Positive Psychology in Practice

Featuring contributions on practical Positive Psychology applications for organisations, clinical settings and personal wellbeing

Sok-ho Trinh
Dr Eva Hertz
Dr Fredrike Bannink
Sarah Lewis
and others

Contributions compiled by Romy Meuter

www.forumsandevents.co.uk

Introduction by Dr. Vikki Barnes

Table of Contents

FOREWORD

By Dr Vikki Barnes

CHAPTER 1

Positive Supervision

Dr. F.P. Bannink MDR

CHAPTER 2

Job crafting

Ron de Jong

CHAPTER 3

Positive Psychology Tools and Techniques for Leaders and Managers

Sarah Lewis

CHAPTER 4

FromDoertoLeader™: the approach, the model, the tools and how it contributes to more happiness in the workplace

Odile Carru

CHAPTER 5

Passionate Leadership and the 4P model© : leading organisations to success

Sok-ho Trinh

CHAPTER 6

Jump Out Of Your Fishbowl: The Formula to Decode How People Think & Do Across Cultures

Rachel Smets

CHAPTER 7

What our happiness really needs (will save the Earth)

Nathalie Marcinkowski

CHAPTER 8

Positive Psychology in Nursing Home Settings

Lucy Airs

CHAPTER 9

Measuring Emotional Intelligence in Undergraduate Populations

Carol Davis, Laura Alipoon, Karla Lavin Williams, Helen Hopp Marshak

CHAPTER 10

Resilience Training as a Buffer against Work Related Stress

Dr Eva Hertz

CHAPTER 11

A view on Psychosis

Lavinia Warnars

CHAPTER 12

Fissiotherapy as innovation in treatment of eating disorder

Valery Patonich

CHAPTER 13

The Mountain Way: An empathetic approach to Complex Military PTSD

Andy Shaw

CHAPTER 14

How to face suffering and challenges with self-compassion

Toni Jarlstrom

CHAPTER 15

Positive Psychology and Yoga

Lukas Holter

CHAPTER 16

Exploring Passion through a Positive Psychology Coaching Intervention

Sok-ho Trinh

CHAPTER 10

Resilience Training as a Buffer against Work Related Stress

Eva Hertz, Ph.D, Clinical Psychologist and founder of the Danish Center for Resilience

Dr Eva Hertz

A growing number of people experience work related stress, leading to depression and anxiety disorders.

Typical stressors at work are work load and work pace, organizational changes, lack of control, unclear performance evaluation systems, poor relationships with colleagues, bullying, challenged work/life balance, according to the European Agency for Safety and Health at Work[1].

In many professions, the boundaries between work and home are no longer realistic nor relevant, and work can be done from home during evenings and weekends. The increasing complexity of our work life with all the stressors mentioned above, is mixed with stressors in our personal lives, e.g. worries concerning bringing up children, financial difficulties or old parents needing care. This underlines the importance of a focus on prevention of mental health issues.

The aim of this chapter is to illustrate how positive psychological interventions can serve as a method of stress prevention by building skills that enhance resilience in individuals, which in return also has an impact on the organization. Based on results from a pilot study with the aim of building resilience in Danish combat soldiers and improve their ability to cope with challenges related to both deployment in Afghanistan (work related stressors) and subsequent readjustment to everyday life in Denmark (personal life stressors), we will discuss the implications of these findings for prevention of stress in civilian workplaces.

[1]European Agency for Safety and Health at Work (2019). Retrieved from http://Osha.europe.eu

What exactly is Resilience?

Why do some people do well even under very difficult circumstances, whereas others break under pressure, and can we predict who are resilient and who are not? This is a question psychology has been occupied with for more than six decades. Inherently, resilience cannot be adequately explained by one single theory or model, rather by a mix of various approaches. It seems as if we are "designed" to bounce back after storms in life, and for some of us difficult circumstances have a "steeling effect" - what doesn't kill you makes you stronger[2] . Russo et al defines resilience as "resisting the development of neuropsychiatric disease in the face of extreme stress"[3].

