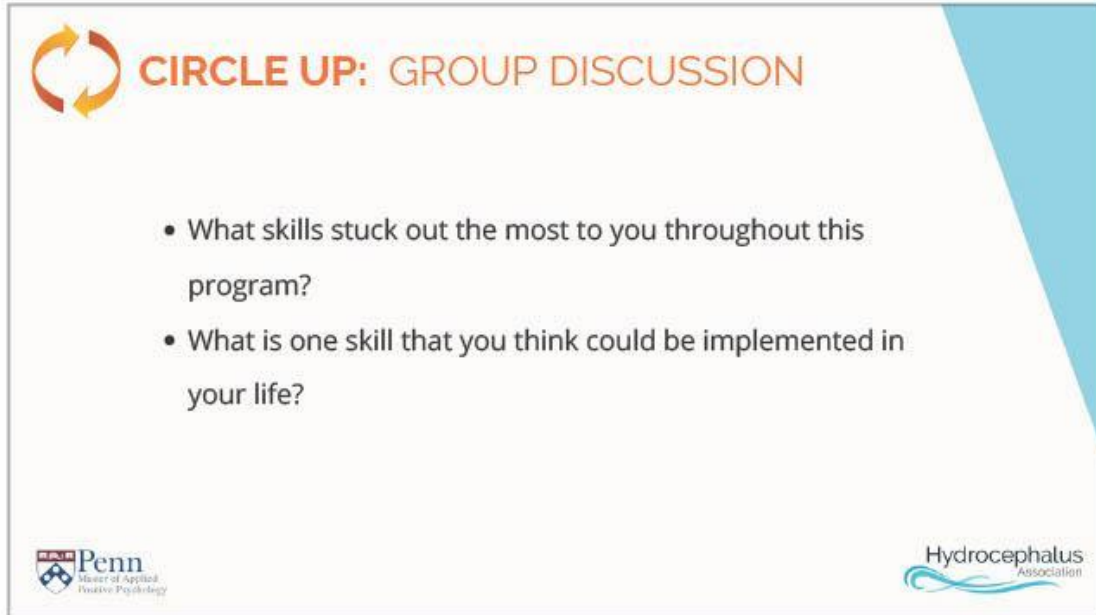
Did it seem accurate to you?

Did anything about how your strengths were ranked surprise you?

Did you see any patterns of areas in that you tend to have many strengths?

Were there areas that you didn't have many strengths?

It was in this module that everyone participated in strengths spotting, when everyone had a chance to name a strength in another group member, then explain how they noticed them using that strength, and why they appreciated that strength in that person.



The slide features a title "CIRCLE UP: GROUP DISCUSSION" in orange text next to a circular arrow icon. Below the title are two bullet points. The bottom left corner contains the Penn logo, and the bottom right corner contains the Hydrocephalus Association logo. A blue triangle is in the top right corner.

CIRCLE UP: GROUP DISCUSSION

- What skills stuck out the most to you throughout this program?
- What is one skill that you think could be implemented in your life?

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[You may wish to copy these questions into the chat and get off screen share to be able to see everyone better during the discussion.

Also, feel free to add additional discussion questions that are uniquely suited to your group, their previous questions, and their personal challenges and interests.]

