

# The Resilience Factor Training

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## Training Evaluation Report

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### **ABSTRACT**

From October 2014 through March 2015 thirty-six staff from Valley Medical Center, participated in a first of its kind training targeting well-being and resilience of nurse managers at Valley Medical Center. Twenty-nine completed the training. What made this training unique was the change agent. In this training gaining an understanding of the function of thought and the importance of states-of-mind was the change agent. An analysis of the pre/post test results for well-being and resilience found that training objectives were met - that the training significantly improved understanding of the function of thought and concurrently increased resilience and subjective well being of program participants. The evaluation also found that 100% of the participants would recommend this training be provided to their colleagues and that they themselves would like to receive additional training.

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## Summary of Findings

Pre/Post survey data measures using Wilcoxon Signed-Rank Test :

- Statistically significant improvement for subject-well being
- Statistically significant improvement for Understanding Thought
- Statistically significant improvement for resilience
- Show a positive relationship between the intervention change agent, “understanding thought,” and improved well-being.

Narrative data measures using key word content analysis:

- 100% indicated that the training changed their understanding of Thought which had a positive impact on their world view
- 100% indicated new understanding of and improvement in their states-of-mind
- 90% indicated they experienced improvement in their subjective well-being – reduced stress and anxiety; feelings of being more in control and calmer; no longer taking things personally.
- 100% reported positive change in how they are doing things at work, better workplace relationships, more self-confidence, more productive
- 90% responded, “Yes” it had improved communications and had a positive impact on relationships with co-workers and others.

Class Evaluation on a Likert Scale from low to high of 1 – 5

- This class has helped me – Mean Score: 4.6
- This class overall was helpful – Mean Score: 4.7
- I understood the material – Mean Score: 4.6
- The facilitator(s) was effective – Mean Score: 4.8

Participants also responded:

- 100% said they would recommend this class to other
- 100% said they would be interested in follow-up classes

*“This is an amazing class. To be honest I was dreading a 4 day long class but after one day I knew this was going to be a life changer. So grateful to have the change to be here.” . . . .*

## I. Introduction

“Leadership in healthcare systems is facing tumultuous, challenging times that are likely to become the new normal. As a crucial part of the healthcare team, the nurse leaders of today are faced with ever-increasing responsibilities; higher levels of accountability; and multiple, ongoing stressors that can have a daily, detrimental impact on a leader's ability to succeed, let alone survive. “ (Stagman-Tyrer 2014) It is not news that worker psychological well being is critical to maintaining an efficient, safe work environment. “Workplace well-being and performance are not independent. Rather they are complimentary and dependent components of a financially and psychologically healthy workplace.” (Harter, Schmidt, Keyes, 2003).

But what is it that enables some to maintain their passion and professionalism and personal well being despite difficult challenging circumstances? What allows them to not only “carry on” but to thrive? During initial meetings with the Chief Nursing Office for Valley Medical Center, it was thought that psychological resilience is one key factor to a healthy high performing work force and that our intervention should target this asset. “Nurse leaders who can develop resilience in themselves and others are important assets for organizational survival in the future.” (Barnett, Baker, Elman, & Schoener, 2007).

Resilience Factor training proposed that a simple understanding of how thought creates our states-of-mind leads people very naturally to live in higher levels of well-being. To measure the impact of the training and whether or not it improves participant well-being, pre/post tests were given to participants to measure changes in subjective well-being any and changes they experienced in their lives – at home and work.

*Resilience Training Objective. To improve the psychological well-being of Valley Medical Center staff enabling them to become more resilient and create a high performing work environment.*

In this training, we understand resilience and well being as dependent on an individual's state-of-mind (SOM). People in low states-of-mind are not particularly resilient while people in high states-of-mind exhibit very good resilient. Therefore, whether positive or negative, SOM is the most fundamental variable determining an individual's well-being and resilience. It affects their ability to solve problems, make decisions, navigate organizational changes and create high performing work groups. Because there is an unlimited potential within each person for a state-of-mind of mental clarity and well-being, an intervention that targets this critical variable can produce the most long lasting and wide-ranging organizational change. Therefore to address issues of resilience we targeted states-of-mind.

*The Intervention. To provide a 4-day (28 hours) classroom training that improves the psychological well being through addressing the states-of-mind of SCVMC staff. To live in higher quality states of mind is the change agent and desired outcome of this training. From this new perspective you now have a “high performing state of mind” culture at SCVMC.*

This report summarizes the evaluation of the relationship between the “Resilience Factor” training and the resilience and subjective well-being of the participants. The evaluation answers two questions:

One, “Did the training influence subjective well-being, resilience and the understanding of the function of thought?” and

Two, “Did the training result in improved mental clarity; healthier more collaborative relationships; increased confidence; more ease in challenging pressure filled and uncertain situations; and more trust in the workplace?”

Thirty six individuals started and 29 completed the training. The 29 each completed pre/post surveys measuring resilience, subjective well-being and understanding thought. Additionally, at the conclusion of the training they were asked to complete a class evaluation that asks specific questions regarding their experience of the training.

After a review of the data, the answer to each evaluation questions is: “Yes.” Learning about states-of-mind and how individual well-being is created moment to moment did result in the participants experiencing improved levels of subjective well-being which also created positive changes in both their personal and professional lives. They became more aware of their own feelings and more tolerant of and less reactive to co-workers and had more empathy for service users and co-workers. They felt more connected to co-workers and noticed shifts in their own levels of well-being, feeling less stressed, calmer and more reflective. They noticed these changes both at home and work. They realized the connection between thoughts and experience. Statistically significant changes in the desired direction were found for all three surveys.

We have also learned from the evaluation process the importance of using a mixed methods approach to understanding this type of training. The written responses on the class evaluation were important in order to gain a more nuanced understanding of the influence of the training. Without it, we would not have appreciated the depth of the impact of the training.

*“It allows me to understand others more, be more patient with them, embrace their uniqueness knowing that they have the inherent wisdom within them. . . .”*

*“It is amazing how simple the concepts but how powerful it impacts life”*

*“This class has helped me tap into my inner core strength.”*

## II. Participant Confidentiality

The confidentiality of all the individuals who participated in this evaluation has been maintained. Only the evaluator, Linda Ramus, knows any identifying information. No identifying information will be provided in any report. Trends in individual scores on any of the evaluation surveys will be reported to the individual if requested. Informed consents were obtained from all participants.

## III. Training Intervention

This was a different type of training. Sometime it is important to look at the approach used in this training. Often it is not only what is said but also how it is said. The Resilience Factor training took a very deliberate approach to presenting the workshop.

This training has often been referred to insight-based training. Gestalt psychologist Wolfgang Kohler’s suggested that “learning could occur by “sudden comprehension” as opposed to gradual understanding. This could occur without reinforcement, and once it occurs, no review, training, or investigation is necessary. Significantly, insight is not necessarily observable by another person.”

In this case the learning environment was structured to support participants having personal insights about that which was presented.

The learning environment is characterized by being laid back, relaxed, slow-paced, rather free flowing with extensive participant involvement. Time is given to establishing a connection between the workshop facilitator and participants and among the participants themselves. There is not an emphasis on delivering or memorizing content or practicing techniques. There are no handouts or binders of information. The participant is seen as a full partner in the training. What is learned via insights, as Kohler suggested, is more lasting and sustaining.

