Introduction

What is Resilience?

What is the Resilience Project?

Why Focus on Trauma?

How Does Trauma Impact the Brain and Body?

Can People Heal from Trauma?

The Three R’s of Successful Trauma Resolution

Getting to the Root

Hand Brain

Growing Resilience Factors

Affiliation: A Sense of Belonging to Places and People

Positive Connections with Safe Adults

External Supports: How do I make sense of my world?

Self-Esteem: Self-Worth: Self-Compassion

Voice, Choice, Control: The Healing Journey

Things to DO and Ways to BE with people

Safety Scripts

Reflect, Honor, Connect

The 3Ps

Affirmations for Rebonding
Refuel

Podcasts
Keeping Track and Celebrating
Questions for Conversations
Ways to Share this Information
Resources for Additional Learning
Contributors
This e-book is for parents, teachers, therapists, and any staff interested in new and different ways to support people with trauma histories. Each page is packed with learning materials centered on growing resilience. Each approach shared helps grow one or more of these resilience factors. Every story is centered on the path toward resilience for the entire team.

This multi-media approach to absorbing the material involves photo and video stories (see), podcasts (hear), written summaries (read), journal prompts and pocket practices (try). It’s not a toolkit, but a companion.

**What’s inside:**
- A brief history of the Resilience Project, started in Cincinnati, Ohio
- Growing The Five Resilience Factors
- Approaches to growing resilience
- Podcasts on conversational topics regarding resilience
- Worksheets and other useful resources for download
• Stories from people who have grown resilience or developed a resilience practice in their work
• Journal prompts for tracking your journey and reflection
• Ways to Share guide for suggested ways to use the e-book content in practice

Please note that you must be connected to the internet to access the videos, links, and handouts in this e-book.
What is Resilience?

Resilience means the ability to adapt – to bounce back – after something difficult has happened. The Resilience Project has a unique working definition of ‘resilience’ that is reflected in this e-book. Based on substantial trauma research, we know that there are five factors that build resilience. Focusing on these five things helps make a positive difference along a healing journey.

**The Top Five Resilience Factors:**
1.) Positive connections with safe adults
2.) A sense of belonging with local groups such as faith-based groups, clubs and interest groups
3.) An external support system such as friends, faith, a spiritual practice, or pet
4.) Self-esteem: Self-Worth: Self Compassion - feeling good about myself
5.) Voice, choice and control regarding big and small things in life
**Why Resilience Matters**

Resilience builds what is needed to release the effects trauma and toxic stress and create the life you want, not the one you are driven to recreate.

**Resilience allows people to:**

1.) Make meaning out of their life experiences.

2.) Have a life that does not revolve around
   - The trauma
   - Recreating the trauma
   - Avoiding triggers

3.) Create the life they want instead of what is familiar
Weston’s Story

“I look forward to being the kind-hearted that I am. People are nice. People aren’t out to get you.”
What is the Resilience Project?

The purpose of the Resilience Project is to help children and young adults who have experienced some sort of trauma. The project helps these young people recover and heal from that trauma by asking “What happened to you?” - not - “What’s wrong with you?” The Resilience Project partners with family and foster families so that they can help the young person heal and grow – and the family can get the support they need to get strong and stay strong. The Resilience Project shares effective strategies and approaches with staff and families, so that everyone can be on the same page. You will find many of those strategies and ap-
“People can begin to recover and heal from trauma by asking, “What happened to you?” - not - “What’s wrong with you?”

Who is involved?

• A Peer Support Partner (PSP) provides the family with practical assistance and supports the family on its own healing journey. The PSP meets regularly in the family home at a time that works for the family. The PSP has lived experience with trauma, understands the impact of trauma, and knows how to help grow resilience.
• Staff from all the agencies that support the young person get training and support to understand the person’s past and plan ways to help the person heal and grow.

• A Resilience Worker connects the young person with people and places that build resilience factors. A trauma-trained therapist supports trauma recovery in one-on-one therapy sessions.

