Resilience Training for the Bethesda Project: The ABC’s of Flexible, Accurate Thinking

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A Positive Psychology Service Learning Project Submitted
In Partial Fulfillment of the Requirements for MAPP 702: Applied Positive Interventions
Master of Applied Positive Psychology

May 1, 2017
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Abstract

Bethesda Project (BP), a nonprofit organization located in Philadelphia, PA, provides shelter, housing, and programs to 2,000 chronically homeless men and women. Many of BP’s clients struggle with addiction and mental health issues that prohibit them from living self-sufficient lives. Challenges originating from fighting an under resourced battle with chronic homelessness make employees vulnerable to unrecovered stress and concurrent pessimistic thinking habits. In response to this, we recommend that BP adopt resilience training to support staff well-being. As a first initiative, we propose introducing the optimistic explanatory style and the ABC model of cognitive thinking to allow employees to develop flexible, accurate thinking about their work, the clients they serve, and the environment within which they work. When introduced in a systematic way on a site-by-site basis, BP can build a research-informed program tailored to its needs that enhances employee well-being.
# Table of Contents

Abstract .................................................................................................................................................. 2

Bethesda Project: Situation Analysis .................................................................................................. 5

Review of Sector ..................................................................................................................................... 5

Homelessness: National statistics and demographics .......................................................................... 5

Homelessness: Philadelphia .................................................................................................................. 5

Homelessness: Root causes of chronic conditions.............................................................................. 6

Review of organization: Bethesda Project .......................................................................................... 6

Resilience and Optimism: A Review of the Literature ...................................................................... 9

Resilience ............................................................................................................................................... 9

Optimism ............................................................................................................................................. 11

ABC Intervention .................................................................................................................................. 13

BP Resilience Training Program ......................................................................................................... 16

Method of Delivery ............................................................................................................................... 18

Method of delivery: instruction ............................................................................................................. 18

Self-efficacy .......................................................................................................................................... 19

Method of delivery: leadership ............................................................................................................. 20

Resilience champion ............................................................................................................................. 21

Method of delivery: dissemination through sequential roll-out by training layer ......................... 22

Layer 1 ............................................................................................................................................... 23

Layer 2 ............................................................................................................................................... 23

Layer 3 and Layer 4 ............................................................................................................................. 24

Dissemination within a layer ................................................................................................................ 24
Stage 1: Training of program coordinator(s) at the site.............................................25
Stage 2: Site workshop where the skills are introduced to all the staff at the site........25
Stage 3: Practice and implementation........................................................................27
Stage 4: Encouragement and Feedback.......................................................................29

Measurement: Monitoring Emotions, PANAS, Recommendation of Frequency..........29

Conclusion ..................................................................................................................31

Appendix A ..................................................................................................................38
Appendix B ..................................................................................................................45
Appendix C ..................................................................................................................47
Appendix D ..................................................................................................................49
Appendix E ..................................................................................................................50
Appendix F ..................................................................................................................59
Bethesda Project: Situation Analysis

Bethesda Project (BP), a nonprofit organization located in Philadelphia, PA, provides shelter, housing, and programs to 2,000 chronically homeless men and women. A “chronically homeless” individual is a homeless individual with a disability who has been continuously living, for at least 12 months, in a place not meant for human habitation, in a safe haven, in an emergency shelter, or in an institutional care facility (HUD definitions, n.d.). Across a variety of conditions and through 13 different facilities offering varying levels of support, BP lives its mission “to find and care for the abandoned poor and to be family with those who have none” (Bethesda Project, n.d.). BP is at the center of the chronic homeless condition.

BP has a long-term relationship with the University of Pennsylvania (Penn) and they hope to continue and deepen the connection with our service project (M. Marlin, personal communication, January 16, 2017). BP is open to ideas for a service project and willing to facilitate this project.

Review of Sector

Homelessness: National statistics and demographics. In 2016, the homeless population in the United States was estimated to be over half a million people in any given night, with 15% of them in a chronic state of homelessness (National Alliance to End Homelessness, n.d.). Although the problem effects both genders, homeless men outnumber women by a ratio of 2:1. Of the homeless who seek shelter, 63% were male and 37% female. In 2016, 39,471 of these homeless were veterans (Project Home, n.d.).

Homelessness: Philadelphia. In 2015, homelessness outreach organizations engaged over 6,500 homeless individuals in Philadelphia. Throughout the year approximately 15,000 people used a shelter in the city (Project Home, n.d.). Exacerbating this issue is the 26% poverty
rate in Philadelphia combined with high cost for housing. Moreover, other contributing factors include: inadequate low-cost housing and housing assistance, lack of affordable transportation, lack of affordable health care, domestic violence, and inadequate support for mental health and substance use challenges (Project Home, n.d.).

**Homelessness: Root causes of chronic conditions.** Homelessness is complex involving both individual challenges and social issues that overlap and accentuate each other (Weinberger, 1999). Approximately 30% of this population have significant mental health conditions, and two-thirds struggle with an addiction issue (Project Home, n.d.). The interplay between individual and structural issues becomes apparent at the point of mental health. In the 1980’s, the Reagan Administration defunded significant components of the national mental health infrastructure that provided permanent housing to people experiencing mental health issues, essentially turning them out on to the street (Torrey, 2013). Deinstitutionalization of mental health services left a void that still exists today for people with conditions that are severe enough to be major impediments to their ability to regain their footing in society. Often these are the people BP serves.

**Review of organization: Bethesda Project**

The Bethesda Project had its humble beginnings in 1979 when members of Reverend Domenic Rossi's prayer group in Daylesford Abbey, Paoli, Pennsylvania took in a group of homeless women (Bethesda Project, n.d.). Three years later, the BP purchased a home at 11th and Spruce streets with support from the prayer group, Daylesford Abbey, foundations, and other sources (Bethesda Project, n.d.). BP became a registered non-profit, hired its first paid employees, and began serving men as well as women. It has been 37 years since the first rental
was started, and the BP is still committed to finding and caring for the abandoned poor and to being a family for those who have none (M. Marlin, personal communication, January 16, 2017).

BP has entry-level housing, permanent supportive housing, independent housing and an emergency shelter. The first line is Our Brother’s Place (OBP), that is run by BP in conjunction with the City of Philadelphia to provide an emergency shelter for 149 men. Within BP, it is the only emergency shelter and the homeless are considered clients in this facility. There are supportive services and hot meals for an additional 50 men daily. This is considered a first step in accessing housing. There are partnerships with local churches, Old First Reformed Church, Trinity Church and St. Mary’s Church that provide meals, overnight shelter and case management services. While in these shelters, BP staff help to obtain birth certificates and facilitate placement in one of the permanent supportive housings.

Permanent supportive housing and independent housing are the goal for each client at the emergency shelter and churches that are considered entry-level housing. Each resident has jobs within the home to give them a sense of ownership (M. Marlin, personal communication, January 16, 2017). If they have income (such as their income from social security), thirty percent goes to BP. Each resident has a private room and shared living quarters.

Some residents have lived for 25 years in permanent supportive housing and are referred to as “aging in place.” Aging in place may become an issue when the resident progressively declines in health. If they become debilitated, the activities of daily living such as personal hygiene and dressing one’s self, are more of the residential aide’s (RA) responsibility. For example, the more elderly residents are not as able to perform their assigned tasks, may make more messes, and need more help with activities of daily living, which may become the RA’s or even case manager’s extra work.
In five of the seven permanent housing sites, there are program coordinators overseeing all operations, and each site has one or two case managers (M. Marlin, personal communication, January 26, 2017). Two of the permanent housing sites have no on-site staff presence but there is a program coordinator that handles responsibilities such as rent collection and maintenance issues. BP has 135 total employees, and operates across three divisions: entry level, emergency shelter, and permanent supportive housing. There are 9 senior leadership positions: Chief Executive Officer, Finance Director, Chief Development Director, Mission Development Officer (part-time), Director of Housing, Human Resources Director, Director of Entry Level Programs, Director of Shelter, and Director of Social Services (M. Marlin, personal communication, January 24, 2017).