The research on resilience can be described as four waves and started long before Positive Psychology was defined. Examples from the first wave includes researchers as Werner and Smith's longitudinal Hawaii Study[4] and Garmezy's study of disadvantaged American children[5]. These studies used terms such as ego-resilience and "the invulnerable child" to describe how some children developed normally and did well in school, despite a particularly difficult home life due to their parents' mental illness and/or drug or alcohol abuse. The second wave, in the 1980s, focused on a more relational and dynamic understanding of mental resilience, including protective factors such as family interaction and attachment, vulnerability due to the snowball effect – that trauma builds up over time, and protective factors in the environment[6]. The third wave, in the 1990s, was characterised by growing interest in research into how interventions might generate resilience through the creation of "positive turning

points" and by "boosting" protective processes in children's daily lives. Current, wave four focuses on the integration of environmental, biological and physiological processes, as well as the significance of experiences for the brain. It had previously been assumed that resilience was rare, but Masten now find that it is common and refer to the phenomenon as "ordinary magic"[7].

According to the American Psychological Association, APA, resilience is defined as the process by which the individual adapts positively to significant challenges, difficult events or stress – e.g. serious illness, family or marital problems, work-related or financial stressors. This is also known as the ability to "bounce back" from adversity. APA lists the following factors as significant for mental resilience: Caring and supportive relationships, the capacity to make realistic plans and carry them out, a positive view of yourself and confidence in your strengths and abilities, skills in communication and problem solving, and the capacity to manage strong feelings and impulses.

In other words, what we know after 6 decades of psychological research is that resilience is not something you either have or don't have – it's about the degree of resilience in a given circumstance. To be resilient does not mean that you are not emotionally affected by the difficult circumstances, rather it's your ability to apply constructive strategies when faced with adversity and thereby your ability to bounce back. Your degree of resilience is determined both by inherent factors and skills that we learn throughout life as a result of going through difficult times, meeting challenges and apply adaptive coping strategies with moderate amounts of stress. This means, that

we can develop resilience skills even given the fact that biology, genetics, personality, upbringing and environment plays a role. Our knowledge of the brain's neuroplasticity tells us that our brain does change throughout our adult lives, and with intentional, repeated, and directed attention towards specific thoughts, emotions and actions, we can impact the changes in our brain, and hereby support the development of resilience.

In the next section we will share with you, how these skills may be practiced and developed.

A Pilot Study with the Aim of Building Resilience in Danish Combat Soldiers

Deployment abroad places heavy demands on the individual soldier. It involves particularly difficult and dangerous day-to-day working conditions, with risks including dying, being wounded or witnessing the death of colleagues. Other aspects of daily life include unexpected tasks, long periods of inactivity, occasional deprivation of basic needs such as sleep and food, and prolonged absence from family and friends. Many also find it difficult to readjust to everyday life. In a study of more than 3,000 veterans, more than one in five Danish veterans experienced lasting negative impact (physically and/or psychologically) as a result of being deployed as soldiers on international missions. Families and friends are also affected to a considerable degree, and report depressive symptoms, insomnia and impaired social relationships[8].

A pilot study was conducted in order to shed light on whether it is possible to prevent stress and low psychological well-being

by enhancing the individual soldier's resilience. Combat soldiers' work situation is unique compared with other occupations in terms of the risks of death and injury. But if this hypothesis was proven right, one could assume that civilian work places could learn from this study.

Our Model for Training Resilience Skills

A number of studies have shed light on interventions that can help improve the individual's ability to cope with stressful situations in a constructive manner. These interventions include training in cognitive skills, improving self-regulation and maintaining positive emotions, all of which enhance the individual's psychological well-being – and thereby their mental resilience.

Based on the research, The Danish Center for Resilience (Center for Mental Robusthed) developed a five-factor model of resilience in order to organize interventions that had been shown to increase the skills involved in developing resilience. The interventions were all independently evidence-based but had not previously been empirically tested all in one set context – neither in Denmark nor abroad. The training program consisted of 40 hours and exerts from the contend are listed below. Not all interventions were solely inspired by Positive Psychology; also, interventions based on neuroscience, e.g. meditation were applied. The resilience training programme was inspired by the US Ready and Resilient programme and adapted to Danish soldiers. It included elements described in the Penn Resiliency Program – a psycho-educational training programme for children and young adults focusing on

preventing depression through enhancing cognitive skills[9].