• A trauma-trained therapist

The whole team (sometimes including the young person) and family - gathers monthly to learn from one another about what’s working and what needs further attention so that the person can heal and grow.

**The Resilience Project is designed to help cross-agency teams:**

• Understand the person’s trauma history

• See how the trauma history is “showing up” today

• Build resilience factors to mitigate the impact of trauma

• Consistently use trauma-informed approaches/interventions to mitigate the impact of trauma

The Resilience Project began in 2013, with a grant award to Ham-
ilton County DD Services from OhioMHAS and the Ohio Department of Developmental Disabilities. In 2017, the project expanded and Greater Cincinnati Behavioral Health (GCBH), a long-time grant partner, became the project administrator. GCBH and Child Focus have hired Resilience Workers and therapists who carry out key project activities. Families Connected and Hope Center have provided family Peer Support Partners (PSPs) for family and foster families of participants in Clermont and Hamilton County.
Kelsey’s Story

“It felt like a weight has been lifted off my shoulders”
Why Focus on Trauma?

When we don’t understand what a person is up against we find ourselves shaming and blaming the person for using their survival strategies. Survival strategies are whatever the person has to do to survive the trauma. When we have a basic understanding of how trauma affects the brain and body we grow our capacity for empathy, patience and creativity. The key to trauma-informed care is shifting our mindsets by asking “what happened to you?”
instead of “what’s wrong with you?”

Asking the question: “What did this person do to survive?” helps to unmask ways in which survival skills show up as “bad behaviors.” This video illustrates how we might respond in a way that does not shame or blame the person for their actions, but help them to grow resilience.

**ACE Study**

In the 1990s, Dr. Vincent Felitti, head of the Department of Preventive Medicine at Kaiser Permanente, conducted interviews with people who had left an obesity clinic. He discovered that a majority of the 286 people he interviewed had experienced
childhood sexual abuse. Dr. Felitti and Dr. Robert Anda from the Centers for Disease Control and Prevention (CDC) went on to survey childhood trauma experiences of over 17,000 Kaiser Permanente patient volunteers. About half were female; 74.8% were white; the average age was 57; 75.2% had attended college; all had jobs and good health care. Participants were asked if they had experienced different types of childhood trauma:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Exposure to domestic violence
- Household substance abuse
- Household mental illness
- Parental separation or divorce
- Incarcerated household member

Their findings showed that adverse childhood experiences (ACEs) had a direct adverse health outcome in adulthood. The higher the ACEs the higher rates for physical, mental, and emotional difficulties throughout the lifespan. What helps mitigate against the effects of ACEs however, are resilience factors.
Download the ACE Questionnaire Handout
Jody’s Story

“I always say it’s about being an active participant, and not letting services just happen to you.”

“A lot of times, system involvement makes it easier for everyone involved to sit back and rely on the medication or therapy. I always say it’s about being an active participant, and not letting services just happen to you. If you put effort into your life, and see positive results, you develop a sense of pride.
“Giving families something to hold onto, like a set of evidence-based Resilience Factors, will keep them engaged. I tell them, here are the things that every person needs to move toward success and well-being and live a big full life. Then during the next few meetings, we’ll focus on one specific factor as it fits into the person’s life. If they’re old enough, I’ll ask the children to co-facilitate these meetings by charting out who they have in their life, what their role is, what activities are they involved in, and ask how we can bring community in. When you break it down like that, you can find out what’s missing and families start thinking in those terms too.

“You don’t wear trauma on the outside. People could be going along in their day and get triggered. Instead of being frustrated, how can we acknowledge where someone is, and not shame, not blame, not be upset? Trauma informed care asks us to not look at what someone did, but what they need. That’s how we can figure out how to help them. It’s unrealistic to think that overnight, snap, things are different. But I take it one step at a time.”

This interview has been edited and condensed for clarity
How Does Trauma Impact the Brain and Body?