The RAs are considered a direct line (M. Marlin, personal communication, January 16, 2017). They work in shifts, and typically do not have higher education. The RAs make rounds, manage kitchens, monitor visitors, manage guests under the influence, mediate and resolve conflicts, manage crises, and control access to medications. The RAs experience problems such as boundary issues. For example, touch, such as hugging, is not allowed and occurs regularly. Also, the exchange of money between employee and resident occurs but is forbidden. There are 8-10 residents sent to the emergency department each month sometimes due to fights. The residence home might be as large as 49 beds. This creates a fast-paced, crisis-oriented work environment and stressful conditions that impact these front line staff, and by extension, the work of the organization.

Chronic unrecovered stress has serious physical and mental health implications (Ratey, 2008). Moreover, the relentless nature of this condition often leads to negative emotions that crowd out positive ones, and trigger a narrowing of one’s perspectives and thought
processes (Fredrickson, 2009). This latter point is of great concern as it reduces flexibility in adapting to a fluid, complex and high-stakes environment. Moreover, moving from one crisis to the next with little tangible success - other than putting out the immediate fire - jeopardizes significant contributing factors to well-being by increasing negative emotions, reducing relationships, limiting objective achievements, and questioning one’s purpose (Seligman, 2011).

In this project, we will opt for believing that an initial emphasis must be placed on the senior employees. They provide the leadership and direction to BP. They are the lynchpin to the organization’s operations and success. Building their understanding of positive psychology and resilience will not only help them in the short-term, but will position the organization for later applications in positive psychology. These may possibly involve future MAPP classes as BP has expressed its desire for a continuing relationship with Penn.

**Resilience and Optimism: A Review of the Literature**

**Resilience**

Resilience has been defined as “the process of negotiating, managing, and adapting to significant sources of stress or trauma (Leppin et al., 2014, p. 1).” The scientific study of resilience became prevalent in the 1960s and 1970s, as scientists wanted to understand the phenomena of children who experienced adverse conditions, overcame them, and succeeded in life. They were surprised by the ordinariness of resilience. Researchers concluded resilience is a common phenomenon that comes from normal human adaptive processes (Masten, 2001), and is not the exclusive capacity of extraordinary people (Masten, Cutuli, Herbers, & Reed, 2011). Resilience may be cultivated by ordinary people.

Within an organizational context, researchers have studied the benefits of employee resilience and social context when confronting unexpected adverse conditions and the
accumulation of several lesser disruptions (Meneghel, Salanova, & Martinez, 2016). Diverse risks and difficult situations can threaten the health of an organization, along with the well-being of its members. The authors note that resilience leads to an improvement in job performance, as highly resilient employees can rebound and recover from difficult situations and problems they encounter. Moreover, social context acts as an antecedent, generating work resilience, job satisfaction, and therefore job performance. Resilience leads to more flexibility in meeting modified demands and employees are more open to new experiences (Meneghel, Salanova, & Martinez, 2016).

Huey and Hashim (2015), after a review of articles involving caregiver resilience, created a training module on core characteristics of resilience, with the objective to improve caregiver quality of life. In this context, the authors found five elements to develop resilience: networking, leadership skills, spirituality, self-efficacy, and problem solving. Problem solving skills, such as the ABC model, assist the development of self-awareness by highlighting the impact that thoughts have in shaping emotions and behavioral responses, and the necessity to develop productive response patterns (Huey & Hashim, 2015). This process is important for self-confidence, as it helps control impulses, emotions, and behaviors so one may reach goals. Cultivating these productive patterns can serve as a basis for effectively expressing oneself while respecting others, for a more assertive communication style.

Other researchers have expanded the number of teachable resilience protective factors to include: optimism, effective problem solving, faith, sense of meaning, self-efficacy, flexibility, impulse control, empathy, close relationships, and spirituality (Reivich, Seligman, & McBride, 2011, p. 25). Based on this, these authors developed a master resilience training (MRT) course for the military as a 10-day program that teaches these resilience skills. They use a “teach the
teacher” model to instruct noncommissioned officers, who in turn go on to teach soldiers the resiliency skills. One of the units in the 10-day program focuses on activating events and identifying reactions that are driven by the thoughts surrounding the event. The soldiers learn to recognize an activating event, their beliefs about this event, and then discuss the emotional and behavioral consequences of the thoughts.

Positive emotions such as optimism, satisfaction, and enthusiasm were directly related to team resilience (Fredrickson, 2001). Positive emotions have been seen to broaden methods of coping in a stressful situation with this broad-minding strategy leading to psychological strengths such as optimism and resilience.

**Optimism**

Optimism is an important protective factor of resilience (Reivich et al., 2011). Optimistic people expect that good events will happen in their future life. In other words, optimism reflects an individual’s positive hope for the future (Carver, Scheier & Segerstrom, 2010). Even in adverse situations, optimistic people tend to be confident and continue to exercise agency. They do not easily give up, even if the goals are not reachable. Rather, optimistic people find new valuable goals to follow.

According to Seligman (Seligman & Schulman, 1986), optimism is important for success as it produces persistence. Researchers have investigated optimism (as compared with talent and motivation) in a workplace setting for its relative impacts on persistence. They discovered that when obstacles become harder with time, persistence produced by optimism was decisive (Seligman, 2006).

Seligman (2002) further says that optimism arises from an optimistic explanatory style, which is how one explains events across three important elements: permanence, the extent to
which one believes events have lasting temporal significance; pervasiveness, the extent to which one believes events manifest globally in all facets of life; and personal, the extent to which one believes one creates the event. People who interpret an adverse event as permanent, pervasive and personal tend to be pessimistic, leading to poorer coping skills, and are more likely to demonstrate helplessness in an adverse situation (Seligman & Schulman, 1986). However, people who believe that an adverse event is temporary, specific and external, have an optimistic style of explanation (Forgeard & Seligman, 2012). These three elements together determine one’s explanatory style, and whether one tends to sustain action or give up in the face of adversity. Optimists are more likely to sustain action, while pessimists are more likely to give up. Therefore, by changing our explanatory style, we can learn optimism, and increase our ability to persevere in difficult circumstances.

It also helps in better performance at work, especially at challenging jobs that require persistence, such as selling insurance (Seligman & Schulman, 1986). In a study at Met Life, one thousand sales agents out of fifteen thousand applicants were hired into the regular force. One half of the agents were optimistic and half were pessimistic as measured through the Attribution Style Questionnaire (ASQ), which measures explanatory style (Seligman, 2006). Their performance was monitored over the next two years. In the first year, the optimistic agents outsold the pessimists by 8%, however, in the second year, the optimistic agents outsold the pessimists by 31% (Seligman & Schulman, 1986). Optimism can promote favorable work performance.

Optimism has additional benefits for stress management and interpersonal relationships. Brissette, Scheler, & Carver (2002), found that optimistic students were better able to cope with challenges presented from starting college and had larger social networks. Evidence shows that
optimistic people tend to see things positively, therefore, they enjoy more satisfied and meaningful relationships than pessimistic people. The reason could be that within relationships, optimistic people are more supportive partners than pessimistic partners (Carver, Scheier & Segerstrom, 2010).

Thus, optimism as an individual trait may be beneficial to an employee’s productivity, their ability to cope with stress, and their interpersonal relationships; it may also facilitate a greater social network, improve physical health, and provide situational resources to foster enhanced mental well-being.

**ABC Intervention**

One’s optimism is determined by their explanatory style, which is a cognitive function. To shape this style, it is imperative to be fully aware of one’s thoughts and beliefs (Reivich & Shatte, 2002). The ABC intervention is a beneficial method to build this awareness and to respond in a productive manner to daily events. It is a tactical skill that, once learned, can be brought to bear to handle adverse events, maintain an optimistic disposition, and remain resilient.