Therefore, rather than give people binders of techniques and tools to learn, the training is designed to help participants have insights around the connection between states of mind and how they are experiencing their job and others in the workplace. The content will be both theoretical and applied. The training environment is specifically created to point people in the direction of learning something for themselves rather than just what the instructors say. We do not rely on motivational talks, manuals, handouts or memorization of techniques. The training itself is relaxed and informal and taught through presentations, discussions and small breakout groups.

The training describes the basic psychological functions of mind, thought and consciousness that operate within everyone that are responsible for the full range of human experience. The psychological function of thought is responsible for what we call our states of mind as well as psychological products such as resilience, empathy, self-confidence, as well as stress and burnout. Issues raised in the training such as stress, communication, conflict, decision-making are examined and become references for teaching. This makes the training relevant for participants.

What has been observed in this and other similar trainings in both the public and private sector, with diverse populations is that as people learn about the function of thought, they appear to 'just naturally' become more productive, open minded, resilient, content, confident, engaged and they continue to experience these qualities more and more often in their lives well beyond the training. (Bond, 2007; Sedgeman 2008; McMahan-Woneis 2002) "Seeing the emergence of experience from the process of thinking brings people peace of mind no matter what they are thinking." (Sedgeman, 2008)

### Part I. The Theory.

The Resilience Factor training was provided in two parts. In Part One, the objectives were to teach participants the importance of states-of-mind and the understanding of the function of thought. Specifically the objective was for participants to gain an understanding of how thought works to create our moment-to-moment experiences in life. It focused on the relationship between mental well-being and resilience and the psychological principle of thought as responsible for our states of mind. The objectives for Part One align with the attributes of high levels of subjective well-being and a productive, high performing workplace. Subjective well-being (SWB) has been defined as "the individual's current evaluation of her happiness . . . an individual's emotional and cognitive interpretation and evaluation of one's own life." (Joshi, 2010) It is how one thinks about her life satisfaction in general and more specifically how one feels in specific area of life such as relationships, work, and resilience. Part I consisted of 14 hours.

### Part II. Real World Applications.

Part II, the applications phase of the training connected the principles and concepts present in Part I to "real world" situations: working with difficult people; having crucial conversations; listening to understand as well as discussing other situations and concepts presented by the participants themselves. Participants took real workplace problems and issues and examined them to experience the practicality of what was being taught. For a number discussing how to handle difficult staff was particularly helpful and they would like to have more training in this area. Part II consisted of 14 hours.

### Classroom Training.

All the training is provided in a classroom setting. The number of participants varied from 1 to 19. During the first two rounds of training class sizes were very small from 1 to 9 while the last round of training the class sized averaged 19 participants. The small class sizes allowed the instructor to establish a greater connection with each participant and to target her training to the needs of the participants.

### Four Rounds of Training.

Initially it was thought four round of training would be provided. Each Round would consist of a Part One which would be one full-day and two half days and a Part II in the same format. It was thought we needed this format to accommodate the approximately 50 to 60 staff VMC administration anticipated sending to the training. In reality we only had 22 individuals sign-in up for the initial two rounds of training and only 15 completed it. Class sized ranged from 1 to 9. Given this enrollment two Rounds were canceled due to no or low enrollments. This left the project with a budget under run that was available to reformat the training and fund one more complete round of training.

After examining why we had such low enrollment, and based on feedback from training participants, it appeared that one of the problems for low enrollment and the low completion rate was the format of the training of a full-day followed by two ½ days. Therefore the training delivery design for the final round of training was reformatted to be provided as – Part I two full-days and two weeks later Part II two full-days – eliminating the ½ day sessions. Using this format, the last training had an enrollment of 19 participants all of whom completed the training. If this training is to be provided in the future this latest format should be the one used.

It should be noted that we always take a break of at least 2 weeks between the Part I and Part II in order to give the participants time to reflect on the material presented in Part I. Reflection is a very important part of any training. It is needed for the participants to process and integrate what they have heard. It is that time that insights occur.

The other issue encountered with the training was around scheduling, not surprising given the nature of the work of a hospital. The first two Rounds of training took five months to complete, from October 1, 2014 to March 4, 2015. Part One was completed on time. However, it took four months to get the Part 2 scheduled. Therefore, it is perhaps not surprising that only 15 (68%) of the original 22 completed. This delay was attributed to the holidays and other unspecified internal scheduling issues. Fortunately Round Three was delivered in a very timely fashion with only 2 weeks between Part I and Part II. This resulted in 100% completion rate.

In spite of the scheduling issues with Rounds One and Two and the attrition rate, those who did complete Rounds One and Two rated their experience of the training very highly and appeared to have benefited from the training. A comparison of Rounds One, Two and Three indicate the delayed seemed not to have affected the outcomes of the test scores. There seems to be no discernable difference among the scores.

## **IV. Evaluation Methodology**

Given the training objectives, the evaluation methodology was designed to assess the participants' self-reported states of resilience, well-being and understanding of thought. It was decided a mixed method, pre/post test measure design would provide a more comprehensive understanding of training impact. Quantitative data was collected prior to the start of the first training and at the conclusion of the training.. The narrative data was collected post-training. The scales used to collect data that assessed for well-being, resilience and understanding of thought were the:

- WHO-5 Well Being Index
- RS-14 Resilience Scale
- SBI-34 for Understanding Thought and inside-out nature of reality
- Class Evaluation Form

The WHO 5-item Well-Being Index (WHO-5) was developed by World Health Organization Collaborating Center for Mental Health Frederiksberg General Hospital, the WHO-5 is a short screening instrument for monitoring emotional well-being and the detection of depression in the general population. It is comprised of 5 positively worded items related to positive mood, vitality and general interests. Each of the five items is rated on a 6-point Likert scale from 0=“Not present” to 5=“Constantly present.” The raw scores range from 0 to 25, 0 representing the worst possible well-being and 25 representing the best possible quality of life.

The RS-14 The Resilience Scale (RS) was developed to evaluate the levels of resilience in the general population The RS-14 is composed of 14 items and uses a 7 point Likert scale with items answered from 1-Strongly Disagree to 7-Strongly Agree. A Raw score of 98-82 indicates “Very high” resilience tendencies, 81-64 “High” resilience tendencies, 63-49 “Average,” 48-31 “Low” resilience tendencies, and 0-14 “Very low” resilience tendencies. Resilience is considered important to individual well-being because it is seen as the ability to successfully cope with change or misfortune and find meaning amidst confusion and tumult. The RS-14 was developed by Dr. Gail Wagnild, and Heather M. Young.

The SBI-34. “Understanding Thought and Inside-Out Nature of Reality” is a 34 item instrument using a 4 point Likert scale from Agree to Disagree. It has 9 positively worded and 25 negatively worded statements. The SBI-34 is used to assess changes in participants understanding of their use of thinking as it relates to success, clarity, resiliency and moods. It is used to assess changes in thoughts, feelings, perceptions, and/or behaviors as a function of changes in understanding the nature of thought. The SBI-34 is still under development. However, the results obtained from pilot testing the SBI-34 have shown good reliability. The SBI-34 was developed by James Shumway, PhD., Judith Sedgeman, PhD., Scott Cottrell, PhD. and Deborah Larimer, MA.

The Class Evaluation. was use to provide a more complete picture of the impact of the training, the participants were asked to respond in writing to open-ended questions concerning their individual experience of the training – “What is proving to be most useful or beneficial for you and what do you think will continue to be most useful to you in your work?” How are you applying what you have learned to your job? Which concepts or ideas were most meaningful to you and why? What would you like to explore further? “How was this class helpful to you personally?” “How was this class helpful to you in your relationship with other. “The entries were made upon completion of the training.