Trauma impacts the brain and body in predictable ways. Over time, with repeated trauma and stress, the brain releases ‘fight or flight’ chemicals and then: [1]

- The ability of the cortex to plan, organize, and execute action is damaged.

- The amygdala is damaged and no longer accurately recognize

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1 Schupp, L. J. (2004). Assessing and treating trauma and PTSD. Eau Claire, WI: PESI, LLC
es danger.
• The hippocampus no longer effectively tracks memory, controls consciousness, or circadian rhythms.
• The brainstem misfires causing enuresis, encopresis, digestive issues, impulsive aggression from an over active startle response.

We used to think trauma was held in the brain as a “bad memory.” Now we understand that trauma is actually a body memory – it gets stored on the central nervous system, and stuck in the here and now part of our brain. That means any sensations like sight, smell, or sound can bring back memories from a previous event and we actually feel the memory as though it is happening all over again, right now, in the present moment.

**Trauma Impacts the Entire Person including:**
• Behavior
• Functioning levels
• Cognitive processing
• Mental Health
• Physical Health

**So, What Happens When We Ignore Trauma?**[2]
2 Mary Vicario, Finding Hope Consulting, LLC
• Interventions/approaches may unintentionally exacerbate the underlying trauma.
• “What’s wrong with you?” approach perpetuates a sense of blame and shame.
• Constantly putting out fires - reactive rather than proactive
• No opportunities to heal - services are ineffective.
Brayonna’s Story

“I feel like I mean something”

Brayonna makes jewelry out of colorful rubber bands on a loom. She also enjoys getting out in nature for walks, and seeing all of the souveniers in the gift shop is one of the highlights after a hike. Sitting in the gift shop, Brayonna told her Resilience Worker, “I want to make bracelets and sell them here.” This may seem small, but being able to voice her interests and ideas, and offer to share her gifts is a big step along her healing journey. When
asked about what it is like for her to get to know new people in community Brayonna said, “I feel like I mean something.”
Can People Heal from Trauma?

Fifty percent of brain development occurs after birth (Putnam, 2004) and continues to change over the life span (Doidge, 2008 & 2015). Studies have shown that the impact of trauma can be repaired (Siegel, 2012; Cozolino, 2006, 2010, 2014; Banks, 2014). But first, we must meet a person where they are to help get them on the path to healing.
The Three R’s of Successful Trauma Resolution

Reenactment
Before the healing journey begins, people are experiencing reenactment: a ‘stuck place’. Reenactment means the person is reliving the trauma in the present moment. It’s not a choice. It feels like the trauma is happening all over again. This means that the brain is actually reliving the trauma event, in the present moment. Their “thinking brain” is offline, and what they say or do during reenactment comes from the part of the brain we don’t have conscious control over. This is why reenactment can cause “acting out behaviors,” as they are often labeled. When these actions are being expressed, this can be a very lonely and frightening place. It may look like they have gotten some relief, but in fact that person is caught in the trauma of the past and reliving it in the present moment. They are just as frightened as they were when the event happened, and they don’t feel safe. When we can meet a person at this stage by understanding what happened to them, we can help them begin their path to healing.

1. Re-experience
Depending on how we respond to someone’s reenactment, a person can re-experience, or process their trauma, in a realistic way. As a support person, we can be present without judgement or criticism while someone has the space to feel whatever levels of pain, anger, loss, or other emotions are elicited by a detailed memory of an event not from a place of being alone - but from a place of connection. When we can offer this empathetic presence by reflecting the emotions we’re experiencing from a person (not diving into the content) the person will not feel irrationally responsible for having caused the event.

2. Release
When we honor what a person has done to survive, we allow their brain to release the trauma from the central nervous system and put it in the memory center of the brain - where it belongs. A person can:

- Live life without feeling compelled to relive or repeat the traumatic event either consciously or unconsciously.
- Define their life without the trauma being the central organizing piece of who they are and how they live their life.