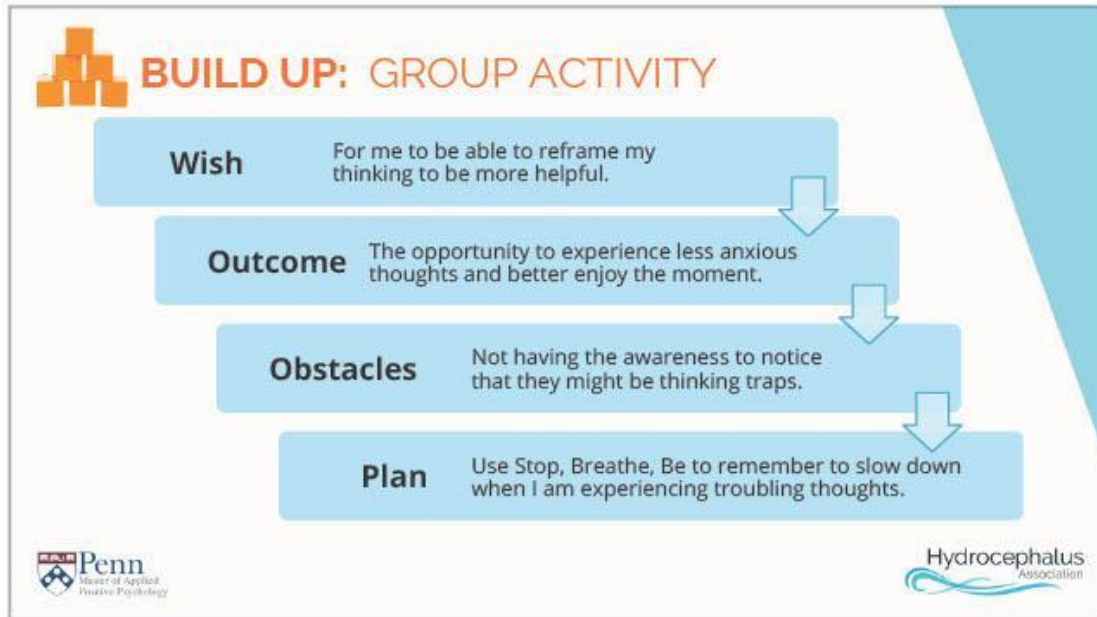


Now we come to our last activity. The purpose of this segment is to put what we have learned to work.

This activity is called WOOP, which stands for identifying a Wish, using imagery to envision the desired Outcome, identifying potential Obstacles, and creating a Plan to overcome these obstacles. And we'll use this to engage with one or two of the RAISE skills. The WOOP is a tool for building intrinsic motivation and self-control around a behavior or habit and is used to help people move from a vague wish to an action plan. Have fun and be creative with the activity.

[See handout.]

[An example is on the next slide.]



Here is an example of a completed WOOP.



WRAP UP: Checking in and setting intentions

Our final check-out:

How are you feeling right now?

What is your intention moving forward?



The Feeling Wheel
by Gloria Willcox




Let's wrap up the day with our final checkout. Take a moment to reflect on how you are feeling as we close out today, and write down your intention for how you would like to try out this skill this week.

[See handout.]

[Depending on group size, share checkouts aloud if possible. If the group is too big and checkout would take up too much time, have group members share their feelings and intentions in the chat.]



To close out our group, we are going to join together to practice our Stop, breathe, be skill one more time. This time, we are going to continue taking nice and slow deep breaths as we reflect on our journey together through this program.

Let's first take a moment to stop. Stop any multitasking you are doing and rejoin each other in this moment. Take a second to get in a comfortable sitting position, and if you'd like, close your eyes.

Now, let's start our deep breathing. Fill up your lungs all the way, and let the air back out nice and slow. As you breathe, think about your experience through this program. Think of how you felt when you started the program to how you feel now on our last day. How have you grown?

Think about any skills that you've taken away that you will continue to carry with you. How will these help both you and your loved ones?

Think of some of the wonderful people you've met here and how they have touched you over the past (__ weeks or __ months). How have your peers grown?

Now I want you to take one more deep breath, and as you do, I want you to picture a resilient person you know.

Pause

I hope you've pictured yourself.

Over the course of this program, you have taken agency over your life just by attending each

week. Even if your life is stressful and overwhelming at times, you can come to the RAISE program to learn skills to help. You did that.

You have practiced the skills and shared your experiences, helping both you and everyone in this group become more intentional about their thinking.

You have demonstrated unique strengths as you face challenges both inside and outside of this group.

You have been an incredibly important part of this resilient community. Thank you for all of your hard work and dedication.

Let's take a moment to just sit together in this moment of pride and celebration. And just be.

References

See other module references slides.

Willcox, G. (1982). The feeling wheel. *Transactional Analysis Journal*, 12(4), 274-276.
<https://doi.org/10.1177/036215378201200411>

WOOP for classrooms. (2023). Character lab. Retrieved April 20, 2023, from <https://characterlab.org/activities/woop-for-classrooms/>



Appendix B: Worksheets and Handouts

RAISE: Setting Intentions

Date:

Circle Module: R A I S E

How I plan to practice the new skill:

How I ended up practicing the skill:

How my skills practice went:

Rate effectiveness:

0 1 2 3 4 5
(Not helpful) (Very helpful)