In its simplest form, the model posits that one’s responses, also known as consequences (C), consisting of emotions and actions, are not a product of a specific adverse event (A), per se, but originate from the thoughts and beliefs (B) that one has about the event (Reivich & Shatte, 2002). Importantly, initial interpretations determine the nature of the reaction, so that the flow from adversity to action runs through a cognitive process (A-B-C). This concept runs counter to what many people believe occurs: that an adversity elicits a consequence in a direct manner (A-C). Understanding this process creates an opportunity for an individual to intervene in the
This method was pioneered by psychologists in the 1950s and 1960s out of frustration with conventional psychoanalytic therapies used to treat distress and neurosis (O’Kelly & Collard, 2015). Pioneers in this method discovered that people shape their own beliefs, and in cases where these thoughts become dysfunctional, then dysfunctional outcomes follow. This resulted in the development of new treatments that focused on actively recognizing thoughts and restructuring them (O’Kelly & Collard, 2015). Treatments developed under names such as Rational Emotive Behavior Therapy (REBT) and Cognitive Behavior Therapy (CBT). These therapies differed in certain areas of focus, but they were largely similar in broad application: working to recognize and then reevaluate and dispute unproductive thoughts (O’Kelly & Collard, 2015).

Central to REBT was the concept that irrational beliefs spawn unhealthy emotions that stand in the way of personal progress. Over time, these beliefs can calcify into general cognitive approaches that limit flexible thinking and increase pessimism (O’Kelly & Collard, 2015). Therapy targeted at reevaluation of these unproductive global thoughts could improve psychological disruptions by enhancing mental agility.

This model has been proven effective in workplace settings across a wide array of performance metrics. One study tested the impact of a seven week CBT course involving weekly three-hour training sessions on the performance of financial services sales agents (Proudfoot, Corr, Guest, & Dunn, 2009). The company that supplied the study participants operates in an industry with high employee turnover, and the researchers hypothesized that CBT training aimed at changing explanatory style would beneficially impact turnover. The study
found CBT training compared with a wait-list control group increased employee optimism, reduced psychological strain, improved self-esteem, and increased job satisfaction. Moreover, turnover was reduced by 66%, and employee productivity was increased with lasting results when measured two years after the training (Proudfoot et al., 2009).

Another study reviewed the impact of a much shorter CBT training program that involved one 120-minute session with three voluntary 30-minute online follow-up sessions during the subsequent month (Kimura et al., 2015). Researchers found participants receiving training had high participation rates in the voluntary follow-up sessions and had significant improvements in subjective job performance assessments post training, compared with a control group. It was speculated that CBT training may improve worker cognitive flexibility along two pathways. First, the ability to understand a situation and determine if control or acceptance was warranted. And second, to understand that other people and events can be viewed through many different perspectives, resulting in the ability to develop strategies in line with these perspectives (Kimura et al., 2015).

**Teaching method.** The intent of this application for BP is not to fully teach either REBT or CBT, as these are clinical therapies used in counselling and are beyond the scope of BP’s requirements. However, as previously stated, both methods are very similar to each other and both use the cognitive mechanism to check reactions to activating events by helping individuals evaluate and dispute unproductive thoughts. Importantly, the steps of the ABC method are critical components in both methods, and it is a skill that can be taught within BP’s setting and does have direct application for BP’s employees.

Researchers in one study surveyed 120 CBT trainers, asking them to rate various methods of training instruction (Bennett-Levy, McManus, Westling, & Fennell, 2009). Composite results
indicated that different methods of instruction are required for various aspects of the technique. For acquisition of declarative information, trainers cited reading and lecture as the best method. To transition from declarative information to practice, the trainers cited instructor modeling of the skills as superior. Finally, the trainers highly rated having participants gain experience by partner role-playing and self-application of the training. Additional investigation reveals that one need not be a mental health professional to successfully instruct this technique. In the meta-analysis referred to earlier involving children and REBT, researchers analyzed recipient outcomes based on type of instructor being either mental health or non-mental health professional. Interestingly, they discovered better recipient outcomes from non-mental health practitioners (Gonzalez et al., 2004).

The ABC intervention is one version of a cognitive training approach to developing flexible thoughts and explanatory style. This style of training leads individuals to better psychological processing and mental health, improves social skills and problem solving, and is proven to have demonstrable success in the workplace. It can be implemented as a brief course or expanded to more in-depth training, and can be instructed by non-professionals following a process developed through decades of professional application. These factors make this an ideal tool for BP.

**BP Resilience Training Program**

There are four foundational keys to ensuring effective introduction and adoption of resilience skills at BP. These keys consist of content, leadership, instruction, and the dissemination strategy (see Figure 1).
Figure 1. Four Keys of BP Resilience Training Program

**BP Resilience Training**

Employee Well-Being is a Product of Coordinating Key Variables for Success

<table>
<thead>
<tr>
<th>Content</th>
<th>Leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ Research informed</td>
<td>✔ Champion ideas</td>
</tr>
<tr>
<td>✔ Optimism</td>
<td>✔ Model skills in action</td>
</tr>
<tr>
<td>✔ ABC Model</td>
<td>✔ Common language</td>
</tr>
<tr>
<td>✔ BP contextual examples</td>
<td>✔ Support</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Instruction</th>
<th>Dissemination</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ Train the trainer</td>
<td>✔ Layered roll-out</td>
</tr>
<tr>
<td>✔ Workshop - information</td>
<td>✔ Senior management</td>
</tr>
<tr>
<td>✔ Workshop - do it to learn</td>
<td>✔ Test Site</td>
</tr>
<tr>
<td>✔ Practice - follow-up</td>
<td>✔ Feedback and refine</td>
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</table>

Of the four keys, Content is explained, from a theoretical point of view, in the section “Resilience and Optimism: A Review of the Literature”, and is given additional elaboration with in Appendix A. The materials in Appendix A are included to guide the development of a facilitator’s manual, workshop presentation, and post workshop practice resources.

The other three keys of Instruction, Leadership, and Dissemination collectively make up our implementation plan and are detailed in the section “Method of Delivery.” It is important to note that success will be a function of the effort and resources dedicated to this project. Attention is required to each of these four keys. Failure to do so, or attempts to pare back energy applied to them will result in sub-optimal outcomes and may cause staff to resist future initiatives, including applications of positive psychology.
Method of Delivery

This implementation plan outlines broad recommendations for structuring delivery of these vital resilience skills. However, we understand senior management at BP best know their environment, resources, and employees, and as such, will develop the actual pathways for introducing these skills to the entire workforce.

Method of delivery: instruction. Optimistic explanatory style and the ABC model are skills. As with any skill, instruction facilitates knowledge acquisition while practice and feedback promotes proficiency. This approach builds competency, which improves self-efficacy and motivation (Wehmeyer et al., 2009).

Specific to BP, we envision instruction occurring through workshops (workshop specifics are discussed below). Following workshops, there should be an opportunity for one-on-one coaching check-ins between trainers (a Resilience Champion and others designated to assist this role within BP – discussed herein) and employees. These discussions should focus on ensuring that concepts of optimism and the ABC model are understood from a practical point of view in real life application, so that employees know and can experience the benefits accruing from flexible accurate thinking and its impact on their well-being. One-on-one discussion also offers valuable feedback to the trainers for further refinement of their approach to instruction and the way material is conveyed.

Practice with these techniques should be integrated with instruction so that employees have early, tangible skill acquisition. We recommend that practice with the ABC model occur within the initial workshop. Time should be taken for practice between explanations of critical stages of skills. For example, have employees write out a personally relevant activating event when activating events are described; detail resulting consequences following discussion of that
component; and finally work through their beliefs, following instruction regarding how different thoughts trigger different reactions. Practice should also be encouraged after workshop training (refer to Stage 3: Practice and implementation).