3. Reorganize

Once the trauma is released, you are aware that the trauma has
happened in the past, but it is no longer experienced or seen as a clear and recurring danger in the present. You are no longer devastated by the event. Your brain is freed up to decide what you want for your present and your future, and you can begin to connect with people in safe ways.

Getting to the Root

The ACE study supports the understanding that events that happen to people when they’re young directly affect their actions
and experiences in adulthood. When a person is manifesting anger, it’s important to look at what is underneath the anger: sadness. Sadness buffers anger, and underlying the sadness is fear. Interventions that address the symptom of fear, a person’s anger, usually involve an ineffective cycle of telling a person “no,” “stop,” and “don’t” over and over again. Getting to the root of the problem means looking beyond the angry behavior to see that it’s really sadness and fear that’s driving their behavior. When we can offer connection from this place, we can address the root of the problem, not just the symptom.

Hand Brain
The Hand Brain was developed by Dr. Dan Siegel. The hand can be used as a ‘working model’ to understand how the brain works. It can help the caregiver better understand their own emotions and those of the people they support. It can help create a shared language (e.g. “Flipping my lid”) so that everyone can communicate about what’s going on and find ways to help.

When information comes into the brain, it immediately goes to the fear center which decides safe or not safe. If it is safe, it lets our cortex or thinking brain come online. But when it’s not safe, it throws the thinking brain offline. When you’re not feeling safe, you can look like you’re out of control. This is because our fear center has thrown our thinking brain offline, all of those wise
thoughts that help us control our behavior are out of our reach. The key here is to remember we must connect, before we correct. Until we feel safe in our bodies our thinking brain will not come back online.

As a caregiver, we can start to understand that when someone is behaving irrationally or in unsafe ways this tell us that their fear center is in charge and we need to avoid attempts to control, manage or discipline someone in this moment. We need to reflect the emotions we’re experiencing from that person and find a way to honor their survival strategy, not shame their survival strategy. When we do this we can support the person in experiencing a felt sense of safety which will lead to them having the ability to work cooperatively with others.

Download the Hand Brain Handout.
Sara’s Story

“I’m learning how to love people”
Growing Resilience Factors

After a person or family has been through a difficult time – or if they have experienced trauma – the path to recovery and healing is a journey that takes time. Focusing on these Five Resilience Factors can be a powerful way to organize our efforts and help a person build a big full life and thrive, not just survive. Family members, teachers, staff, and others who care about the person can help grow these resilience factors.

Research shows that there are five things we can build up -- five factors that can build resilience and help people bounce back and recover. We can pay attention to these, and notice what we have to build on and build up. We can celebrate when we’ve made small and big gains in any of these.

1. Positive Connections with Safe Adults
2. Belonging or Affiliation
3. External Supports
5. Voice, Choice, and Control

Download the Resilience Factors Handout
Affiliation: A Sense of Belonging to Places and People

Healing happens in community.
Oftentimes when we experience trauma we also experience isolation from community. Affiliation, or “sense of belonging” helps a person feel seen, safe and loved. This sense of belonging can come from people or from a place – or both. The sense of “I belong here” and/or “I belong with these people” helps a person heal and grow. Finding a sense of belonging somewhere that values your contribution can help to shed any devalued labels and you can become known for your gifts. Relying solely on services for a sense of belonging, such as day programs or sheltered workshops, can unintentionally isolate us from community. That’s because programs like these are designed to be proxies for community life, segregated into groups of other people who share the same labels. A big full life means having connection in your community where you can share your gifts with other people who share your gifts, passions, and interests - not just your labels.
Positive Connections with Safe Adults

Healing happens in relationship.
Positive, safe adults are key to healing and growth. Positive, safe family members, teachers, religious leaders, and/or neighbors are essential to every person, especially those who have experienced the stress of trauma. It’s important for the person to *feel* safe as well as *be* safe. Sometimes an adult who others think is safe, may not *feel* safe to the person.