Even if, I can

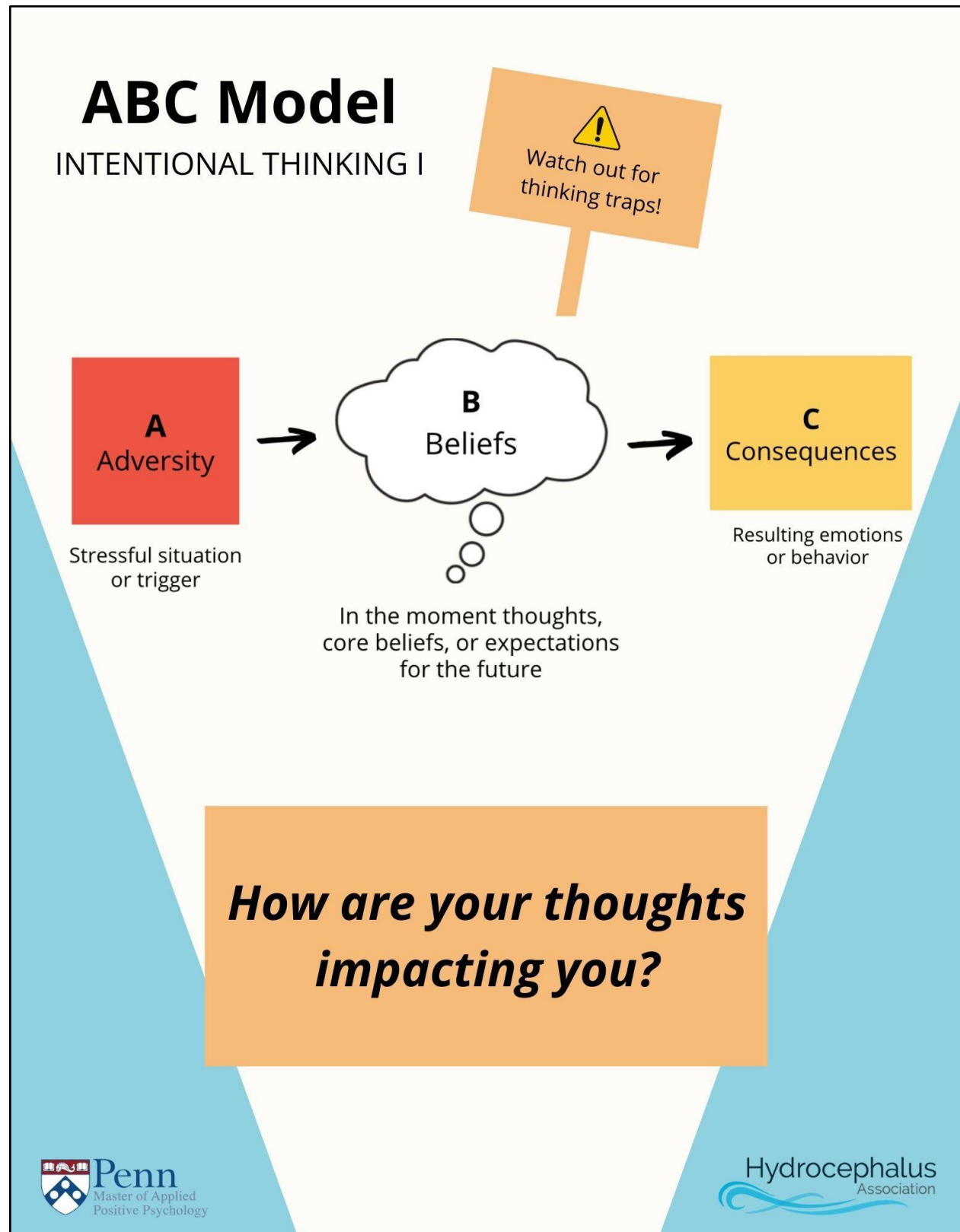
AGENCY

Even if _____,
I can _____.

Example: Even if I don't know when my child's shunt might fail, I can have an emergency action plan in place for myself and others to utilize.

Agency ideas:

- Create an emergency action plan
- Learn about hydrocephalus
- Mindfulness body scan
- Stop, Breathe, Be
- 10-minute walk
- Journal to process emotions
- Other: _____



Thinking Traps

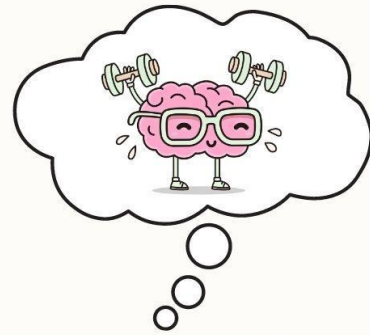
INTENTIONAL THINKING I



- **Jumping to Conclusions:** Drawing a conclusion without all of the necessary information
- **Tunnel Vision:** Narrowly focusing on the negative parts of a situation. Ignoring evidence that does not support our own beliefs
- **Magnifying & Minimizing:** Inaccurately assigning value to positive or negative events, resulting in being overly pessimistic or overly optimistic
- **Self Blame:** Blaming problems solely on ourself
- **Blaming Others:** Blaming others for our problems.
- **Overgeneralizing:** Making sweeping generalizations about someone's behavior. Beware of words like "Always" or "Never"
- **Mindreading:** Assuming what others are thinking
- **Emotional Reasoning:** When our emotional state influences our conclusions

Effective Reframing

INTENTIONAL THINKING II



Reframing Strategies:

Thoughts vs. Facts: Thoughts are not facts.