Figure 1. Graphic presentation of the mental resilience model. All five factors affect both mental resilience and each other.

Thinking and problem-solving skills involve being able to analyze and reflect upon our thoughts, and bring things into perspective, detaching our thoughts from our emotions including the awareness of the difference between thoughts and emotions make us more resilient. Skills also include hope and realistic optimism even when times are bad. In the programme we developed, we covered topics as detecting "thinking traps" and "icebergs", in order to minimise catastrophising and attain realistic optimism.

While psychology generally has had a focus on negative emotions – the broaden-and-build theory of neuroscientist Barbara Fredrickson implied that positive emotions can help us and are important for resilience. Positive emotions elicit more brain activity, giving us access to different ways of thinking, and in turn, we are able to see more solutions to a problem. In addition to this, positive emotions are associated with higher performance. Our program included keeping a positivity diary and consciously noting instances in which soldiers experienced gratitude.

Remembering the late Christopher Petersons famous words "Other people are the best antidote to the downs of life" positive relationships is – perhaps - the most important resilience factor. Relations carry us through hardship – yet we tend to isolate ourselves in times of trouble because maintaining positive relationships can also be demanding. Our training program had a focus on constructive coping strategies and social support which is considered a key buffer against negative reactions to difficult events[10].

Self-regulation involves being able to control one's own emotions and staying calm in moments of pressure, and self-regulation is essential for our resilience. We develop self-regulation skills during early childhood but self-regulation skills can be developed throughout adult life. In our resilience program, breathing exercises and guided meditations were introduced in order to achieve a calm mind in high-stress situations. These techniques allowed the soldiers intentionally to lower pulse and blood pressure by affecting the vagus nerve response[11].

A mindset turning focus to our psychological strengths – defined as positive psychological traits within the individual becomes a resilience skill when we become aware of and apply our strengths in our daily lives. Research indicates that people who use their strengths in a job context are more resilient, feel less stressed, are more engaged at work, and perform better. The VIA-IS (VIA Inventory of Strengths) was used in our program to assess character strengths, and subsequent the training involved exploration and use of these strengths at an individual level and in the soldier's organizational teams.

All of the resilience skills related to the five-factor model was in focus during the training program, and equal time was allocated for each of the factors.

The Impact of Having Trained Resilience Skills.

The intervention group consisted of 120 combat soldiers in the Danish Royal Guards during their training for deployment to Afghanistan (ISAF-15), mainly of young men aged under 30.

The intervention group was an organisational unit and participation in the program was compulsory. The group was assigned to 40 hours of training resilience skills. The soldiers were equipped with a smartphone app designed for iOS and Android to maintain the tools acquired during the resilience training programme. The app included exercises from the programme, personal training logs, and guided meditations. Once downloaded, the app could be used offline, which was a key factor for use and safety in war zones.

The control group consisted of a platoon from the Jutland Dragoons (ISAF-14), which were sent to Afghanistan six months before the intervention group. They had 4 hours of resilience training. The control group was subject to randomisation at organisational level, as the questionnaires were sent to the company commander of the Jutland Dragoons for distribution to a randomly selected division.

A questionnaire including CORE-10 (Clinical Outcomes in Routine Evaluation)[12] – a 10-item questionnaire designed to reveal psychological well-being, defined as the absence of symptoms of anxiety, depression, sleep problems, physical problems, and the

presence of social support was used along with 21 other questions targeting skills trained during the resilience program, e.g. optimism, flexible thinking, constructive coping strategies and job satisfaction. The questionnaire was validated with Cronbach's α and the α quotient was > 0.7 for all questions except one, which was therefore dropped. A confirmatory factor analysis (CFA) was also conducted.