Having positive experiences with people outside of our abusive environment, especially people in positions of authority, is an important factor in growing resilience. Every single human being has the power to be a positive safe adult in someone’s life. When we experience trauma our relationships are compromised. Being in relationship with others no longer feels safe. By having interactions with an adult who is safe, especially an adult in a position of power, helps one re-experience what being in safe relationship feels like. This is how other people can work with us to continue on our healing journey. The first step is being a positive
safe adult with others.
External Supports: How do I make sense of my world?

Your browser does not currently recognize any of the video formats available. Click here to visit our frequently asked questions about HTML5 video.

Healing happens through comfort and sense-making.
Having an external support, or something outside of ourselves that we can count on to make sense of things or gain comfort, is key to healing and growing. This can be a belief system, faith or a spiritual practice, pets, plants, a bracelet given to us by a safe other. Imaginary friends or fantasies can also serve as helpful external support systems.

When someone helps us, we get one hit of dopamine. That’s that calming chemical that helps your fear center calm down and bring your “thinking brain” online. When we help or contribute to someone else, we get twice the amount of dopamine. Having an external support in our lives to support, tend to, have a connection with, can be helpful to the healing journey. Oftentimes when you’ve experienced trauma, you’ve spent a lot of time alone or isolated in your thoughts and feelings. When you can connect to something outside of yourself, that can help you feel less alone. And healing happens in relationship. Relationship with an external support can help you feel calm and safe in your body, and
that’s why having an external support can be an important part of your healing journey.
Self-Esteem: Self-Worth: Self-Compassion

Healing happens with radical self-love.
As this video explains, self-esteem means a person is able to express personal preferences, knows their likes and dislikes and what makes them unique, and feels good about who they are. Feeling safe and loved is key to growing self-esteem. One of the ways to connect with others is through understanding what our personal preferences are (sense of self). You can start by making a list of all your likes and dislikes, and affirming and validating the things we don’t like. A sense of self-worth, or feeling loved and valued, is another part of self-esteem. That is, knowing when, where, and with whom you feel safe and loved. Finally, a sense of self-efficacy, or knowing how you might affect change and make things happen is another foundational way we can build resilience and begin to overcome trauma. The Self-Esteem journey begins with Self-Compassion:

“With self-compassion, we give ourselves the same kindness and
Voice, Choice, Control: The Healing Journey

Healing happens with a sense of agency and power with others.
Control over small things – and big things – is important. It’s often necessary to help a person have new experiences so that a person can start to understand a range of options to choose among. People need safe ways to give voice to what matters to them.

When you’ve experience trauma, it’s often the case that your power has been taken away. Having power in different situations can contradict that previous experience. Using our voice in a way that matters, making meaningful choices that help us live a big full life, and having control over little and big things in our lives can make a difference on our healing journey. This is a foundational factor in how we start on our healing journey.
Evan’s Story

“Before, Evan was hidden inside. Being able to connect to people like Mark has made all the difference.”
- Kristin, Evan’s mom

Evan is a big time Civil War and World War II history buff. Through this project, he connected with Mark, a veteran who restores old
military vehicles from his home. The two hit it off immediately. Eventually, Mark brought Evan along for a ride in his Ford GPW - Evan’s favorite military jeep. When Mark was looking for extra help in his workshop, he invited Evan to be his assistant.

“When they first met, Evan talked about nothing but Mark for three days. He thought he was so cool,” said Kristin. Mark is at the point in his military career that he’s letting go of a lot of sentimental war-time collector items, and he’s been sharing a lot of it with Evan.

“Giving things to Evan is special because Mark knows he’ll really appreciate it,” said Drew, Evan’s dad.

Through this new relationship and the whole team’s approach on the journey to grow resilience, Evan is beginning to try new things, show his creativity, and stand up for himself at his high school.

“He’s one of the bravest people I know. Truly,” said Kristin.