**Self-efficacy.** At this point, it is critical to briefly comment on the importance of self-efficacy in learning and acting on new skills. Self-efficacy is the belief that one has the capability to act to create preferred results (Maddox, 2009). It forms an important component of both autonomy and competency which are primary psychological needs and demonstrated to impact self-regulation and motivation (Brown & Ryan, 2015). Given our desire to have broad use of optimism and the ABC model at BP, we feel it is important to ensure training and deployment of these skills are done to maximize employee self-efficacy with using these skills. There are five primary sources of self-efficacy (Maddox, 2009):

1. **Performance experiences** - this represents an individual’s action in working to achieve desired outcomes. Successfully using these skills breeds confidence in one’s ability and enhanced efficacy. Our plan targets this by embedding opportunities to practice these skills.

2. **Vicarious experiences** - self-efficacy is built by watching others successfully use the skills to navigate in similar situations. Senior staff modeling these techniques in real-time with their staff will build efficacy in staff members.

3. **Imagined experiences** - self-efficacy is increased when one imagines scenarios of successfully using a skill. Role-playing and visualization during skill development are important.

4. **Verbal persuasion** - one can feel more efficacious when someone they trust and who has experience tells them they can succeed at what they intend to do. Senior staff is
encouraged to support fellow staff members by verbally encouraging them to apply the ABC model when they witness activating events occur.

5. Psychological and emotional states - self-efficacy is increased when positive emotions accompany success in action, and it is reduced if poor performance coincides with negative emotions. It is important to ensure coaching is targeted to reduce the focus on unhelpful emotions when the skills are being learned and applied in real time.

**Method of delivery: leadership.** Buy-in from senior management is imperative for successful application of these skills at BP. Senior management creates the context in which employees operate by setting direction and goals for the organization. Moreover, leaders can emphasize the benefits to employees of this new initiative, and reinforce this through both direct and indirect (role-modeling) emphasis and action. This type of support is critical to helping employees understand that the well-being benefits these skills provide are intended for their personal enrichment, and that with practice, they can successfully apply them in daily interactions. Purposeful action, such as this, is a critical component of fostering self-determined behavior where an individual chooses to use the skill because they have confidence in it. This belief is important as it sustains motivation (Wehmeyer et al., 2009).

Training for senior management will accomplish important outcomes: 1) communicate to employees the personal benefits derived from understanding flexible accurate thinking; 2) explain the skills and allow appropriate practice time with the skills prior to introducing them to larger BP community; 4) ensure executives are comfortable with using these skills in their lives, and realize these benefits; 5) allow for feedback to refine workshop and practice delivery methods prior to wide-scale adoption so they are tailored to the nuances of BP’s context; and 6)
develop a consistent lexicon among the managers that will become pervasive in the organization and act as a regular reinforcing agent once these skills are introduced to other levels of staff.

**Resilience champion.** We recommend a senior staff member be designated as the Resilience Champion who will coordinate introducing and supporting this initiative at BP. The individual will be the primary point person to design and implement the training. They will liaise with other BP staff trainers (refer to Stage 1: Training of program coordinator), who will assist in site-specific implementation. The Resilience Champion will be responsible for, and should be selected based on skills that support:

- synthesizing our material into BP appropriate teaching presentations and materials;
- conducting an initial training for senior staff at BP;
- supporting senior staff in skill acquisition through coaching, practice prompts and answering questions;
- developing feedback methods (surveys, discussions and measurement tools) to allow for improvement and tailoring of instructional materials as teaching is advancing in the recommended layered approach;
- building out this action plan in more detail, including facilitator manuals and worksheets for use in layered dissemination throughout the organization;
- developing agendas and schedule meetings regarding instruction and dissemination;
- building relationships with important social influencers to ensure buy-in and support for this initiative;
- conducting one-on-one coaching to program coordinators at each site;
- working with program coordinators to facilitate instruction at each site; and
• coordinating promotional materials (such as posters for display – Appendix F) to reinforce importance of these skills at BP;

This is an important role. Careful consideration should be given to who should assume this position, and BP must provide resources to support their work.

Method of delivery: dissemination through sequential roll-out by training layer. We believe that introducing these skills to BP is best accomplished using a sequential layered approach. BP is a large organization with multiple sites, and employees representing a broad range of educational and socio-economic backgrounds. Moreover, engagement between employees varies considerably. Given this diversity, it is important to isolate introduction and training to ensure there is staff buy-in at each layer, and ensure that skills are being put into place. Early successes can be capitalized upon and setbacks can be used to improve subsequent introduction at deeper layers of the organization.

Our recommendations will take time. Effective introduction across the organization will involve many months of selective training and follow-up in an organized fashion. We recommend that each training layer be given focused attention before moving to the next layer. This ensures adequate time is spent with each layer and is designed to not tax BP’s human resources beyond their capacity. Success in the long-term is contingent on a deliberate build of these skills throughout the organization.
Figure 2. Dissemination Within BP by Layered Site by Site Roll-Out

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</tr>
<tr>
<td>SENIOR MANAGEMENT</td>
<td>TEST SITE</td>
<td>NEXT SITE</td>
<td>ADDITIONAL SITES</td>
</tr>
</tbody>
</table>

**Layer 1.** We recommend the first training layer be senior management. This stage lays the foundation for expansion throughout the organization in later months by getting leaders to experience the personal benefit from these skills. They will become advocates for flexible accurate thinking. Our focus is on a learn > use > teach model. Senior management acquires skills, uses them in daily activities and then introduces them through a “teach the teacher” plan developed by BP. Once the Resilience Champion is satisfied that senior management is supportive of advancing this initiative and the instructional materials are refined, then additional layers of training should ensue, and be based on specific housing sites incorporating all employees at those facilities.

**Layer 2.** The first BP site, representing the second training layer, should be chosen for ease of introduction specifically focusing on a smaller site with one program coordinator (e.g.
Connelly, having one program coordinator and 24 residents). This approach will allow the instruction model to be tested in a localized setting. Any teaching, content, presentation, or other challenges experienced at this layer is important feedback to be used to adjust the instruction and practice program prior to advancing to other layers. Early struggles provide opportunity for improvement without running the risk of having the entire organization wide initiative lose support because of implementation issues that almost certainly come with introducing new concepts in a workplace.

**Layer 3 and Layer 4.** After these skills are introduced through workshop teaching and follow-up on-site coaching (approximately one month), then the program can advance to layer three with the selection of another BP site to receive training. Each successive layer will involve selecting a new site. In this way, BP can constantly build competency throughout its organization, taking advantage of insights resulting from sequentially teaching site after site. As momentum builds within the organization, the Resilience Champion should begin to incorporate testimonials from case workers and residential aids highlighting where and how these skills have benefited them in their personal lives.

The order of sites chosen as subsequent layers is at the discretion of the Resilience Champion. However, we recommend leaving Our Brother’s House as the last training site, due to its size and the complexity of issues it addresses.

**Dissemination within a layer.** Within each training layer, dissemination should occur in a sequenced, four-stage manner that first involves “training a trainer” and progresses to workshop and practice skill facilitation. These recommendations have been successfully used for implementation of the ABC model in other organizations (Kimura et al., 2015). The following table highlights key points of each of these stages (see Figure 3).
Figure 3. Four-Staged Phased Dissemination Within a Specific Layer

<table>
<thead>
<tr>
<th>Stage</th>
<th>Target</th>
<th>Facilitator</th>
<th>Method</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1</td>
<td>Program coordinator(s)</td>
<td>Resilience Champion</td>
<td>Personalized training to ensure skill acquisition</td>
<td>Develop program coordinator support and ability to be on-site trainer(s) Individual adoption for personal use and increase in well-being</td>
</tr>
<tr>
<td>Stage 2</td>
<td>Site staff</td>
<td>Resilience Champion &amp; Program Coordinator(s)</td>
<td>Workshop</td>
<td>Understanding of skills and concepts Build individual and collective commitment to using skills Individual adoption for personal use and increase in well-being</td>
</tr>
<tr>
<td>Stage 3</td>
<td>Site staff</td>
<td>Program coordinator(s)</td>
<td>Practice &amp; Implementation</td>
<td>Increased use of flexible accurate thinking and improved PANAS scores Staff using the techniques in daily activity Partner practice through three thirty minute practice sessions</td>
</tr>
<tr>
<td>Stage 4</td>
<td>Site staff</td>
<td>Resilience Champion</td>
<td>Encouragement &amp; Feedback</td>
<td>Use of email to facilitate adoption and successful use Emphasize well-being objective Answer questions</td>
</tr>
</tbody>
</table>

**Stage 1: Training of program coordinator(s) at the site.**  Program coordinators manage each site and should be the first trained. The program coordinator will be the full-time on-site trainer and work in coordination with the Resilience Champion, who will only be on-site periodically, to assist in site adoption of the skills. Their personal experience (in terms of implementation and benefits) will be useful in facilitating better skill acquisition by their staff during, and after, the workshop. They are important social influencers and will become on-site coaches promoting optimism and use of the ABC model.