The questionnaires were completed a total of four times: Baseline (before entering the resilience training program), at the end of the programme, one month after returning from Afghanistan and six months after returning. The control group completed the questionnaire immediately before deployment to Afghanistan (baseline) and one month after returning to Denmark. Data for the intervention group and the control group were compared using the Wilcoxon signed-rank test.

In the intervention group, the immediate effects of the training programme were:

- fewer clinical symptoms (p=0.056)
- greater optimism (p=0.742)
- greater capacity for flexible thinking (p=0.073)
- greater use of constructive coping strategies (p=0.043)
- lower job satisfaction (p=0.082)

All of the above effects were observed at a significant or almost significant level. These findings were also demonstrated again one month after returning from Afghanistan. The long-term findings, in which the intervention group's data was compared with the control group, showed that the immediate effects of the training

of the soldiers in the intervention group persisted upon their return from Afghanistan. In other words, the heightened level of general well-being achieved immediately after completing the training programme remained high right after deployment to Afghanistan – and even six months after returning home. On the other hand, the control group, after deployment to Afghanistan, had statistically significant more symptoms of low psychological well-being ($p=0.05$), less optimism ($p=0.05$) and lower job satisfaction ($p=0.04$). The control group also demonstrated a decrease in flexible thinking and constructive coping – though not at a statistically significant level.

Summarizing, the control group fared worse than the intervention group in regards to clinical symptoms of depression and anxiety, and in terms of their level of optimism after deployment in Afghanistan. Job satisfaction also fell further in the control group than it did in the intervention group. Based on these results, our hypothesis that training resilience skills could reduce the number of soldiers with psychological distress after returning home, was proved right, clearly demonstrating that stress preventive interventions has a quantifiable effect in terms of the individual's psychological well-being following deployment in Afghanistan[13].

The findings are in alignment with the findings of the Comprehensive Soldier Fitness Program in terms of more flexible thinking and optimism and also similar to findings in a meta-analysis of the effects of the Penn Resiliency Program.

Perspectives on Positive Activity Interventions in the Work Place

Many NATO countries have by now applied resilience training in the context of military and law enforcement training, arguing that this skill is just as relevant as e.g. shooting training. We argue that resilience skills are perhaps even more relevant in civilian organization, because of the growing complexity in work life, leading to cognitive exhaustion. The lack of boundaries between work and home implies we are always on and re-charging has become a luxury. The rise in cases of sick leaves due to stress across Europe, and the rise in the numbers of individuals with mental health problems, especially anxiety and depression, emphasizes this problem.

Reducing sick leaves caused by stress often involves various efforts, from a thorough assessment of the working environment – what types of stressors are at stake? Working as a medical doctor in a public hospital obviously provides stressors that differ from being employed in a bank and needs to be addressed in different manner. Assessing the communication culture in the organization is also relevant. What kind of "e-mail culture" is prevalent in the organization? Is it a culture of paranoia where one cc's as many people as possible in order to secure one's own back, or is it a culture where one considers carefully who to "disturb" with an e-mail? And how are meeting held in the organization? Are they short and constructive with a clear agenda, or do meetings take at least an hour by outlook default mode? Many employees detest participation in meetings as a waste of time.

Work processes should be well planned and designed in order

to meet the needs of the employee and match the assignment. IT- systems that doesn't support work processes are commonly reported as huge stressors. Does everyone have a voice in the organization? Or are existing hierarchies, micro-management or bureaucratic structures blocking the possibility of employee voices being heard? Can the individual employee plan his or her work independently and is working from home an option? Are the key performance indicators blocking employees from collaboration? Is there a management focus entirely on performance – or also on the importance of breaks and so-called brain-breaks as many reports working at a high pace. All these efforts are relevant, and serve as part of the solution in the prevention of stress – but they do not represent a systematic approach to the problem.

Our pilot study clearly demonstrated that it is possible to prevent stress and low psychological well-being by enhancing the individual soldier's resilience skills, and we argue that this type of systematic, manualized intervention has an impact on the psychological well-being across civilian organizations, regardless of whether it's in the public sector or in private corporate companies.