- Is this thought true?
- Are my thoughts accurate to the situation?

Balance it out: Find balance between the two sides

- Am I considering both sides of this situation?

Cope with catastrophe: Make a plan for handling a potential challenging situation

- If my worry comes true, how would I cope through it?
- Utilize "Even if..., then I can..." statements

Acknowledge growth: Learning and growing through a challenging experience

- Is there meaning I can find from being in this situation?

Play Detective: Adopt a detective's mindset

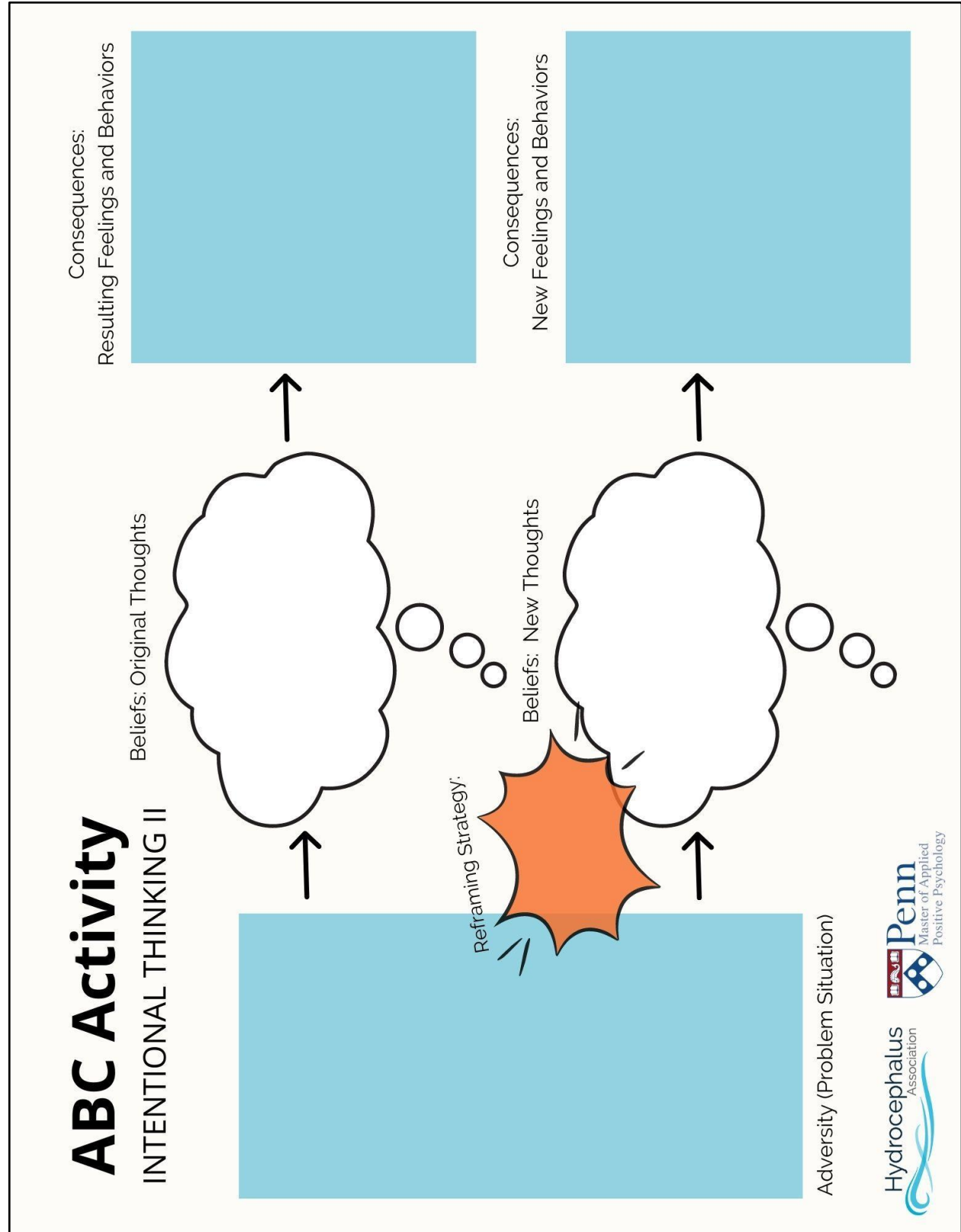
- Do I have all the facts?
- Do I need more information?
- Where can I go to get my questions answered?