<b>Table 1: Data Collection Schedule</b>	
Pre-Test	Oct 1, 14, 15, 21, 2014; March 10, 2015
Post-Test	March 3, 4, 25, 2015
Participant Class Evaluation	March 3, 4, 25, 2015

Demographic Data.

Basic demographic data was also obtained for all participants, including, age, gender, educational attainment, and ethnicity. Data on current job classification and number of years on the job were also collected. This shows a population that is very homogenous group in terms of gender, and



education. All are successful professionals in the health care field. The participants are part of the management leadership group at VMC.

Of the 36 participants who started the training, 20 were assistant nurse managers; 4 nurse managers; 1 interim flow manager; 1 manager; 1 quality assurance manager; 1 from staff development; 2 patient services coordinators; 1 patient flow coordinator; 2 registered nurses; 1 registered nurse coordinator; and 1 registered nurse case manager. Two have been in their job less than 1 year; 3 for 1 year; 2 for 2 years; 5 for three years; 4 for 4 to 5 years; 4 for six to ten; 6 for 11 to 15; 1 for 16 to 20 and 6 for more 21 or more years. This makes for a mix of some very junior and very senior experienced managers.

**Table 2: Participant Demographics**

Gender	Female		Male				
	34		2				
Age	26-30	31-35	36-40	41-45	46-50	51+	
	0	2	6	5	9	14	
Ethnicity	Asian/Filipino	Asian	White	Asian Indian	African American	African	Hispanic
	9	9	12	1	1	1	2
Education	AS	BS	MA				
	2	23	9				

*Note: Some of the participants did not respond to all of the questions.*

## V. Pre/Post Test Data Analysis

With a sample size of 29, the Wilcoxon Paired Signed Rank test was used to test for differences between for Pre and Post for the RS-14, WHO-5 and SBI-34. At the 95% confidence interval, for the RS-14, WHO-5 and SBI-34, the Wilcoxon shows that the observed differences between Pre and Post measures were significant for all measures. It can be concluded that the intervention caused significant increases in resilience, well-being and understanding of thought.

The time between the pre and post-tests varied considerably from as little as two weeks for Round Three and 19 weeks for Rounds 1 and 2. The reasons for this difference have been detailed previously in this report. The sample size of 29 represents approximately 81% of the participants who started the training. Responses were analyzed by summing the numerical value of the responses to each item thereby yielding one score per participant for the whole scale – an aggregate analysis.

Table 3: Wilcoxon paired signed rank test						
	WHO-5		SBI-34		RS-14	
$\alpha = .05$	Pre	Post	Pre	Post	Pre	Post
Mean	60.55	68	86.75	81.38*	79.6	81.86
P(2-tail)	0.0164		0.00298		0.02382	
Z value	-2.4024		-2.9717		-2.2583	
W value	97.5		72.5		95	
	Significant		Significant		Significant	

\*Negative score indicates change in the desired direction.

When looking at the scores for the three scales (see Attachments), it must be remembered that while they are all indicators of subjective well-being, they are each measuring changes in different domains: the RS-14 for resilience, the WHO-5 for general well-being and the SBI-34 for the understanding of thought as explained by the 3 principles. In all but the SBI-34 a higher score on the post test represent positive change. Because 25 of the 34 items on the SBI-34 are negatively worded statements, a negative score indicates change in the desired direction. A complete summary of the scale scores for the surveys is available in the Attachments..

When comparing the pre/post scores for the three surveys (Table 4), the results show that while not everyone showed change in the desired direction on all of the scales, everyone shows positive change on at least one of the surveys.

Looking at the individual surveys:

- 20 (69%) showed positive change on the SBI-34
- 22 (76%) showed positive change on the WHO-5
- 21 (72%) showed positive changes for RS-14 for resilience. 2 showed no change

The RS-14 and WHO-5 showed the strongest positive change. The WHO-5 is significant because it is specifically a measure of well-being. The RS-15 is important because it measures change in resilience, the target competency for the training. It is also interesting to see what appears to be a positive relationship between the intervention change agent, “understanding thought,” and improved well-being.

SBI-34 Understanding Thought and Inside-Out Nature Reality. The SBI-34 is made up of 25 negatively worded statements and 9 positively worded one. Therefore a lower score is desirable. It is change in the desired direction. For example a score of 91 indicates little understanding of thought while 72 indicates greater understanding. The Mean Pre/Post of -6.7 indicates increased understanding of thought the desired outcome of the training.

- Pre-test range 104 - 63
- Post-test range 95 - 64
- Mean Pre-test Score 86.75
- Mean Post-test Score 81.38
- Average change pre/post -5.38 (-6%)

WHO-5 Well-Being Index The WHO-5 scoring ranges from 100 which represent the best possible quality of life to 0 the worst possible quality of life. A score of 13 or lower suggest further investigation into possible symptoms of depression. It is interesting to note that after the

Resilience Factor training, 8 participants showed negative changes in their score and the However only 2 also showed a negative change on the RS-14. Pre-test range is 96 - 40

- Post-test range is 84 – 40
- Mean Pre-test Score is 60.55
- Mean Post-test score is 68.00
- Average change pre/post is 4.0 (+12.2%)

**RS-14 Resilience Scale.** The RS-14 scores range from 98-82 Very High resilience tendencies, 81-64 High, 63-49 Average, 48-31 Low and 30-14 Very Low. As their scores indicate the participants came into the training rating themselves very highly for resilience tendencies.

- Pre-test range is 95-60
- Post-test range is 93-71
- Mean Pre-test Score is 80 “High”
- Mean Post-test score is 82 “Very High”
- Average change pre/post is 2.26 (+3.8%)

Upon examination of all of the scores (Attachments) it is interesting to note that for both RS-14 and WHO-5 some participants scored lower on the post-test scores. Just looking at that data, one might conclude that the training did not improve resilience tendencies or well-being as much as desired. However, there are several possible explanations for why participants scored lower on the RS-14 and WHO-5 Post tests.

An examination of the individual raw scores for the Pre tests shows before the training they generally rated themselves very high on resilience and well-being. For some, this does not leave a lot of room for improvement. There exists the possibility of two types of biases associated with Likert scales affecting the outcomes on the RS-14 and WHO=5. One is the social desirability (SD) bias which occurs when the respondents answer as they would like to appear to their peers. That is, they will tend to over report positive traits. This is not intentional. SD bias can be related to factors such as background, education, professional status and socio-economic status. Because the information collected isn't accurate, over reporting positive traits can affect the validity of the scale and the outcomes. (Streiner, G.L., Norman,G.R. 1995) Looking at the SB-14 responses and the participant demographics there is a very real possibility that SD bias may have occurred in this case with some of the participants. These are successful health care professionals – nurses, managers, coordinators, supervisors. They see themselves as leaders and persons of considerable responsibility. So they may have felt the need to be seen and see themselves in a very positive light. To not be psychologically highly functioning may not seem appropriate or acceptable.

There is another possible bias effect at play with the Likert scale scores. Patterns of high Likert scores are often due to little discriminating power. Before an intervention, participants score themselves highly with little discriminating thought. Then, after the training the participants became more discriminating in their responses and their responses appear lower. Given the pre-test scores on the RS-14, it appears this might the case with the training participants.