*This interview has been edited and condensed for clarity*
Things to DO and Ways to BE with people

There are many traditional ways we support people, but often-times those are unintentionally power-over mechanisms. The following section illustrates ways of being with people, or approaches[1] used to grow resilience over time:

1 Resilience Approaches ©2012 Finding Hope Consulting. Used with permission by the Resil-
• Reflect, Honor, Connect
• Safety Scripts
• Affirmations for Rebonding
• 3 Ps – Predict, Practice, and Plan B
• Regulation Practices

These approaches are ways to help people get a felt sense of safety through our actions and our language. These approaches are most helpful when used by multiple people on the person’s team, so that parents, therapists, and caregivers can be on the same page for the person they are supporting. You can modify by using your own language. Some of these approaches may seem strange at first, just give it a try! All approaches are designed to help us to respond versus react in difficult situations.
Safety Scripts gives us words to say in order to help a person feel safe. When a person is acting angry, it’s often because they don’t FEEL SAFE. Safety scripts are a way to connect behavior and safety. The safety script can help people feel safe in their body and to stop doing the thing that is harmful because they are reminded first that no one is going to let them get hurt.

Download the Safety Scripts Handout
Reflect, Honor, and Connect gives us a framework (outline) for responding to a person in a way that reflects their thoughts and/or feelings, honors their experience, and connects them with a sense of felt safety, safe and positive adults, and/or a sense of the future. This approach may sound like a familiar way to be with someone, but it can be helpful when done in this step-by-step way. First, we reflect emotions back to the person expressing them with compassion. Then, we honor the person by
thanking them for exactly the way they are showing up in that moment. Honoring where they are in that moment helps get the thinking brain back online. Finally, you connect with a statement like, “How can I help you feel safe?” This helps them know they are not alone, and re-orients them to a sense of future.

Download the Reflect, Honor, Connect Handout
The 3Ps

Predict, Practice, and Plan B
People who have experienced trauma need to heal the part of the brain that helps them plan and execute action. Use the Three Ps to ‘walk through’ a situation that might cause anxiety or stress.

This approach helps people get a picture memory of what they would like to have happen in the future. Our fear center understands the world through emotions and our thinking brain understands the world through language. But both the fear center and the thinking brain understand pictures. So when we use Predict, Practice, and Plan B, we form a picture memory in our thinking brain so that if in the future our fear center is triggered, that picture creates a “passport” between the fear center and the thinking brain, and overrides our fear center. First, we ask, “What do you want to happen?” That is, what is our ideal situation? Then we practice exactly what we want to happen when we’re in a new
situation, using our five senses to imagine the picture vividly. We spend the most time on Practice so that we solidify a positive, safe picture memory. Finally, Plan B is if something doesn’t go as planned, how might we help one another feel and stay safe? What we’re doing is having a conversation to help people get a felt sense of safety so they can calm their fear center, get their thinking brain online, and do the things that they are passionate about.

Download the 3Ps Handout
Affirmations for Rebonding

If you’ve experienced a lot of neglect throughout your life, you did not get the message that you belong or matter. Affirmations for Rebonding are messages that we give that a person might not have received early on in life. An example of an Affirmation for Rebonding is: “It is great to see you!” instead of “How are you?” Now, this might sound like something you already do, but in our culture we often say “Hey, how are you?” when greeting someone. When we shift our language to say, “It’s good to see you,” it gives that message that you matter and you belong. These affirmations take repetition. It takes six repetitions to get a neuronal
network started and six months to build a new neuronal network. Over time, these affirmations help build a sense of belonging.

Download the Affirmations for Rebonding Handout
Lisa’s Story

“I think when we know better, we do better. As a parent and a professional, The Resilience Project changed everything for me. As a parent, I struggle with the same things a lot of the families who turn to us are facing. These approaches took away a lot of
shame and guilt from me that I wasn’t a good enough parent or I wasn’t doing the right things. As a professional, I’m beginning to see the families I support in a completely different way. It has given me a different lens to look through. In the past, I would have said the families who struggle the most are not trying, or they don’t want help. Or we have to wait until they’re ready. Now I think those families were just tired of not being heard.