**Stage 2: Site workshop where the skills are introduced to all the staff at the site.**  At each layer, we recommend BP introduce these skills in a two-hour Workshop where the topics of
optimism and the ABC model are explained through lecture and example modeling. The workshop will also provide opportunities for employees to practice optimistic explanations and the ABC model. For sites with large staff numbers (greater than 10 employees), we recommend that practice components of the workshop be conducted in break-out sessions with groups of less than 10. Each break-out group should be overseen by a trainer (such as a program coordinator) who walks participants through use of the model.

The Workshop will require a facilitator to act as the trainer. This role may or may not be an employee of BP. Considerations for using a BP employee include, but are not limited to:

- involving someone who has experience with the types of activating events commonly experienced at BP;
- lending weight to the importance of the material being presented as an internal facilitator will be a member of the senior staff;
- will not require paying third party facilitator costs;
- understands the logistical context for how to tailor training to specific sites depending on their respective circumstances; and
- embeds the expertise within BP for development of future refresher training to existing staff and onboarding of new employees as time progresses.

Considerations for using an external facilitator include, but are not limited to:

- human resource constraints better managed by outsourcing this role;
- ability to identify candidate with existing knowledge of teaching these skills in an organizational context; and
- removes any potential interpersonal staff conflicts which may be an obstacle to having all staff members enthusiastically engage in the training.
Our recommendation is for the Resilience Champion to be the facilitator, given the central role they will play in the dissemination of these skills throughout the organization. Moreover, they will have a strong working knowledge of the materials and be the “face” of the program at BP, which will contribute to continuity of training and after workshop support. That said, this choice is best made by BP’s senior management.

The Workshop will have three stages and is consistent with best practices for teaching cognitive behavior techniques (Bennett-Levy, McManus, Wrestling, & Fennell, 2009):

1. **Declarative information - Lecture (45 min.).** Delivery of detailed information about optimistic explanatory style and ABC model.

2. **Modeling - Demonstration (15 min.).** The facilitator will use templates to illustrate how the skills are applied.

3. **Practice - Partnered roleplaying (60 min.).** Group divided into dyads and given sample activating events to work through. During this period, the facilitator and other training personnel (program coordinator) will interact with employees to ensure they are using the skills correctly. Worksheets should be provided, and practice should advance through two examples that are provided to the employees. After completion of the given examples, the employees should be instructed to use the ABC model on a recent life experience that represented an adversity for them.

**Stage 3: Practice and implementation.** Following completion of the workshop, staff will be encouraged to immediately begin to use flexible, accurate thinking and the ABC model in their daily routines. We recommend this happen in two ways. First, in a form of “on the job” practice, as program coordinators identify opportunities for staff to reflect on activating events as they develop at work. Second, in structured practice sessions involving another staff partner,
with each taking turns using the ABC model and optimistic explanatory styles to debrief activating events. Practice sessions should be facilitated with worksheets and a handout summarizing the main points of the skills as reference material. Practice should develop first with two specified examples from BP, and conclude with the participants identifying a recent activating event and modeling it using their ABCs and optimistic explanatory style. Completed sessions should be reported back to the site-specific trainer (program coordinator) who can give feedback and answer outstanding questions. Based on research we recommend three thirty-minute sessions held over the month following workshop training (Kimura et al., 2015).

We encourage BP to incorporate four important factors to accelerate employee adoption of these skills.

1. The Resilience Champion, site specific program coordinator(s), and other senior staff who are present when staff is at work, should take time and walk staff through using these techniques as opportunities present in day to day activity;

2. The Resilience Champion and senior staff should agree on a common lexicon for these techniques so that staff hears consistent descriptions of the material from workshop to workplace to reinforce their use as expected practice. Examples could entail “did you ABC that event?”;

3. Consistent with self-efficacy theory, senior staff should encourage other staff that they can successfully use these techniques (verbal persuasion) and lead by example to role-model effective flexible thinking (vicarious experience).

4. A strong emphasis should be placed on communicating to staff that these techniques are being taught to serve their own well-being. BP may experience resistance from staff who view training skeptically as a corporate tool. In these
instances, one-on-one discussions with the Resilience Champion or site-specific program coordinator should happen that emphasize these are well-being tools. Active use of testimonials from other staff as to benefits derived from flexible accurate thinking are useful in this regard. The self-determination theory of motivation highlights that extrinsic motivation can become highly effective when individuals see the activity as consistent with core beliefs (Brown & Ryan, 2015). The more staff can believe these methods facilitate things that are important to them, such as well-being, the more they will use them.

**Stage 4: Encouragement and Feedback.** During the month following the workshop, the Resilience Champion and the site-specific program coordinator will use email (or other medium BP finds effective) to encourage employees to engage with these skills. Emphasis should be placed on:

- stressing that these techniques are for their personal benefit and designed to increase well-being;
- reminders of key concepts and modeled examples as important points of reinforcement;
- clarifying any issues that developed during the workshop; inclusion of frequently asked questions; prompts to encourage practice and use of the skills including measurement instruments (discussed later in this document); and
- copies of applicable worksheets.

**Measurement: Monitoring Emotions, PANAS, Recommendation of Frequency**
To assist in facilitating individual employee benefit from this training and BP’s appraisal of its effectiveness, we recommend BP introduce to its employees a simple easy-to-use emotional rating system.

The Positive and Negative Affect Scale (PANAS) is one of the most widely used scales in evaluation and measurement of emotion or mood. The PANAS is a 20-item self-report scale that was created by Watson, Clark and Tellengen in 1998 (Crawford & Henry, 2004). After the use of the ABC teaching model, an increase in positive affect would be expected.

Positive affect (PA) reflects one’s pleasurable engagement, energy and concentration. Positive emotion reflects the degree to how one much one feels enthusiastic, is active and alert. On the other side, negative affect (NA), reflects subjective distress and unpleasant engagement. A low NA would indicate a serenity or calmness.

Prior to initiating ABC teaching, each employee will complete a PANAS questionnaire to determine their positive or negative affect score at that time. Each employee would create an online account at www.authentichappiness.com. This is a secure site that provides the public with access to psychometric tools such as the PANAS, and each employee can maintain their own confidentiality. Based on the time restrictions of BP, we would encourage bi-monthly PANAS completion from all staff members. The individual would be able to monitor their individual score and adjust accordingly. For example, if the employee finds a significant change in their PANAS score to the negative, the administrative staff should be available to review and support the ABC model.

To help BP improve their overall positive emotion, the individual score would then be written down and placed in an onsite folder that would remain unidentifiable, for the individual
sites to collate and monitor changes in the positive and negative changes within each facility. Human resources would be responsible for gathering and collating this score.

Positive and negative emotions can have significant influence on how one feels and acts. It is our hope that using the PANAS survey will have two beneficial well-being outcomes for the employees of BP. First, as individuals they will be able to monitor changes in their emotional balance thereby garnering feedback on the effectiveness of flexible, accurate thinking from using the ABC model. Second, by aggregating scores for individuals at specific sites into a composite score, BP will be able to better tailor resources it dedicates to the resilience initiative at each specific site, and refine the overall program based on this feedback.