There is an assumption when using a Likert scale to Pre test, that participants are self-aware and knowledge able about their feelings. However, this may not always be the case. In fact one of the things this training had as its objective was to make participants more aware and knowledgeable about their feelings- to get participants to understand the connection between feeling and emotions and thought. The participants were directed to became much more aware of their feeling states. For people who may have been ignoring their feelings or pushing them aside, this new awareness can seem like they are feeling worse but it is actually a good sign. It is a sign of

increased self-awareness that precedes change. With this new awareness the participants became more discriminating with their responses on the Post test. It maybe as one participant said:

*“I learned to let go of some thoughts that I recognized as something that makes me feel overwhelmed, depressed, upset or frustrated.”*

Therefore it may not be accurate to conclude that lower Post test scores are due to any ineffectiveness on the part of the training but rather to the contrary, the training had the desired positive effect on the participant helping them more accurately assess their feelings and states-of-mind. As one of the objectives of the training, that training objective was achieved.

When the evaluation data are considered, 100% of those who scored lower at posttest wrote on their class evaluations that they had benefited from the training. So it appears that it was important to include narrative data to accurately evaluate the training. Quantitative data alone does not tell the whole story. Qualitative data is necessary in order to gain a more nuanced understanding of the influence of the intervention.

## VI. Participant Class Evaluation.

The Evaluation was used to obtain directly from the participants how they experienced the training. It consisted of both quantitative and qualitative measure. The quantitative data was obtained from four questions whose responses were scored on a Likert scale from low to high of 1 to 5. Two questions were answered with “yes” or “no.” The participants completed the evaluation at the same time they completed the post tests. An examination of the table below shows that 100% of the participants were satisfied with the training and that no one rated the training less than a 4 as to how helpful it was.

Table 4: Participant Class Evaluation N=29						
	1	2	3	4	5	Average
This class has helped me	0	0	1	9	20	4.6
This class overall was helpful	0	0	0	8	21	4.7
I understood the course material	0	0	0	13	16	4.6
The facilitator was effective	0	0	0	5	24	4.8
				Yes	No	% Yes
Would you recommend this class to others?				24	0	100%
Would you be interested in follow-up classes?				24	0	100%

Using an analysis of the responses on the Class Evaluation, certain themes emerged. These emergent themes add to and expand upon the survey scores. Where the survey scores for some may show no apparent change in the desired directions, the narrative data indicates participants benefitted substantially from the training. Where the scores show positive change the written responses describe that change in human terms.

The written responses show that for some the change was very profound, for others it appears subtler but everyone experienced a shift in how they understand their world and their experiences. This section presents the themes, emerged in from the evaluation. The primary themes that emerged were:

- Thoughts create your experience

- Emotions and feelings (stress, anxiety, overwhelm) come from thought
- Experiences and feelings (stress, anxiety, frustration) are created from thought not from the person, place or circumstance
- People have innate wisdom and wisdom is a resource that can be used on the job

### Thought Creates Experience

All of the participants came away with a new understanding about thought, not what they think but rather how they use thought. This understanding changes how a person experiences life. Experience is understood to come from what you think, what meaning you give to people, place or events. This explains why people can think differently about the same event and can have different opinions and beliefs. And, if you are creating the meaning, you can't blame outside circumstance for how you feel. These insights regarding thought translate to greater tolerance and understanding, less interpersonal conflict, and on the personal level, more peace of mind, less stress, and feeling more in control of life. In short improved subjective well-being.

This was the key to other changes the participants reported. They became more aware of the connection between thought and their experience and themselves as the creator of the thought.

- *"Helped me realize that thoughts are what really govern you and it's how you react to the thoughts. You need to put them aside so you can be neutral in dealing with difficult situations."*
- *"I am getting better at recognizing to look at myself first. To check-in with myself to see where I am at mentally. Where my state of mind is. Then from there I know what I can tackle that day. But also understanding that my state of mind can change with or without warning and that this is normal and natural. Behind every action is thought. This means so very much to me."*
- *"The concept of identifying or seeing what is going on in their thoughts so I can see both . . . Wisdom or thoughts to guide us in handling the current issue."*
- *"It helped me to understand that I am only responsible for my own thoughts. I can make a decision to realize that I am in thought about a subject."*

### Thought Creates Feeling and Emotions

Upon the completion of the training, the participants expressed a new realization about feelings and emotions as thought. Feelings and emotions are now something human beings create because we are the thinkers. Emotions are not created by external environmental factors. They are not beyond our control but subject to change as our thinking naturally changes.

Participants had not been given any techniques to use to change their thinking, nor do they describe trying to change their thoughts. What they describe is noticing their feelings and moods and seeing them differently as just thoughts that seems to naturally shift. It appears this new understanding about thought is a key to shifting into the better feeling states and a key to improving subjective well-being.

- *"Got me to focus on my thoughts - aware that my emotions will relate to my thought (anxiety, upset)"*
- *"Thoughts - become feelings and .... If we continue to pile them up. That we can control our thoughts and be ok and let go of negatives."*

- *“Recognizing my thoughts and channeling it the way I want will help reduce my stress levels.”*

### Improved Relationship with Self and Others

Upon completion of the training, people become more aware of themselves as the thinker and creator of their feelings, emotions, moods, and opinions. With this understanding, they no longer see other people as the source of their stress or frustration. They don't blame them for how they feel. They start to view others with more understanding. Understanding how these moods and behaviors are created, they feel more in control, calmer, less reactive, and feel more secure. This translates into better communication, less friction, and more respect for the differences of others.

- *“It allows me to understand others more, be more patient with them, and embrace their uniqueness knowing that they have the inherent wisdom within them. It allows me not to force against nature and let it be and let it go of things I don't have control of. I only have control of myself.”*
- *“It helped me realize that other people are also experiencing what I have been experiencing. I know now how to deal/build rapport or connections with other people.”*
- *“I understand that it might not be “me” but they too might be trapped in their own thoughts that affects their behavior.”*
- *“This class helped me take responsibility for my thoughts & feelings and how they can affect my relationship with other.”*
- *“Pay more attention to my thought and my emotion; keep my emotion in check when talking/dealing with staff; will continue to practice the Principles to find out more about the others thought- thinking.”*

### Work Place Improvements

One of the expectations for this training was that improving one's well-being improves performance and relationships in the workplace. While other studies have supported this, this study also indicates a training on the principles of mind, thought and consciousness and states-of-mind positively impact job performance. While quantitative data for specific workplace metrics were not collected to measure workplace changes, the narrative data indicate this will occur.

### The Universality of the Training

This training targets something that is universal in all human beings – the function of thought. The content of what we think is vastly different from person to person and moment to moment. However, thought as a function is constant and universal. This makes the training applicable in all facets of life. It has been taught in multiple languages and to diverse populations. Resilience Factor participants saw this as readily in their personal lives as at work. There was really no need to have separate trainings to address customer/client relations, workplace relations, stress management, parenting, or domestic relationship. As the narratives point out, when training addresses a universal human functioning it appears that participants naturally make the connections on their own.

- *“This class has helped me tap into my inner core strength. It will help me when I interact with people professionally and socially. This has already improved my family dynamics in a really huge way! Thank you so much for your strong work and patience.”*
- “. . .hopeful knowing that I have my inner wisdom to tell me/guide me in dealing with my job and the people I work with including our patients. The "enlightment" I became aware of is something that I can use at all times and I carry it with me all the time

## VII. Conclusion and Discussion

Subject well-being and resilience in brief means the presence of positive feelings, attitudes and outlook on life. In the workforce that should result in happier and more productive workers. Prior research such as the meta-analysis on well-being conducted by Gallup (Harter, Schmidt, Keyes, 2003) found evidence that substantiated this position. The research also shows happy, more satisfied workers to be more cooperative and more helpful to their colleagues and customers. These studies show that the emotions that correlate highest to high-performing business units are happiness, interest and love. The research seems to clearly substantiate the position that worker psychological resilience and well-being are business concern and in the best interest of employers.