Based on results from the pilot study in the Danish army, we condensed the training program to a 20-hour group training program targeted people at civilian workplaces, excluding persons who have sick leave due to stress at work, because of the program's preventive focus rather than treatment. Approximately 6.000 individuals have participated in the program by now, from various sectors such as healthcare, education, justice, science and businesses.

Most often the 20-hour training program is conducted over three subsequent days, with 20 participants and 2 facilitators. This group size helps establish a sense of psychological safety among the participants and allow them to share their experiences. We find it productive to meet with the groups again 4 and 8 weeks after participating in the program, supporting each individual to train and maintain the new skills learned. Just as the soldiers in the pilot study, the participants receive a personal smartphone app which includes exercises from the programme, personal training logs, and guided meditations. This is perceived motivational for participants personal training and supports the continued training and maintaining the skills learned. Also, we have established a Resilience Trainer Program including 120 hours education, based on a detailed manual, which gives the Trainers knowledge and skills to train colleagues in their organization. These Trainers also serve as integrators of the resilience training at an organizational level.

In the army pilot study, a strong emphasis was put on managerial anchoring, but a bottom-up process during implementation of resilience training has also proved to be efficient in civilian work places in Denmark. We find it's especially efficient when resilience training is initiated by the company's or institution's Health – and Safety organization.

We would like to underscore a precaution: It is important to keep in mind that resilience is very common, and that people generally "bounce back" from adversity. When stress reactions occur, it often has roots in the complexity of our work life, the pace we work etc. as mentioned in the chapter introduction. Therefore, it is not a question of singling out certain individuals as being "an

overachiever" or a "weak person".

Based on our experience in public and private organizations, we find it strictly necessary when working in prevention, that participation in resilience training programs are voluntary. Resilience training must never become the answer to poor management, perceived meaninglessness, or bullying in the work place.

Although the Danish Center for Resilience has significant experience with resilience training programs, we cannot demonstrate the effects on preventing stress in a rigorous manner as the randomized pilot study with a control group in the Danish army. What we do have, are measures based on qualitative questionnaires and interviews, and they leave no doubt that the tools are perceived helpful in regards to coping with stressors in work life and in personal life, giving participants a sense of hope, meaning and empowerment, self-awareness and reduction of perceived stress. When implemented broader in organizations, the effect is reported as a strong emphasis on stress prevention; more willingness and openness among managers to maintain this focus and to listen to the voices in the organization and attend the needs of the employee's; an organizational "language" concerning stress, resilience and ways to prevent stress[14].

The vignette case below illuminates the potential of the resilience training program:

In a public healthcare corporation in Denmark, the health - and safety organization had noted high levels of the number of sick leaves due to work related stress among nurses, medical doctors, laboratory technicians, administrative workers etc., and the

number of persons on sick leaves where significantly higher than in other public healthcare corporations throughout Denmark. There was a huge political interest in reducing the numbers of sick leaves, not only in the interest of the patients for whom the staff shortage had direct implications, but also in the interest of the health of the employees, and the whole organizations reputation which made it difficult to attract employees to vacant positions. The organization choose a strong and repeated focus on preventing work related stress and improving working conditions; in creating a working environment that would actually enhance the individual's mental health, perceived wellbeing and professionalism. As of now, more than 600 employees and managers have attended the 20-hour resilience training program within the past seven years.

The numbers of sick leaves due to work related stress has dropped markedly, and the organization's strategy is continuously: To create and maintain a resilient organization, in which the individuals thrive from their job. A couple of times each year, the alumni of employees who have previously attended the resilience training program over the years, meet for a full day conference in order to maintain resilience skills learned. Each conference has a specific focus, e.g. sleep, mindfulness, nature.

The vignette case is not unique. Whether we work within private corporations or public corporations, The Danish Center for Resilience can demonstrate the same positive results: Applying resilience training programs as a systematic approach to stress prevention and stress reduction in the organization, leads to a healthy working environment.