Conclusion

BP is a non-profit organization serving the chronically homeless. The work environment is fast-paced and can be stressful. Unrecovered stress has negative health and well-being implications for BP’s employees. Improving employee resilience facilitates stress recovery with corresponding benefits to the individual as well as increasing job performance and strengthening relationships.

Resilience is not a superhuman power; rather it is part of normal human systems and it can be developed. There are many aspects to resilience, but two important ones are utilizing an optimistic explanatory style when confronting adversity and increasing the flexibility of one’s thoughts. We believe these aspects are important first points of application in positive psychology for BP given the persistent challenges staff encounter and the fact that there is a significant body of evidence that these skills are effective and teachable.
To facilitate these skills, we recommend BP utilize the ABC model. Benefits from this approach to building flexible, accurate thinking will manifest as employees better handle adverse events when they happen, maintain an optimistic disposition, and bounce back from day to day stress. Orienting responses to adversity in productive directions will increase individual employee well-being, improve staff communication, and, as a result, free up BP resources (time and management focus) for use on organizational objectives. Moreover, research shows that job turnover following training in ABC like techniques improves significantly which has important ramifications for the effectiveness and continuity of BP delivering on its mission to Philadelphia’s homeless population.

We outlined a detailed plan whereby BP’s staff can utilize its familiarity with a “teach the teacher” model to disseminate the ABC model to all its employees in a purposeful and non-disruptive manner. We envision a workshop and practice approach beginning with the upper management to facilitate learning this cognitive skill and over the next year, implementation would be diffused throughout the organization. Outcomes can be monitored via the well utilized PANAS scale and we provide ample materials in our appendices to support workshop materials.

We admire the noble, and often under celebrated, work of the BP and hope this paper is helpful to its many employees who make such a difference in the lives of people on the margins of our society.
References


http://dx.doi.org/10.1093/oxfordhb/9780199733255.013.28


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http://www.salon.com/2013/09/29/ronald_reagans_shameful_legacy_violence_the_homeless_mental_illness/

Appendix A

Content: Optimism and ABC Model

The following section reviews key aspects of optimism and flexible, accurate thinking as developed using the ABC model that should be used in training and can be incorporated into a facilitator’s manual, workshop presentation and post workshop practice.

Overview: optimism & ABC model. Optimism is an important protective factor of resilience (Reivich, Seligman & McBride, 2011). It is an individual's positive stance toward the future (Seligman, 2012). Optimistic people do not easily give up, they find alternative pathways toward their current goals and when goals are unreachable, they re-goal. (Carver, Scheier & Segerstrom, 2010).

One’s optimism is determined by one’s explanatory style, which is a cognitive function. The ABC model is a beneficial method to build this awareness and to handle adverse events, maintain an optimistic disposition, and remain resilient. ABC model helps one to identify one’s thought processes under adverse circumstances and discern whether those thought processes are productive or harmful. This simple, yet effective tool, enables employees to “push the pause button” creating the mindful space to reflect on the three aspects of optimism (personal, pervasive, permanent). Identification of negative thoughts which are generally personal, permanent and pervasive, further helps to understand their emotional impact on one’s behavior, actions and responses, and enables the individual to choose the most helpful behavior, action, and responses, rather than feel as though they don’t have control over their reaction (Reivich & Shatte, 2002). Flexible and accurate thinking opens the door to allow a re-framing of bad events as isolated and specific to that circumstance. Thus, ABC model when ‘Disputation’ and ‘Energization’ are added to it, becomes an important version of a cognitive training approach
for developing flexible thoughts and explanatory style. It enables individuals to improve their psychological well-being, enhance social skills and critical thinking. It is proven to have evidence based success in the workplace and health domain. It is easy to learn to further impart teaching as a brief course or an in-depth training course which can be instructed by non-professionals through a successful process developed after years of rigorous practice.

**Identify adversity.** In the ABC model, the first step is to identify a perceived adversity (A). An adversity could range from conflicts with colleagues, friends, authority, dealing with your own anger, anxiety, embarrassment, sadness, guilt, frustration and shame to balancing life and work (Appendix C). It can be done both as a mental exercise and by writing it on a piece of paper. Using the ABC worksheet (Appendix B) as a template is helpful in objectively identifying the adversity based on facts (Reivich & Shatte, 2002). For example, Robert, the Residential Aide scheduled to work the overnight 11pm to 7 am shift, calls out at 9:30pm (less than 2-hour notice), which is an improper call-out and in violation of Bethesda Project’s policies and procedures. Gary, the Program Coordinator, is at a restaurant with family and friends and now has to begin calling substitute Residential Aides to try to fill the shift, which ruins his evening plans. Gary is angry and begins to worry because if he can’t find staff to cover the shift, he will have to work the overnight shift himself. He confirmed this shift with Robert the day before and is angry that his plans are disrupted because of somebody else’s irresponsible actions. Here, the perceived adversity is an improper call-out which is in violation of Bethesda Project’s policies and procedures (Appendix E).

**The missing link of belief.** The second step, in the ABC model, is to identify the consequences (C) which are related to adversity (A) seemingly but not actually. One’s feelings, responses and reactions are the consequences (C). It is often believed that an adverse event (A)
propels emotional or behavioral consequences (C). However, adverse or negative events do not cause feelings, emotions and behavior. Rather, they stimulate automatic, ingrained thoughts or beliefs (B) about the adversity. Therefore, an adversity (A) does not directly lead to consequences (C), as there is an important causal linkage between an adversity (A) and consequences (C) which is one’s beliefs (B) (Reivich & Shatte, 2002). In the above said example, Gary, the Program Coordinator’s behavioral consequences (C) are that he is worried and angry with the improper call out of the Residential Aid. On the surface, it seems that adversity (A), i.e. improper call-out has caused consequences (C) i.e. worry and anger. But, improper call out, an adversity (A), has generated various negative beliefs (B) and thoughts in the mind of Gary, the Program Coordinator. One of the beliefs (B) is leading Gary to think that the Robert is good for nothing, or he is a shirker and is purposely doing the improper call-out which leads him to the consequences (C) of worry and anger (Appendix E).

**Family of beliefs.** Understanding a connection between beliefs (B) and consequences (C) is the third but the most important step of self-awareness. It may help to disentangle the mixture of emotions experienced in the face of adversity (Reivich & Shatte, 2002).

Beliefs can broadly be categorized in five categories: a) violation of your rights, b) real-world loss or loss self-worth, c) violation of another’s rights, d) future threats, and e) negative comparison to others, (Reivich & Shatte, 2002). Interestingly, these beliefs are universally coupled with various consequences that follow beliefs. Therefore, one needs to look for connections between beliefs and emotions. For example, violation of your rights is coupled with anger, real-world loss with sadness and depression, violation of another’s rights with guilt, future threat with anxiety and fear, and negative comparison to others is connected with embarrassment. Self-awareness about relationships among beliefs and emotions helps to identify
beliefs which cause a particular or a set of overwhelming emotions. Thus, there is a direct and clear connection between belief (B) and consequences (C) (Appendix D).

**Name it to tame it.** Articulating the thought process or beliefs is the key to understand the consequences of adversity. Naming the thoughts and beliefs and putting them in a sentence structure, helps decipher the meaning attached to them which is turn explains the consequences (Reivich & Shatte, 2002). For example, Gary, the Program Coordinator’s consequence of worry and anger can be named as violation of his rights. Similarly, his consequence of embarrassment can be termed as negative comparison with others. Thus, naming (violation of his rights or negative comparison with others) a belief is an important part of self-awareness which helps one to withstand the most distressing situation (Appendix E).

**Understanding patterns and themes of beliefs and emotions.** During the process of application of ABC model, one should look for patterns of beliefs and emotions to understand a theme around beliefs and emotions. Understanding such theme and pattern enable one to anticipate and prevent one’s unsubstantiated beliefs and consequences. Regular practice of ABC generally increases the list of consequences (C) which is a sign of growing self-awareness (Reivich & Shatte, 2002). For example, Gary, the Program Coordinator, after regular practice of ABC model, might realize that his patterns of beliefs most frequently tend toward a violation of his rights, negative comparison with others and real-world loss which in turn generate a theme of emotions – anger, worry, embarrassment, depression and sadness.