While our evaluation questions and our findings on well-being and resilience are supported by the research, in this training evaluation we did not focus on specific workplace metrics such as productivity, teamwork and customer satisfaction. However if we were to continue and provide further training, the next phase of training might include assessment strategies and instruments to specifically assess for changes in workplace metric such as productivity, absenteeism, health care costs, customer satisfaction, client services, teamwork and decision-making and others. The results of this evaluation are promising and seem to justify offering this training to the larger organization.

While our findings are encouraging and the feedback inspiring, the evaluation methodology has several short comings. First and foremost this is a very small homogeneous sample. It is a convenience non-randomized sample with no comparison group. Because this evaluation took place in the field rather than a controlled setting there exists the possibility that findings were influenced by unknown outside variables. While these results are promising, because this is not a randomized controlled study, these findings cannot be generalized to a larger population. The results are an indication that training on states-of-mind and the principles of mind, thought and consciousness can have a positive affect on subjective well-being and resilience.

Another interesting finding are posttest scores that indicate the participants had lower resilience after the training. Why? What outside factor(s) might have caused this? What stands out as a possible explanation is that because this training targeted subjective resilience and well-being which emphasizes feeling and emotions, it actually made the participant more aware of their feelings and emotions. As was discussed previously in this report, perhaps as they became more introspective and aware of their feeling states, their responses at posttest were more thoughtful and nuanced. To avoid this bias in similar interventions in the future it might be necessary to restructure when and how the surveys are administered.

The idea that there is a connection between thought and emotions is not new. It has been researched in numerous studies. This understanding often sounds too many like a cognitive

model. However cognitive approaches focuses on the content of the thoughts as what needs to be addressed. The thoughts need to be changed. This is where the Resilience Factor training differs. What distinguishes this approach from cognitive approaches is the focus on “that we think” and not “what we think.” A simple understanding of the nature of thought is the change agent not addressing and working with the already formed thought.

Understanding how thought functions changes one’s fundamental understanding about experience. None of the other models do this - but this is key. This model sees experience or our personal reality as created by our free use of thought. The thinker creates her reality via what she is thinking moment to moment. This is different but it is the key to the changes described in the narratives. An insight into this simple concept changes everything. The prevailing understanding is that the external world acts on us and determines our experiences. Therefore you have to change or accommodate or put up with the outside world. That can be overwhelming. But seeing how a simple shift in thought will change how a person experiences those external circumstances is freeing. The narratives present us with a picture of people who are now seeing this and what it has meant to them.

- *“For me it helped me to realize that I cannot control others. I can only control myself. It has lessened my stress about feeling I need to control others.”*
- *“This is a powerful and empowering class which allowed me to open up and accept my vulnerability yet embrace my uniqueness and my strength and my weakness and use it as an opportunity to be better, centered and happy.”*
- *“(the class) made me realize that after all the trauma/events in my life that I still have the core (of wisdom) within me. That I am still a whole person.”*
- *“Assigning specifics (to) something or someone too make me feel good not knowing that everything is all because of my thought and how my thoughts can either break or build me.”*



**Author's Note:**

This report was prepared by Linda Ramus of Innate Health Connection for Catherine M. Casey, as part of Ms. Casey's contract with Santa Clara Valley Health and Hospital Systems/Santa Clara Valley Medical Center to provide staff training in resiliency. Pursuant to this agreement for services, Santa Clara County is the copy write owner of this report. For more information on this outcomes reported, you may contact Ms. Ramus at [lramus1995@sbcglobal.net](mailto:lramus1995@sbcglobal.net).

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## Attachments

- Participant Class Evaluation Responses
- Pre/Post Test Scores
- Survey Instruments
  - RS-14 Resilience Scale
  - WHO-5 Well-Being Index
  - SBI-34 Understanding Thought and the Inside Out Nature of Reality
- Class Evaluation Form
- Participant Information Sheet
- “Participant Consent”

## Participant Class Evaluation Responses

<b>QUESTION: HOW HAS THIS CLASS BEEN HELPFUL TO YOU PERSONALLY</b>
... by giving me tools to understand when I am giving something too much thought that negatively affect me.
I learned to let go of some thoughts that I recognized as something that makes me feel overwhelmed, depressed, upset or frustrated. I can chose the kind of "tea bag" thoughts I want to influence my life.
(It) helped me realize that thoughts are what really govern you and it's about how you react to the thoughts. You need to put them aside so you can be neutral in dealing with difficult situations.
. . made me realize that after all the trauma/events in my life that I still have the core within me. That I am still a whole person.
Got me to focus on my thoughts - aware that my emotions will relate to my thought (anxiety, upset)
Helped me to understand that all humans are healthy within and that I need to realize that I can control my thoughts. Recognizing my thoughts and channeling them the way I want will help reduce my stress levels.
It allowed me to understand and realize the very core within me & my wisdom is inherent in me & is more apparent & available for me to tap into when I let go of the clouds on top of my head that hinders me from being free to b ring the best in me or give the best in me.
concepts applicable
It helped me to understand that I am only responsible for my own thoughts. I can make a decision to realize that I am in thought about a subject
I was able to recognize that I had a lot of unnecessary thoughts that was affecting my personal & professional life
<b>QUESTION: HOW WAS THIS CLASS HELPFUL TO YOU IN RELATIONSHIPS WITH OTHERS?</b>
Building rapport
It allows me to understand others more, be more patient with them, embrace their uniqueness knowing that they have the inherent wisdom within them. It allows me not to force against nature and let it be and let it go of things I don't have control of . I only have control of myself
In relationship to others, resilience training taught me how to recognize that the actions that people may take are affected by their thoughts; but if the right questions are asked in that moment, the individual will figure out by themselves why they acted as they did.
Pay more attention to my thought and my emotion; keep my emotion in check when talking/dealing with staff; will continue to practice the Principles to find out more about the others thought- thinking.
It helped me realize that other people are also experiencing what I have been experiencing. I know now how to deal/build rapport or connection with other people.
It helped me realize that these people are being governed by their thoughts and it wasn't me governing their actions or making them do something
I understand that it might not be "me" but they too might be trapped in their own thoughts that affects their behavior
It has helped me become more patient and tolerant of others and to listen more attentively by becoming/being more present.

