# Teamwork Principals and Practices for Survivors of Torture

## *SOT Community of Practice Symposium*

**Thursday October 9, 2025, 12:00 PM -4:00 PM ET**

**Convened by The Harvard Program in Refugee Trauma and The Center for Victims of Torture-National Capacity Building Project; Supported by The Office of Refugee Resettlement**

Joe Bartholomew, 2007, “Perspectives, Three”

# COMMUNITY OF PRACTICE SYMPOSIUM

OCTOBER 9, 2025

12:00 PM – 4:00 PM

- The Office of Refugee Resettlement, HHS
- The Center for Victims of Torture
- The Harvard Program in Refugee Trauma

# COMMUNITY OF PRACTICE SYMPOSIUM

- A community of practice (CoP) is a group of persons who share a common interest and a desire to learn from and contribute to the community with their variety of experiences (Lave & Wenger 1991). These persons are intentionally committed to learning new skills, information, and knowledge within a model of dialogue and discussion.
- The CoP groups are a horizonal co-constructed learning experience created by group members who share a common interest. All member are valued, and their voices are heard.
- CoP groups have a shared empathic horizon that aims to achieve support among groups members who share new ideas, policies and plans in a professional environment.
- The ultimate aim is to foster greater goodness, beauty, and justice in the workplace, and the world.

# COMMUNITY OF PRACTICE SYMPOSIUM

For our purposes, the CoP groups will be focused on mutual learning through case-based discussions. Specifically, this model is based upon *co-constructed learning* - everyone has something to share; and everyone has something to teach.

The group process relies on the group members willingness to reflect and exchange ideas. This process has been demonstrated that new ideas and strategies emerge, as close relationships develop among participants.

# SYMPOSIUM SCHEDULE*

- 12:00 – 12:15  Introduction and Opening Remarks – Tim Kelly, Huy Pham and Dr. Richard F. Mollica
- 12:15 – 1:15 Lecture: Teamwork principles and practices. Speaker: Dr. Giuseppe Raviola
- 1:15 – 1:30 Q&A Moderated by Eugene F. Augusterfer
- 1:30 – 2:00 Break
- 2:00 – 3:00 Break-Out Rooms –  Teamwork Lessons Learned
- 3:00 – 3:50 Full Group Discussion – Small Group Report
- 3:50 – 4:00 Evaluation and Closing Remarks

*Times are listed in Eastern Time

# Teamwork principles and practices

October 9, 2025

## Reflections on
## 20 years in medicine, psychiatry and ‘global health’


**Giuseppe Raviola, MD MPH**

Director, Mental Health, Partners In Health

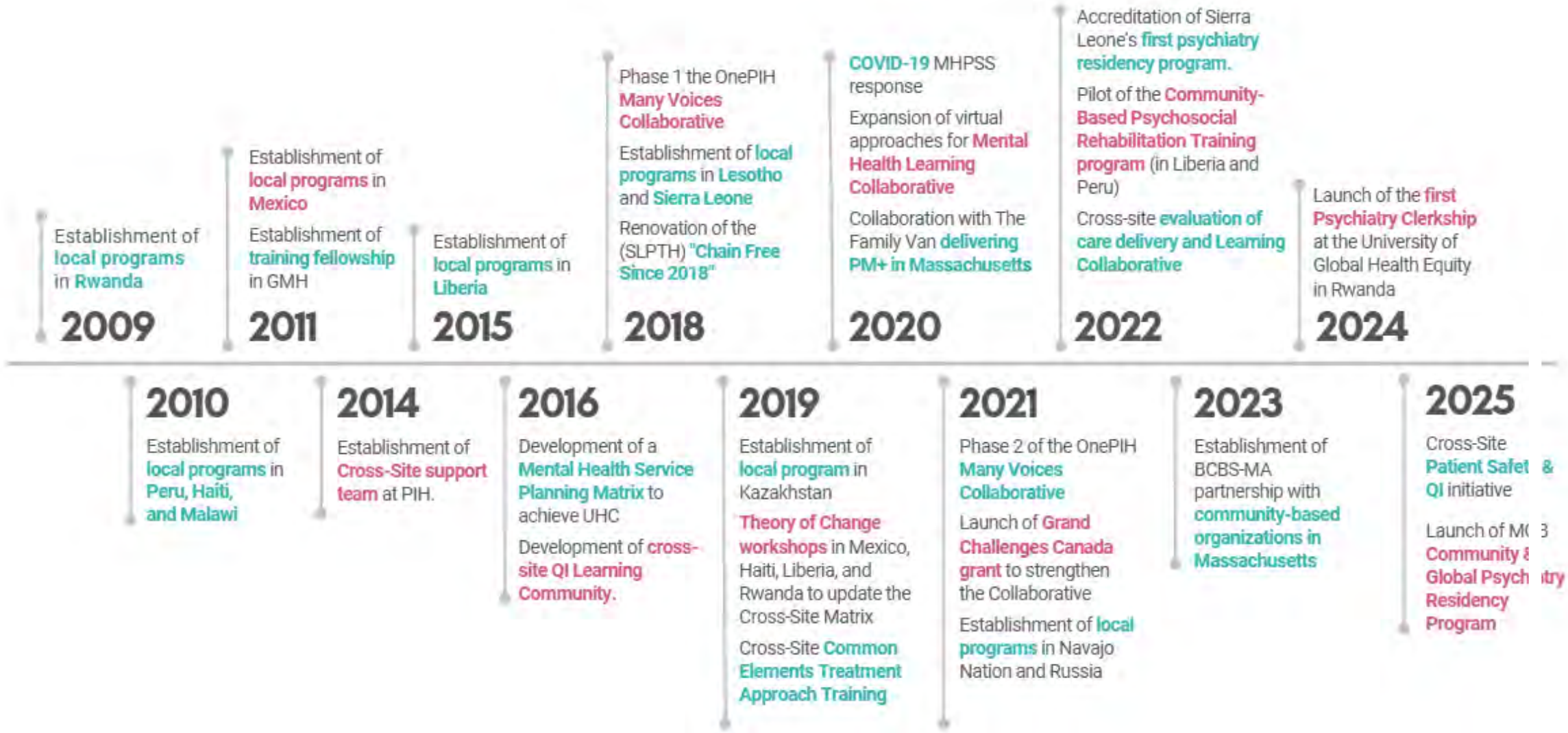
Director, Chester M. Pierce Division of Global Psychiatry, Massachusetts General Hospital