Rethink it: There are multiple ways to think about any situation.

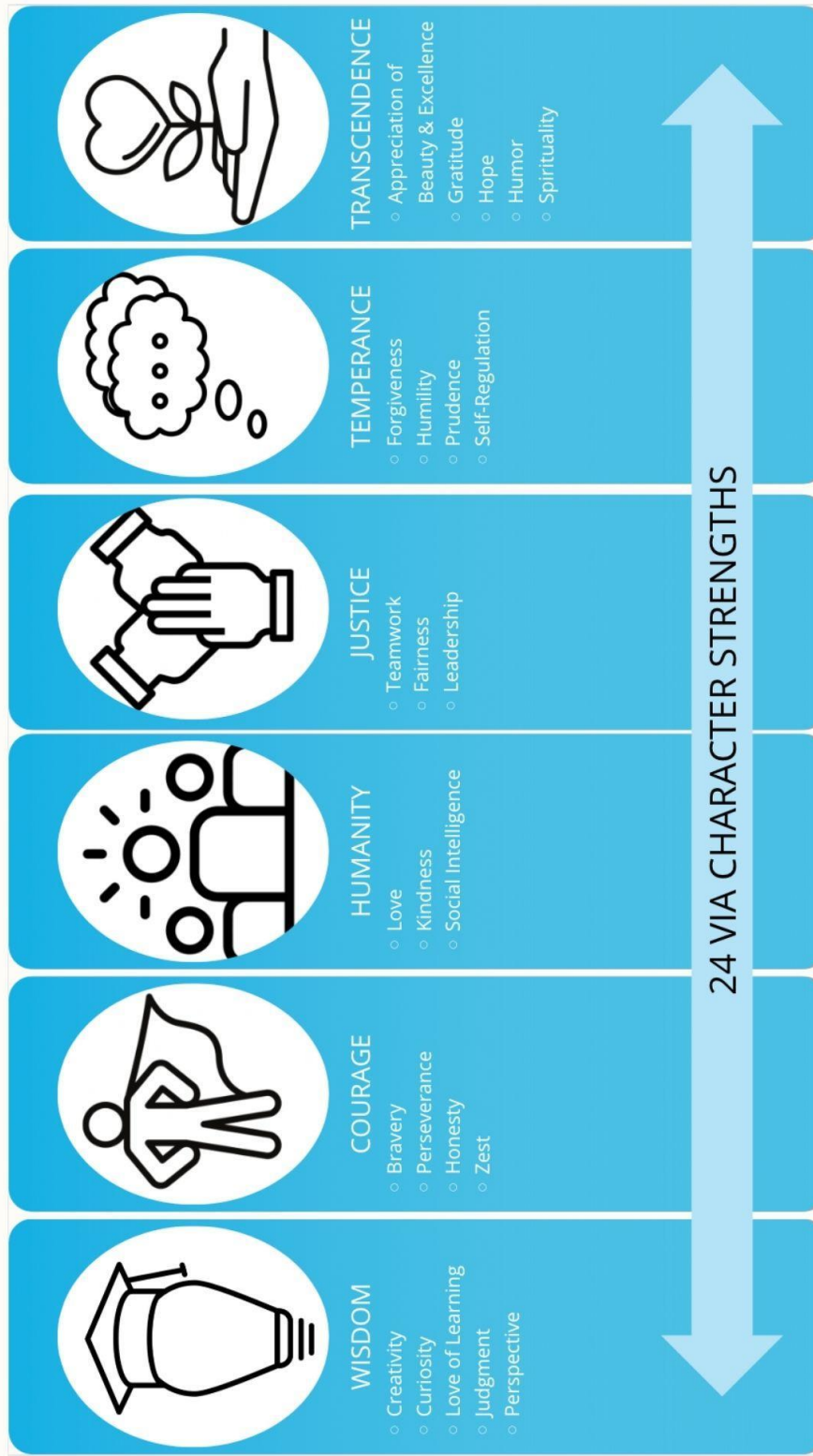
- What's another way I could think about this situation?
- Challenge yourself to think of multiple alternative possibilities.
- Identify at least one neutral or positive way to think about the situation

Distance yourself: Use humor to reframe the situation

- Can I find some humor to lighten the situation somehow?



Character Strengths



Take the free VIA Character Strengths Assessment:

www.viacharacter.org

WOOP

ENGAGEMENT



W Wish

O Outcome

O Obstacles

P Plan