“Back then, we weren’t treating the trauma - we were treating labels”

“A lot of the families we support don’t know how they’re getting through tomorrow, so sitting down with a team to figure out long term solutions has been difficult in the past. But back then, we weren’t treating the trauma - we were treating labels. We weren’t getting through to what was actually going on. For some families, what they needed was a level of healing and depth, more than just getting out of the crisis to get through tomorrow. And we didn’t have support for that. Now we do.

“With this project, it’s really helped us be a program that’s holistic. Families are being given tools that work and they’re seeing
their children respond to them. It has completely changed the dynamic within the families. Now I see new hope for them, and I’m excited to bring this knowledge to them because I know it can be helpful.”

This interview has been edited and condensed for clarity
Sometimes we feel like we have no time for ourselves - days are long and busy! Sometimes it’s hard to make the most of our time when we’re tired or burnt out. To have our self-care go-to’s on our person can remind us of the small things we can do to keep our cup full in order to have higher empathy, patience and creativity for the people and families we support. We can show up for people in a more meaningful way. If you have 5 minutes, an hour, or an entire day, there are things you can do feel a sense of
calm in our bodies.

The University of Wisconsin Department of Family Medicine offers a number of resources that help us calm our minds and replenish ourselves. Three videos by Dr. James Finley, noted trauma expert, offer helpful daily ‘pocket practices’ for being authentically present to suffering without being overwhelmed by it. Mindfulness videos are included as well. You can find a full list of those resources here.

Dr. Dan Siegal has created the Wheel of Awareness Practice. Dr. Siegal explains that this practice can help us build insight, empathy, and integration. Access the video and handout for more information.
Podcasts

The Resilience Project Podcast is a series of interviews about some of the key concepts shared in this eBook. Conversations are with people from partnering agencies involved in resilience work throughout the Greater Cincinnati region.

Why ACEs Matter - with Lori Watkins
Safe, Loving, Connected Relationships - with Matt Briner
What’s Next? with Sarah Buffie
Respectful Support - with Dean Swartz
What’s at Stake - with Jo Krippenstapel
Do This, Not That - with Gretchen Behimer and Rachel Sorg
It’s a Journey, There’s Hope - with Cindi Crew and Maggie Center
Self Care - with Ilea Scott
Ah-ha Moment - with Julie Hermann
Doubts - with Rachel Perlstein

Listen Here.
Keeping Track and Celebrating

There are simple ways we can celebrate progress over time. Remembering to stop and reflect on how far you’ve come is an important part of staying motivated and focused on the healing path. Often, the successes we find are small and ordinary, but when we look back over the period of a month, a year, a decade, these small milestones can look more like pivotal turning points along a person’s journey. Things like: the day a new person came into your life, your first volunteer role, or a time you tried something new. Here are a few ways to keep track on your journey.

Pathfinding Worksheet by Connie Lyle O’Brien, Beth Mount, and John O’Brien
Guide to Telling Your Story by Bachmeyer Press
Growing Resilience Journal by The Resilience Project
Life Map by The Resilience Project
Questions for Conversations

Growing Resilience Factors can be a powerful way to help a person recover from stress or trauma and build a good life. Family members, teachers, staff, and others who care about the person can help build these resilience factors. Families and caregivers can also focus on growing these Five Resilience Factors. This will make the family stronger and better able to support all its members.

Use the questions below to talk with the person or family. Responses will help the team find creative ways to grow resilience factors. The questions are intended as a conversation guide, not as an ‘assessment’. Feel free to adapt or add to these questions in order to explore how to work in collaboration with the person to grow resilience factors over time.