Summarizing: When used preventive, unique results can be achieved by a relatively small, evidence-based manualized intervention program in the workplace, in which people learn to apply skills that enhances resilience. The effects of having implemented training resilience skills in organizations impacts the level of absence, the employee's goodwill towards the organization, the ability to cooperate for the greater good, as well as skills that help each individual exercise self-care in order to prevent stress.

The worldwide outbreak of the coronavirus disease (COVID-19) only emphasizes the importance of skills that help us stay resilient in times of immense stressors inflicted by external factors. The biggest threat to our physical and psychological well-being is isolation, lack of social support and loneliness[15]. The COVID-19 crisis constitutes a perfect combination of these risk factors and increases our risk of perceived meaninglessness, lack of control, and the lack of boundaries between work and home becoming even more invisible.

References

1 European Agency for Safety and Health at Work (2019). Retrieved from http://Osha.europe.eu

2 Rutter, M. (2012) Resilience as a dynamic concept. Development and Psychopathology 24(2) 335-344

3 Russo, S.J., Murrough, J.W., Han, M.-H., Charney, D.S., & Nestler, E.J. (2012). Neurobiology of resilience. Nature Neuroscience, 15(11), 1475-84. 4

4 Werner, E., & Smith, R. (1982). Vulnerable but Invincible: A study of Resilient Children. New York: McGraw-Hill

5 Garmezy, N. (1983): Stressors of Childhood. In N. Garmezy & M. Rutter (Ed.), Stress, Coping and Development in Children. New York: McGraw-Hill

6 Luthar, S.S. (2006). Resilience in development: a synthesis of research across five decades. In D. Cicchetti & D.J. Cohen (Ed.). Developmental Psychopathology: Risk, Disorder, and Adaptation. New York: Wiley & Sons

7 Masten, A. (2014). Ordinary Magic – Resilience in Development. New York: Guilford Press

8 Thomsen, D.Y., Jonassen, R., Berntsen, D., Johannessen, K.B., Hoxer, C.R., Pedersen, C.H., Bach, P., & Bertelsen, M. (2010). Undersøgelse af psykiske efterreaktioner hos soldater udsendt til Afghanistan i perioden februar-august 2009. København: Forsvarsakademiets Forlag

9 Brunwasser, S., Gillham, J., & Kim, E. (2009). A Meta-Analytic Review of the Penn Resiliency Program's Effect on Depressive Symptoms. Journal of Consulting and Clinical Psychology, 77(6), 1042-1054.

10Hertz, E. (2017) Relationer og robusthed. In Robusthed i praksis – i arbejdslivet og privat. Af Malene Mygind og Frans Ørsted Andersen (red). København, Forlaget Mindspace.

11 Lutz, A., Brefczynski-Lewis, J., Johnstone, T., & Davidson, R.J. (2008). Regulation of the neural circuitry of emotion by compassion meditation: effects of meditative expertise. PloS One, 3(3).

12 Evans, C., Mellor-Clark, J., Margison, F., Barkham, M., Audin, K., Connell, J., &

McGrath, G. (2000). CORE: Clinical Outcomes in Routine Evaluation. Journal of Mental Health, 2000, 9 (3), 247-255.

13Hertz, E. (2015):
Mental Robusthedstræning I Livgarden– et interventionsstudie vedrørende kampsoldaters psykologiske velbefindende. Psyke & Logos, 2015 (36), 219-237

14 Hertz, E. (2017) Robust – lær at mestre modgang. København, Gyldendal Business.

15 Holt-Lundstadt, J., Robles, TF & Sbarra, DA (2017) Advancing Social Connection as a public Health Priority in the United States. American Psychologist, vol 72, No. 6, p 517-530

Contributor Biography

Eva Hertz

About the Author

Dr. Eva Hertz has an MSc in Psychology and earned her PhD from the Faculty of Health and Medical Sciences, University of Copenhagen. She is the founder of the Danish Center for Resilience (Center for Mental Robusthed) based in Copenhagen, where she works with the design and teaching of resilience training skills and meditation in private and governmental organizations e.g. hospitals and the army. She is a well-known Danish public speaker, author, and has for years been a lecturer at Aarhus University, Master of Positive Psychology.