**Notice missing emotion.** Then, at the application level, the final step of the ABC model is to cross check how each identified beliefs is coupled with each consequences or how each consequence is connected to each belief. A solitary belief (B) or consequence (C) would indicate a missing or unnoticed emotion. Therefore, one should look for new beliefs, emotions and
consequences and new connections among them (Reivich & Shatte, 2002). In the above example, each belief of Gary is connected to a consequence. There is no belief or consequence which is not interconnected.

**Solution to negative beliefs.** ABC model is not merely a tool to identify one’s thought process. It also restructures and challenges the underlying beliefs and expands to become ABCDE where negative beliefs are disputed (D) to realize energization (E) (Flanagan, Povall, Dellino, & Byrne, 1998).

**Disputation.** Cognitive behavior therapy, the bedrock of ABC model, emphasizes changing the explanatory style. Disputing pessimistic thoughts is an effective way to change our explanatory style, learn optimism and increase our ability to persevere in difficult circumstances (Seligman, 2006, p 218). Disputation can be done in four ways:

**Evidence.** Looking for and presenting hard evidence is the most convincing way to attack the foundation of negative thoughts (Seligman, 2006, p 221). Therefore, one needs to ask oneself a basic question - what is the evidence behind my negative thoughts or beliefs? Gary, the Program Coordinator, needs to look for evidence for his negative beliefs in an objective way. As it turns out, the Residential Aid’s minor son has epilepsy, who got sick in the evening and had to be rushed out to the hospital (Appendix E). Thus, the hard evidence rejects Gary’s beliefs of violation of his rights.

**Alternatives.** A bad event may have many causes. But a pessimist focuses on the most permanent, pervasive and personal causes or beliefs. Therefore, one needs to look at various alternative causes which might have contributed to the bad event (Seligman, 2006, p 222). In the above example, Gary, the Program Coordinator, should look for alternative causes (his beliefs) of the consequences. Perhaps, Robert, the Residential Aid has done improper call out for a
genuine reason, like, he fell sick, or met with an accident, or his son fell sick (Appendix E). The answer to these questions would solve the mystery.

**Implications.** Another effective way of disputation is by asking oneself the question about implications of the bad event (Seligman, 2006, p 222). One may ask – what is the implication of this bad event on one’s personal, professional or social life? It is a way to assess the real or expected loss which the bad event causes or may cause in the future. Therefore, Gary, the Program Coordinator, should ask himself - what is the implication of an improper call out? In other words, what’s the possibility of getting an alternative Residential Aid? The reality is that Peter, another Residential Aid, is always willing to do an extra shift as it gives him an extra day’s leave from the work. Actually, here the implication is inconsequential, as Peter will be available to do the extra night shift (Appendix E). But, if the implication is expected to be bad, one should look for hard evidence to substantiate the anticipated loss (Seligman, 2006, p 222).

**Usefulness.** By questioning the usefulness of belief possessed, one can dispute the basic premise of one’s thought process (Seligman, 2006, p 223). Gary, the Program Coordinator is possessing unsubstantiated belief that the Residential Aid is good for nothing and he is a shirker and is purposely doing an improper call out. But, it’s not true as records show that Robert is always willing to take extra responsibility. Few months back, when a Residential Aid had left the job without notice, Robert came forward own his own to take extra responsibility. Robert’s records show that he makes a call out only when he faces an unexpected contingency (Appendix E). Therefore, the Program Coordinator needs to ask - what is the usefulness of possessing such a negative belief? Would holding such thought help in remedying the adversity?
Thus, by looking for hard evidence, seeking alternatives, assessing implications and questioning usefulness of unsubstantiated beliefs, one can effectively dispute the foundation of negative beliefs, be optimistic and resilient.

**Energization.** Energization is a new state of mind which one realizes after successfully disputing negative beliefs. During energization, one is clearly able to see his past beliefs, emotions, behaviors and actions. In this state, one has the ability to let go of the past and move forward to new avenues. For example, in the state of energization, the Program Coordinator would find a new reality that the Residential Aid is not a shirker and has a genuine problem.

**Summary.**

Thus, ABC model with its expansion to ABCDE is an important version of a cognitive training approach for developing flexible thoughts and explanatory style.
### Learning Your ABCs Worksheet

1. **Describe the Adversity objectively (the who, what, when and where) and record here:**

   Robert, the Residential Aide scheduled to work the overnight 11pm to 7 am shift, calls out at 9:30pm (less than 2-hour notice), which is an improper call-out and in violation of Bethesda Project’s policies and procedures. Gary, the Program Coordinator, is at a restaurant with family and friends and now has to begin calling substitute Residential Aides to try to fill the shift, which ruins his evening plans. Gary is angry and begins to worry because if he can’t find staff to cover the shift, he will have to work the overnight shift himself. He confirmed this shift with Robert the day before and is angry that his plans are disrupted because of somebody else’s irresponsible actions. Here, the perceived adversity is an improper call-out which is in violation of Bethesda Project’s policies and procedures.

2. **Identify the Consequences (your emotions and behaviors during the Adversity) and record in the C column.**

3. **Identify your Ticker-tape Beliefs during the Adversity and record in the B column.**

   (Remember, don’t censor!)

4. **Cross–check: Make sure you’ve identified a Belief for each Consequences and that there is a Consequences for each Belief.**

<table>
<thead>
<tr>
<th>B: Ticker-tape Beliefs</th>
<th>C: Consequences (Emotions and Behaviors)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Violation of your rights</td>
<td>Anger &amp; Worry</td>
</tr>
<tr>
<td></td>
<td>Gary is shouting – Oh! I am awfully irritated and disturbed.</td>
</tr>
<tr>
<td>b) Negative Comparison</td>
<td>Embarrassment</td>
</tr>
<tr>
<td></td>
<td>Gary shouted and abused another colleague, Peter, on phone when he broke the news of Robert’s improper call-out. Gary is also shame-faced and is losing his self-esteem.</td>
</tr>
<tr>
<td></td>
<td>Depression, Sadness</td>
</tr>
<tr>
<td>---</td>
<td>---------------------</td>
</tr>
<tr>
<td>c) Real World Class</td>
<td>Gary is fuming with mixed emotions of anger, sadness and worry. He is not giving due attention to his family &amp; friends at the Restaurant. He is restlessly walking in the Restaurant and shouting over phone. He is cursing his job that it is sucking his time with friends and family.</td>
</tr>
<tr>
<td>d) Loss of Self Worth</td>
<td>Sadness, Depression, Anxiety, Fear</td>
</tr>
<tr>
<td></td>
<td>Gary is biting nails and feeling low and depressed.</td>
</tr>
<tr>
<td>e) Future Threat</td>
<td>Anxiety, Fear</td>
</tr>
<tr>
<td></td>
<td>Gary is shame-faced and is losing his self-esteem.</td>
</tr>
</tbody>
</table>

### Which Adversities Push Your Buttons?

1 = not at all difficult; 2 = somewhat difficult; 3 = moderately difficult; 4 = very difficult; 5 = extremely difficult

<table>
<thead>
<tr>
<th>Adversity</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conflicts at work with colleagues</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Conflicts at work with authority</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Conflicts with family members</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Conflicts with friends</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Receiving positive feedback</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Receiving negative feedback</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Success</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Failure</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Spending time alone</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Not having enough time for yourself</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Taking on new responsibilities at work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Managing a hectic schedule</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Juggling many tasks at once</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Adapting to change</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Attending social functions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
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<td>Balancing your professional and personal life</td>
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### Appendix D

#### B-C Connections

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<tr>
<th>BELIEF</th>
<th>CONSEQUENCES</th>
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<tbody>
<tr>
<td>Violation of your rights</td>
<td>Anger</td>
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<tr>
<td>Real-world loss or loss of self-worth</td>
<td>Sadness, depression</td>
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<tr>
<td>Violation of another’s rights</td>
<td>Guilt</td>
</tr>
<tr>
<td>Future threat</td>
<td>Anxiety, fear</td>
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<tr>
<td>Negative comparison to others</td>
<td>Embarrassment</td>
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</table>

Appendix E

ADVERSITY

The Residential Aide, Robert, at Bethesda Project, scheduled to work overnight 11pm to 7am shift, calls out at 9:30pm (less than 2-hour notice) which is an improper call-out and in violation of Bethesda Project's policies and procedures.