Positive Connections with Safe Adults
• Are there “safe adults” in your life? If so, who are they?
• When, where and with whom do you feel safe and loved?
• How might we strengthen your connection with the safe adults you already know?
• How might we help you get connected to more safe adults?

**Belonging/ Affiliation**

• Do you have places where you feel like you belong?
• What groups or clubs or organizations are you connected with now?
• What groups or clubs or organizations would you like to be connected with?
• How might we help you get better connected to these groups or to new ones?

External Supports

• Do you have a faith or spiritual practice that you turn to for support or to help you make sense of things?
• Do you have a pet? Plant? Or garden that you take care of?
• How might we help you build on these?

Self Esteem: Self Worth: Self Compassion

• What are your likes and dislikes that make you unique?
• Has there been a time when you accomplished something that mattered to you?
• What are some things about yourself that you feel good about?
• Are there people in your life that help you feel good about yourself when you’re with them?
• How is your self-talk? Are you kind to you?

**Voice, Choice, Control**

• What experiences have you had that demonstrate that you are heard? That your voice matters?
• Do you have choices in your life that have meaning, purpose?
• Have you had experiences in making good decisions about your life? If so, what helped?
• What helps you feel in control of your life?
• What support do you need in order to feel more in control and make good decisions in the future?
Ways to Share this Information

You might decide to share the content from this e-book with people you know, such as colleagues or families you support. Here are a few ideas for how to breakdown the content and share it online:

• Set up a Facebook group on Resilience and invite people in your network to join.
• Include one piece of content from this e-book per month in your email blast (i.e. agency newsletter).
• Share one video or story on your social media channel and newsletter per week
• Create your own stories of resilience using the Storyteller Guide in the previous section.
• Invite people to learn more by sharing links from the Google Me list on your social media and newsletter.
• Share the podcasts with your audience on social media or newsletters every month.
• Write your own reflections on what you have read, watched, or listened to in this e-book and share on a blog.
• Access and share the illustrated explainer videos here
• Access and share the entire playlist of story videos from the Resilience Project here
• Access and share the entire playlist of Understanding Resilience videos here
Resources for Additional Learning

Books:

- Beyond Consequences, Logic, and Control: A Loved-Based guide to parenting by Heather Forbes and Bryan Post
- The Body Keeps the Score by Dr. Bessel van der Kolk
- Mindsight: The New Science of Personal Transformation by Dr. Daniel Siegel
- The Whole Brain Child: 12 Revolutionary Strategies for Nurturing Your Child’s Developing Brain by Dr. Daniel Siegel
- Wired to Connect: The Surprising Link Between Brain Science and Strong, Healthy Relationships by Dr. Amy Banks
- Parenting From the Inside Out by Dr. Daniel Siegel and Mary Hartzell
- Waking the Tiger: Healing Trauma by Peter Levine
- Trauma Sensitive Mindfulness: Practices for Safe and Transformative Healing by David Treleaven
Links and Articles:

- Building Resilience in Children
- The Epigenetics of Being Black and Feeling Blue: Understanding African American Vulnerability to Disease
- A Parents Guide to Dealing with Fortnite
- https://acestoohigh.com/
- What’s Behind the Mind Body Connection
- Wolf Wolfensberger - Social Role Valorization
- John & Connie O’Brien - Five Valued Experiences
- Person Centered Planning - PATH/MAPS, Jack Pearpoint & Lynda Kahn
- John McKnight - Asset Based Community Development
- Jean Vanier - L’Arche
- Citizen Advocacy - Tom Kohler
- Waddie Welcome & The Beloved Community

Video/Audio:

- Mindfulness Jar + Hand-brain Model (video)
- Meaning and Impact of Community Resilience Podcast
- On Safety (video)
- Resilience Documentary
• Starfire
Contributors

Many people connected with the Resilience Project over the years have contributed their lived experiences and professional insights to the development of the content shared in this eBook. This wisdom was gathered into this ebook by the project leaders listed below.

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