## Resilience Factor Training

<p>This class helped me take responsibility for my thoughts &amp; feelings and to understand how they (thoughts) can affect my relationship with other</p>
<p>For me it helped me to realize that I cannot control others. I can only control myself. It has lessened my stress about feeling I need to control others.</p>
<p><b>QUESTION: WHAT CONCEPTS OR IDEAS WERE MOST MEANINGFUL TO YOU AND WHY?</b></p>
<p>The idea that I only have to realize I am in thought. Often when I just realize it, I then change or not think so much</p>
<p>The "thought" part of the class was very insightful. Also the part on how I put meaning into things and how I may have the meaning from other people.</p>
<p>I just need to learn to recognize my thoughts, let go and change. I can choose to use curiosity to establish rapport and get the other person to connect to their core of wisdom.</p>
<p>Being curious and questioning because it can help you get to the root cause of something and the other too can come to the conclusion on their own</p>
<p>Thoughts - become feelings and ...(we can feel overwhelmed) if we continue to pile them up. That we can control our thoughts and be ok and let go of negatives.</p>
<p>That we all have wisdom within us to help guide us to make the right decisions. Also (it) will help us build the rapport with others ... help to build the relationship.</p>
<p>All the concepts (Thought, Mind, Consciousness) TMC. It showed how powerful TMC affect our mood and well-being. It is amazing how simple the concepts but how powerful it impact life.</p>
<p>Assigning specifics; something or someone too make me feel good; not knowing that everything is all because of my thought and how my thoughts can either break or build me. I fel I allow my thoughts to control my happiness and peace of mind and becoming who I am supposed to be.</p>
<p>Impact of thought on day-to-day.</p>
<p><b>QUESTION: OTHER COMMENTS YOU WOULD LIKE TO MAKE</b></p>
<p>This is a powerful and empowering class which allowed me to open up and accept my vulnerability yet embrace my uniqueness and my strength and my weakness and use it as an opportunity to be better, centered and happy.</p>
<p>The instructors were excellent They provided examples and role playing experience so that I can understand the concepts</p>
<p>This class should be made available to all levels employees.</p>
<p>It had very good group dynamics which led to much insightful discussion</p>
<p>I learned that I can only control myself, my thoughts</p>
<p>This class has helped me tap into my inner core strength. It will help me when I interact with people professionally and socially. This has already improved my family dynamics in a really really huge way! Thank you so much for your strong work and patience.</p>
<p>Thank you.</p>
<p><b>WHAT IS PROVING TO BE MOST USEFUL OR BENEFICIAL &amp; WHAT DO YOU THINK WILL CONTINUE TO BE MOST USEFUL AT WORK</b></p>
<p>Understand of thought; being present; listening; concept of mind</p>
<p>Taking a moment when I start to feel emotions, overwhelmed, anger, and to see where I'm in my "thinking" &amp; look to myself or how to react or not react &amp; be mindful of my words</p>
<p>Instead of offering solutions to someone with a problem, I can talk with that person to allow them to see what is causing the problem and let them reach the solution and answer for themselves</p>
<p>Being present in the moment makes me clear my mind and I can be in my wisdom to see things clearly and keep my attitude in check.</p>
<p>How the class was taught and the real life examples that were demonstrated</p>
<p>That you have to be in presence with a clear state of mind when dealing with patients and co-workers and work situation so you can be effective with good decision making and resolutions to work related problems</p>

I will start think "what" am I thinking; what is in my mind" when I feel overwhelmed with issues and situations
Follow-up sessions so we can e aware and do better each time
Helps to understand my state of mind and group up my thoughts in a meaningful way
The fact that I have to be personally aware of my own state of mind and being hopeful knowing that I have my inner wisdom to tell me/guide me in dealing with my job and the people I work with including our patients. The "enlightenment" I became aware of is something that I can use at all times and I carry it with me all the time
How our thoughts affect our daily life. Clear our thoughts
Clearing my mind of preconceived notions and trying to have the other person get to the heart of the matter. Realizing that having many thoughts competing prevents you from being present and really hearing what the issue is.
Not to get caught in my thoughts. Know that I am the only person who can make myself feel things of f what others have said.
Trying to understand the reason why other people behave or say what they say; help myself understand will hopefully help me not to take some things personally.
The knowledge that my thinking about issues too much contributes to my sense of "frenzy"
Understanding my inner wisdom is important; reflects my self-confidence; validating that I do have a lot of thought
Oh my gosh. That is so hard to answer because everything was useful, beneficial and absolutely relevant and useful in my work. Recognizing it comes from me, my thoughts are mine. This was really helpful. It's tricky not to fall back into thinking the external world is what "makes me" . . . but I really understand now these are my thoughts and actions, my state of mind and that other people cannot control my state of mind.
How to deal with difficult people.
Core wisdom is my truth meter; I learned things but ultimately wisdom will tell me I need it or when to use it.
<b>HOW ARE YOU APPLYING WHAT YOU HAVE LEARNED TO YOUR JOB</b>
Being aware of the state of mind and understanding of thought helps me to be less stressful and hear the wisdom from within in making decisions
It's my mind-thought-consciousness together that will help guide my actions. Dealing w/ difficult people on a new (entry) level
I am applying it to patients and co-workers
Building rapport; listening and being present in the moment
Trying not to be in my thought when approaching a difficult patient or staff
Thinking too much about a person or situation can wear you down and may cause you to be tired. Understanding that it's just a thought and will pass will give you a clear mind.
I will start thinking first, what's in my mind, thought, before I react, respond.
Being more calm and using the technique of being more aware of my own state of mind and thought process - consciousness
Help explore the situation inside-out instead of helping "out-side in"
Slowly, I'm becoming more aware of my own state of mind and hoping staff would notice. I probably say my bits and pieces of the (training) material because staff will be asking me "what happened?". Also, I will definitely work on getting my evaluations be more meaningful to staff and not just an annual requirement to fulfill
How to talk and understand our employees
I am working on trying to clear my thoughts and listen to what is being said. Also learning how to ask questions that help the other person acknowledge who is blocking them from moving forward.
Being an active listener
Understand things by listening and also knowing there is a reason to everything that happens

My approach to conversations with employees is different as I take into consideration what my thoughts are before I ever begin to speak
By being present with my staff, listening with purpose; learning how to dig deeper in my "curious" questions
I am getting better at recognizing to look at myself first. To check-in with myself to see where I am at mentally. Where my state of mind is. Then from there I know what I can tackle that day. But also understanding that my state of mind can change with or without warning and that this is normal and natural. Behind every action is thought. This means so very much to me.
I am applying it during staff education time and staff counseling
Being in the present, to keep my thoughts in check and be able to use my wisdom especially when dealing with staff on 1:1 basis.
<b>WHAT CONCEPTS OR DIEAS WERE MOST MEANINGFUL TO YOU AND WHY</b>
Understanding of thought; listening to your wisdom; the power of the state of mind; being present
Thinking from "inside"
Too many thoughts are making people mentally tired; reduction of thoughts relieve problems
Thought, mind and consciousness. How we process our thoughts and how they are projected out in our life
Being in the present moment and realizing why I may not be (present) when my mind is full of thought
Separate reality - 2 people can have 2 different ideas and interpretation about 1 problem or situation.
I will try to remember, "Just think what in this moment, not what's going to happen"
Power of thought tower can affect one's mind; can make me effective or shut down/negative
Understand better (how) my thoughts could impact my judgment
Being in the moment; awareness of the heavy load of too much and too many thoughts at all times
About thoughts; it can change anyone's life
I feel as if I have a good rapport with my staff. However, I also feel like I know what they are going to say and play it out in my head. I need to learn how to be more attentive listener with both body language and what is being said.
Really listening; building rapport; realize that it is ok if certain things don't get done right away.
My perception is not necessarily other people's perception
The principles of the whole process of communication; SOM, rapport, listening. It all gets to the heart of what is really going on.
That I have inner wisdom. That I really do know what to do.
1. We all have energy. That we all are as humans, have a (capacity) for good health, well being, and peaceful state of mind. 2. As stated about, behind every action there is thought 3. When we feel an emotion attached to a thought we have assigned that emotion to some sort of meaning. 4. Being really and truly present in the present.
The concept of identifying or seeing what is going in their thoughts so I can see both . . . Wisdom or thoughts to guide us in handling the current issue
Thought, tangible that allows me to go through life. Consciousness allowing me that 3D experience.
<b>WHAT WOULD YOU LIKE TO EXPLORE FURTHER?</b>
Being present; understanding/learning more about "others' realities
How to apply my learnings; read formal teachings; books, articles, etc.
More case studies
Regular check-ins and more about how to "address" difficult situations and/or people helping them realize their wisdom.