The Program Coordinator, Gary, is at a restaurant with his family and friends. Now, he has to begin calling substitute Residential Aides to try to fill the shift which ruins his evening plans.

Gary is angry and begins to worry because if he can’t find staff to cover the shift, he will have to work the overnight shift himself. The day before, he had confirmed this shift with Robert. Therefore, he is angry that his plans are disrupted because of somebody else’s irresponsible actions.

Here the perceived adversity is an improper call out which is in violation of Bethesda Project’s policies and procedures.

BELIEF - THOUGHTS

Violation of your rights
Negative Comparison
Real World Loss
Loss of Self Worth
Future Threat
A) Violation of your rights
(Oh no. It happened again. It always (PERMANENT) happens like this. It disturbs me. Robert is violating my rights by making an improper call-out. Robert has no right to make a last minute improper call-out.)

CONSEQUENCES

Emotions
A) Anger & Worry

Behaviors
A) Shouting - Oh! I am awfully irritated and disturbed.

DISPUTATION

Strategy

A (i) Evidence
Looking for and presenting hard evidence is the most convincing way to attack the foundation of negative thoughts.

Therefore, Program Coordinator, Gary, needs to look for evidence for his negative beliefs in an objective way. He should ask -

Does it really happen “always”? Records show that such 'improper call-out' generally happen 5-6 times in a year. Therefore, they are rare as they happen even less than once in two months. Therefore, Gary’s explanatory style which uses the word “always” point to permanency of the situation which is a pessimistic explanatory style.

A (ii) Alternatives
Gary should look for alternative causes (his beliefs) of the consequences. Perhaps, the Robert has done improper call out for a genuine reason, like, he fell sick, met with an accident or his son is ill. Finally, as it turns out, Robert's minor son is a patient of epilepsy who got sick in the evening and had to be rushed out to the hospital. Thus, the hard evidence rejects Gary’s belief of violation of his rights.
B) Negative Comparison

B(i)-My Residential Aides, especially Robert, aren't responsible enough to follow their commitment and duty roster. They are incapable. Yes! Last month also Robert was on scheduled duty and he made an improper call-out. Everyone (PERVERSIVE) else does like this. We need to be talk to Robert to handle his contingencies on his own.

B(ii)-It never happens (PERSONAL) when Francis is the Program Coordinator and he is supposed to respond at night, in case of a call-out. Boss would think Francis is more capable than I am.

CONSEQUENCES

Emotions
A) Embarrassment

Behaviors
B) I shouted and abused my another colleague, Peter, on phone when he broke the news of Robert's improper call-out. Gary is also shame-faced and is losing his self-esteem.

DISPULTATION

Strategy

B (I) Evidence

But records show that Robert is always willing to take extra responsibility. Few months back, when a Residential Aid had left the job without notice, Robert came forward own his own to take extra responsibility. Robert's records show that he makes a call-out only when he faces an unexpected contingency.

B (ii) Evidence

Did Gary had to respond to every crisis which happened this year? Records show that out of 5 such improper call-outs, Gary had to respond at night only on one occasion. Records also show that such contingencies happened three times in the last year when Francis was on duty. Thus, Gary's belief that he is personally responsible for improper call-out is not true.
C) Real World Loss

Now, my evening with my family and friends will be ruined and I will have to do night shift at B.P.

CONSEQUENCES

Emotions

C) Depression, Sadness

Behaviors

C) Gary is fuming with mixed emotions of anger, sadness and worry. He is not giving due attention to his family & friends at the Restaurant. He is restlessly walking in the Restaurant and shouting over phone. He is cursing his job that it is sucking his time with friends and family.

DISPUTATION

Strategy

C (I) Implications

Another effective way of disputation is by asking oneself the question – what is the implication of this bad event on one's personal, professional or social life? It is a way to assess the real or expected loss which the bad event causes or may cause in future. Therefore, Gary, should ask himself - what is the implication of an improper call out. What's the possibility of getting an alternative Residential Aid? The reality is that Peter, another Residential Aid is always willing to do an extra shift as it gives him an extra day’s leave from work. Actually, here the implication is nothing as Peter will be available to do the extra night shift. But, if the implication is expected to be bad, one should look for hard evidence to substantiate the anticipated.

C(ii) Usefulness

By questioning the usefulness of belief possessed, one can dispute the basic premise of one's thought process. Program Coordinator is possessing unsubstantiated belief that he has suffered real world loss. Therefore, Program Coordinator needs to ask - what is the usefulness of possessing such a negative belief? Would holding such thought help in remediating the adversity? Rather, he must think in a matured fashion and understand his responsibility that he has been hired to take care of such contingencies also.
D) Loss of Self Worth

What would my boss think of me, my (PERSONAL) capabilities and my team (PERSONAL)? He would surely think I am not a capable Program Coordinator.

CONSEQUENCES

Emotions

D) Sadness, Depression, Anxiety, Fear

Behaviors

D) Gary is biting nails and feeling low and depressed.

DISPUTATION

Strategy

D (I) Assessment & Evidence

Why would my boss think low or bad of me? Before, I joined such improper call-outs were more frequent. Actually, they have decreased after my joining. In other homeless institutes also, such events are more frequently happening than at B.P. Therefore, my boss has no reason to think low or bad of me.
E) Future threat

My Boss will think that I am not able to handle improper call-outs by Residential Aides. He will think that such improper call-outs never happen when Francis is on duty. He may think of firing me also.

CONSEQUENCES

Emotions
E) Anxiety, Fear

Behaviors
E) Gary is shame-faced and is losing his self-esteem.

DISPUTATION

Strategy

E (1) Evidence

This is not a good criterion for comparison of my performance with that of Francis. Last year, out of six such improper call-outs on three occasions, Francis was on duty.

Moreover, I can fluently speak Spanish which Francis cannot. B.P. has many Spanish speaking residents. My boss also recognizes my extra capabilities and skills. In last meeting, my boss praised me for speaking Spanish and handling unruly residents.
Story Board Pictures

Oh No. It happened again. It always happens like this. It disturbs me. Robert is violating my rights by making an improper call-out. Robert has no right to make a last minute improper call-out.

My Residential Aides, especially Robert, aren’t responsible enough to follow their commitment and duty roster. They are incapable. Yes! Last month also Robert was on scheduled duty and he made an improper call-out. Everyone else does like this. We need to talk to Robert to handle his contingencies on his own.
Now, my evening with my family and friends will be ruined and I will have to do night shift at B.P.

What would my boss think of me, my capabilities and my team? He would surely think I am not capable Program Coordinator.
My boss will think that I am not able to handle improper call-outs by Residential aides. He will think that such improper call-outs never happen when Francis is on duty. He may think of firing me also.

It never happens when Francis is the program coordinator and he is supposed to respond at night, in case of a call out. Boss would think Francis is more capable than I am.
Appendix F

Flexible Accurate Thinking

ABC TIPS
Tips for Catching your Thoughts

ACTIVATING EVENT
- Triggering event usually causing adversity
- Push the "pause" button
- Be accurate and look at the facts
- Who, what, where, when but NO why

BELIEFS
- Your thoughts drive emotions and reactions
- What are you thinking?
- How are those beliefs impacting you?
- Are they productive?
- What other thoughts could help you?

CONSEQUENCES
- Reflecting on your thoughts
- Weigh your options to respond
- New thoughts about the event will create better outcomes for you and others