## Resilience Factor Training

I would like to see more of how what I've learned affects me in my life
How would you get rid of towering thoughts and be in presences when I'm at work dealing with a lot of work related problems and physically tired.
What am I doing wrong?
Creative leadership and communication techniques
How to help co-workers express themselves inside-out.
Continue to practice. I actually would want to see how being in the moment, awareness of my state of mind will help me with the way I eat "too much."
How to deal with most difficult people.
I would like to learn how to be able to have conversations without assuming what the other person is wanting to say. Be more open to hearing what is being said.
Communicating these ideas to others
What does go on in somebody's mind to make them do what they do e.g. suicide or hurting others. What's in somebody's mind to cope or not cope
I would like to "check-in" with Cathy and Linda in 3 to 6 months to reflect on my progress and refresh my understanding.
I would really like to read some of the resources. I'm not want that it will add to my top-heavy thoughts. I can always put it down.
Working with folks who have experienced trauma, who have adapted poorly, perhaps life threatening coping skills, to help them see their thoughts past and present, to be open to future, not to plan it but to be in the "now". I plan on YouTubing Sydney Banks.
I wan explore the "tools" or the proper way of clearing my thoughts for handling a difficult situation.
<b>OTHER COMMENTS YOU WOULD LIKE TO MAKE</b>
I recommend that class to be MANDATORY to all healthcare professionals, as it will overall help improve patient care.
Thank you for this class. It was very useful and fun
I would really like a follow-up class to see how I've progressed.
This class was an eye opener or mind opener for me.
Follow-up session - 1 day/month (6 months) to check in and learn/enhance one area. One day/quarterly for one year. Training for all inpatient and out patient staff so we can be all on the same page
My request would be having a follow-up class
This probably is a form of discernment that I pray for; understanding this actually takes off quilt and the heavy burden of taking on too much in my head. I would like to recommend an introductory class during our annual training. Thank you Cathy & Linda
This is an amazing class. To be honest I was dreading a 4 day long class but after one day I knew this was going to be a life changer. So grateful to have the chance to be here.
Cathy and Linda are exceptional people. They established rapport easily and have great ideas.
I want to take this class all the time. I'd love it if I could have back 4+ years but would love anything - more classes beyond this moment.
A very terrific class; an eye opener or I would say a rekindling of everyone's "wisdom"
Be nice to have a follow up session after this.



## Resilience Factor Training

### Pre/Post Test Scores

"Pre – Post Test Results"											
RS-14 Pre	Post	Change	% Change	WHO-5 Pre	Post	Change	%	SBI-34 Pre	Post	Change	%
79	87	8	110.1%	76	80	4	105.3%	84	77	-7	91.7%
72	84	12	116.7%	56	68	12	121.4%	88	77	-11	87.5%
74	81	7	109.5%	72	52	-20	72.2%	82	81	-1	98.8%
86	87	1	101.2%	56	64	8	114.3%	95	93	-2	97.9%
69	87	18	126.1%	64	80	16	125.0%	93	87	-6	93.5%
72	81	9	112.5%	32	40	8	125.0%	101	86	-15	85.1%
95	97	2	102.1%	72	72	0	100.0%	88	86	-2	97.7%
81	81	0	100.0%	76	80	4	105.3%	63	64	1	101.6%
92	91	-1	98.9%	88	76	-12	86.4%	85	90	5	105.9%
76	79	3	103.9%	60	76	16	126.7%	95	84	-11	88.4%
81	71	-10	87.7%	40	44	4	110.0%	83	86	3	103.6%
77	82	5	106.5%	52	64	12	123.1%	85	77	-8	90.6%
81	80	-1	98.8%	64	80	16	125.0%	91	73	-18	80.2%
60	76	16	126.7%	48	76	28	158.3%	90	80	-10	88.9%
83	83	0	100.0%	52	68	16	130.8%	106	91	-15	85.8%
73	61	-12	83.6%	56	44	-12	78.6%	104	95	-9	91.3%
67	69	2	103.0%	44	60	16	136.4%	89	88	-1	98.9%
61	73	12	119.7%	48	80	32	166.7%	87	82	-5	94.3%
81	86	5	106.2%	68	80	12	117.6%	69	77	8	111.6%
87	88	1	101.1%	80	72	-8	90.0%	76	69	-7	90.8%
87	92	3	105.7%	96	84	-12	87.5%	73	74	1	101.4%
83	85	2	102.4%	80	68	-12	85.0%	77	78	1	101.3%
80	72	-8	90.0%	60	68	8	113.3%	92	90	-2	97.8%
88	93	5	105.7%	48	72	24	150.0%	84	86	2	102.4%
86	84	-2	97.7%	60	64	4	106.7%	77	80	3	103.9%
62	71	9	114.5%	52	60	8	115.4%	85	82	-3	96.5%
83	87	4	104.8%	44	72	28	163.6%	93	77	-16	82.8%
87	83	-4	95.4%	40	68	28	170.0%	93	93	0	100.0%
85	83	-2	97.6%	72	60	-12	83.3%	97	93	-4	95.9%

RS-14 Resilience Scale

ID: \_ ( ) ( ) ( ) ( ) Training: VMC1 Resilience Trng Date: \_\_\_\_\_

ID consists of 4 letters & numbers: (First letter of mother's first name)(first letter of fathers first name)(first letter of month you where born)(last number of the year you were born)

For each statement circle the number that reflects how you feel about reach statement. If you "Strongly disagree" circle "1". If you are neutral circle "4" and if you "Strongly Agree" circle "7" You must answer every question to submit the survey for scoring.							
	Strongly Disagree			Strongly Agree			
1. I usually manage one way or another.	1	2	3	4	5	6	7
2. I feel proud that I have accomplished things in life.	1	2	3	4	5	6	7
3. I usually take things in stride.	1	2	3	4	5	6	7
4. I am friends with myself.	1	2	3	4	5	6	7
5. I feel that I can handle many things at a time.	1	2	3	4	5	6	7
6. I am determined.	1	2	3	4	5	6	7
7. I can get through difficult times because I've experienced difficulty	1	2	3	4	5	6	7
8. I have self-discipline.	1	2	3	4	5	6	7
9. I keep interested in things.	1	2	3	4	5	6	7
10. I can usually find something to laugh about.	1	2	3	4	5	6	7
11. My belief in myself gets me through hard times.	1	2	3	4	5	6	7
12. In an emergency, I'm someone people can generally rely on.	1	2	3	4	5	6	7
13. My life has meaning.	1	2	3	4	5	6	7
14. When I'm in a difficult situation, I can usually find my way out of it.	1	2	3	4	5	6	7

## WHO-5 Well-Being Scale

ID: \_ ( ) ( ) ( ) ( ) Training: VMC1 Resilience Trng Date

ID consists of 4 letters & numbers: (First letter of mother's first name)(first letter of fathers first name)(first letter of month you where born)(last number of the year you were born)

<p>Instructions: Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks.                  For example: If you have felt cheerful and in good spirits (item 1.) more than half of the time during the last two weeks put a tick in the box with the number "3".</p>					
	All of The time	Most of The time	More than Half of the Time	Some of The time	At no time
1. I have felt cheerful and in good spirits	5	4	3	2	1
2. I have felt calm and relaxed	5	4	3	2	1
3. I have felt active and vigorous	5	4	3	2	1
4. I woke up feeling fresh and rested	5	4	3	2	1
5. My daily life has been filled with things that interest me.	5	4	3	2	1

### SBI-34 Questionnaire for Understanding Thought

ID: \_\_\_\_ ( \_\_\_\_ )( \_\_\_\_ )( \_\_\_\_ )( \_\_\_\_ ) Training: VMC1 Resilience Trng Date: \_\_\_\_\_

ID consists of 4 letters & numbers: (First letter of mother's first name)(first letter of fathers first name)(first letter of month you where born)(last number of the year you were born)

Instructions: Check the square that best reflects how you generally think at this time.

	Agree	Tend to Agree	Tend to Disagree	Disagree
1. It's hard for me to forgive.	4	3	2	1
2. I trust my own wisdom	4	3	2	1
3. I am easily upset.	4	3	2	1
4. When someone hurts me, I know I will get over it.	4	3	2	1
5. My life is difficult	4	3	2	1
6. I struggle to avoid mistakes	4	3	2	1
7. Making decisions is hard work.	4	3	2	1
8. My life is boring.	4	3	2	1
9. I know I will be ok.	4	3	2	1
10. I feel the way I do because of stuff that happens around me.	4	3	2	1
11. I get nervous when I have to make choices	4	3	2	1
12. I see humor in life.	4	3	2	1
13. When I can't figure something out, I get frustrated.	4	3	2	1
14. Life is stressful.	4	3	2	1
15. I can't escape my past.	4	3	2	1
16. I don't stay frustrated.	4	3	2	1
17. I've got a lot on my mid.	4	3	2	1
18. I worry.	4	3	2	1
19. Change is easy for me.	4	3	2	1
20. I feel out of control.	4	3	2	1
21. I have difficulty getting over things.	4	3	2	1
22. I feel resentful.	4	3	2	1
23. When I feel stressed, I bounce back quickly.	4	3	2	1
24. I worry about my life.	4	3	2	1
25. People take advantage of me.	4	3	2	1
26. My failures frustrate me.	4	3	2	1
27. I laugh easily.	4	3	2	1
28. I dislike being alone.	4	3	2	1
29. If I don't like something, I get upset.	4	3	2	1
30. I get annoyed at other people's mistakes.	4	3	2	1
31. I enjoy life.	4	3	2	1
32. I don't like myself.	4	3	2	1
33. Other people's demands upset me.	4	3	2	1
34. I get disappointed	4	3	2	1

## VMC Resilience Training Evaluation

ID: \_\_\_\_\_(\_\_\_\_)(\_\_\_\_)(\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

ID consists of 4 letters & numbers: (First letter of mother’s first name)(first letter of fathers first name)(first letter of month you where born)(last number of the year you were born)

Please rate the following statements: Circle one

	A little			A Lot	
	1	2	3	4	5
This class has helped me	1	2	3	4	5
The class overall was helpful	1	2	3	4	5
I understood the class material	1	2	3	4	5
The facilitator(s) was effective	1	2	3	4	5

**Please answer the following questions. Use the backside of this page if needed.**

1. What is proving to be most useful or beneficial for you, and what do you think will continue to be most useful to you in your work?
  
  
  
  
  
  
  
2. How are you applying what you have learned to your job?
  
  
  
  
  
  
  
3. Which concepts or ideas were most meaningful to you and why?
  
  
  
  
  
  
  
4. What would you like to explore further?
  
  
  
  
  
  
  
5. Other comments you would like to make:

Would you recommend this class to others? Yes No  
 Would you be interested in follow-up classes? Yes No  
 THANK YOU FOR YOUR ASSISTANCE WITH THIS EVALUATION

Participant Information

ID: \_ ( ) ( ) ( ) ( ) Date: \_\_\_\_\_

ID consists of 4 letters & numbers: (First letter of mother's first name)(first letter of fathers first name)(first letter of month you where born)(last number of the year you were born)

Program Name: Resiliency Training

Demographic Information

1. Gender: \_\_\_ Female \_\_\_ Male \_\_\_ Other

2. Age:

3. Highest level of education you have achieved:

4. Ethnicity:

5. Current job classification:

Number of years at this job:

6. Have you ever attended any Health Realization/3 Principles workshops?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, how long ago was it? \_\_\_\_\_ years.

SUBJECT CONSENT FORM

SUBJECT ID: \_\_\_\_\_ ( ) ( ) ( ) ( )

Subject ID consists of 5 letters & numbers: (First letter of mother’s first name)(first letter of fathers first name)(first letter of month you where born)(last number of the year you were born)

RESEARCH PROJECT: Evaluation of the VMC f“Resilience Factor” training

PRINCIPAL INVESTIGATORS: Linda Ramus, MA, M.Ed., Transformative Research & Consulting, 34173 Cromwell Place, Fremont, California, USA 408-579-9995, [lramus1995@sbcglobal.net](mailto:lramus1995@sbcglobal.net)

CO-INVESTIGATOR(S): Catherine Casey, M.A.

PURPOSE: You have been asked to participate in a evaluation on the effectiveness of the “Resilience Factor” training. You are being asked to participate in this evaluation because you are participating in the training program. Your experience in your training will help us to estimate the effectiveness of the training. People who have not participated in these classes are not eligible for participation in this study. Your participation will consist of completing the surveys today and at the conclusion of the program and six and twelve months after the program.

PROCEDURE: All VMC staff who are participating in this training are to be included. You will be asked to answer some questions on your demographic information and several questions about your own viewpoints and experience of the training. You will also be asked to complete 3 pre and post-survey. Additionally you will be asked to complete the survey instruments at 3 and 6 months after you leave the program.

RISKS/DISCOMFORTS: There is no direct risk to you for participating in this evaluation. Indirect risks may be experienced in terms of discomfort in recalling and writing about your past as well as current mental states of mind. These risks are minimal, and you need not answer a question if it makes you extremely uncomfortable.

BENEFITS: There is no direct benefit or compensation provided to you for participating in this evaluation. However, the results of your participation in this evaluation may help improve future programs. We cannot and do not guarantee or promise that you will receive any benefits from this training.

CONFIDENTIALITY: The record of your participation in this evaluation will be maintained using this numbered consent form that will allow the evaluators to track you and your paperwork over the course of this study. The signed consent form will be stored in a separate and locked location from the questionnaires and electronic data. Your name will not be revealed to any individual outside the evaluation staff –Ms. Ramus and Ms. Casey. Your name will not be used in any reports or publications.

COSTS: There will be no charge to you for participating in this evaluation.

SUBJECT/PATIENTS RIGHTS: You are free to withdraw your consent and discontinue participation in the evaluation without prejudice to you or effect on your participation in the training program. Any discomforts or inconveniences involved in this evaluation should have been explained to you. Do you have any more questions about this study? If so, the evaluators, Ms. Ramus or Ms. Casey, can answer them now.

If you have additional questions, you may contact Linda Ramus, MA, M.Ed., Transformative Research & Consulting, 34173 Cromwell Place, Fremont, California, USA 408-579-9995, [lramus1995@sbcglobal.net](mailto:lramus1995@sbcglobal.net) .

WITNESSING AND SIGNATURES: Your signature indicates that the nature, demands, risks, and benefits of the evaluation have been explained to you, and that you understand what your participation involves. Furthermore, you understand that you are free to ask questions and withdraw from the participating in the evaluation at any time without prejudice. You have been offered a copy of the signed and dated consent form. You hereby voluntarily consent and offer to take part in this evaluation.

\_\_\_\_\_  
Print Name Signature of Subject Date Signed

\_\_\_\_\_  
Print Name Signature of Witness Date Signed