Associate Professor of Psychiatry, Global Health and Social Medicine, Harvard Medical School



WHERE WE WORK
Russia
Kazakhstan
United States
Navajo Nation
Haiti
Mexico
Sierra Leone
Liberia
Rwanda
Peru
Malawi
Lesotho
Partners
In Health

# History of Mental Health at PIH



# My initial assumptions today

- You are working with vulnerable people
- You are part of a team or teams
- You are under resource constraints
- You are working in challenged systems
- You are torn, at times, between your needs and the needs of the team

The key question: How do I as an individual empower a group to optimize its present and future potential?

A short answer: “Play the long game”, think about teams, and take good care of yourself and your team.

**Let’s have fun today!**

# Principles and practices of teamwork

- Know your **community** context, where you work
- Know your **organizationa**l context, where you work
- Know your organizational **values** and **competency(ies)** framework
- Know what the team(s) are in context; know your team
- Know your **role** in the team
- Know your **skills**, strengths and weaknesses, where you need to grow (**self awareness** and **humility**), and know those of your teammates
- Manage up, manage down (around the team)
- Consider a **framework for vision, mission and strategy implementation**
- Consider a **framework for management or quality improvement** if relevant
- **Nurture** your team (skills, stress management, professional development) and nurture yourself; be a **Mentor** to someone

# Example of a competency framework: Partners In Health

- A competency framework is a tool that helps an organization define the skills, knowledge, and behaviors employees need to demonstrate to succeed in their roles.

## The Competencies

Partners In Health's core competencies represent the key skills and behaviors to be demonstrated by all staff. While staff in all roles are expected to demonstrate the core competencies, the depth and nuance will naturally grow with each level of role responsibility. All core competencies are considered equal in importance.

- Accountability
- Achieving Results
- Adaptability
- Teamwork
- Leading & Supervising (*people managers only*)

Each competency is defined below and further illustrated by a list of indicators. The indicators are meant to support the definition and are not designed to be an exhaustive list.

# Teamwork in the PIH competency framework

## Teamwork

The ability to work well with others to achieve common goals.

- Actively listens and responds thoughtfully to the ideas, contributions, and concerns of others.
- Supports the suggestions and proposals of teammates and partners.
- Expresses disagreement with care, emphasizing common ground and offering constructive alternatives.
- Provides honest, respectful, and solution-focused feedback to team members.
- Demonstrates genuine care and empathy for colleagues, direct reports, stakeholders, and community partners.
- Carries their fair share of the workload.
- Shares expertise, resources, and support to help others succeed.
- Builds relationships that are rooted in authenticity, mutual respect, and recognition of diverse cultural knowledge and frameworks.
- Cultivates inclusive environments where all voices are welcomed, valued, and empowered to contribute.
- Welcomes feedback with openness and humility.

Stanford SOCIAL INNOVATION Review
*Informing and inspiring leaders of social change*



Leadership

# Nonprofit Leadership Lessons From Dr. Paul Farmer

On the hermeneutic of generosity, the iron cage of rationality, and accompaniment.



By Kim Samuel & Dan Palazuelos | Sep. 26, 2022

# Lessons from Dr. Paul Farmer (PIH co-founder)

- Practice the “hermeneutic of generosity”

  -*Give people the benefit of the doubt*, always assuming that the individuals with whom we interact—especially partners in the workplace—are fundamentally good and want others to be happy (in contrast to a “Hermeneutic of Suspicion,” the assumption that we’re all out to get each another”).

- “Beware the iron cage of rationality”

  -The “iron cage” is the trap of focusing too much on operational efficiency and formal planning at the expense of deep listening and consideration of real lived experience.

- Be wholeheartedly invested in outcomes

  -Do get emotionally invested. Do whatever it takes to work effectively in the service of the people you are accompanying. Build teams around this aim.

https://ssir.org/articles/entry/nonprofit_leadership_lessons_from_dr_paul_farmer

What is your own origin story as it relates to “Teams”?

# The OnePIH Cross-Site Mental Health Program

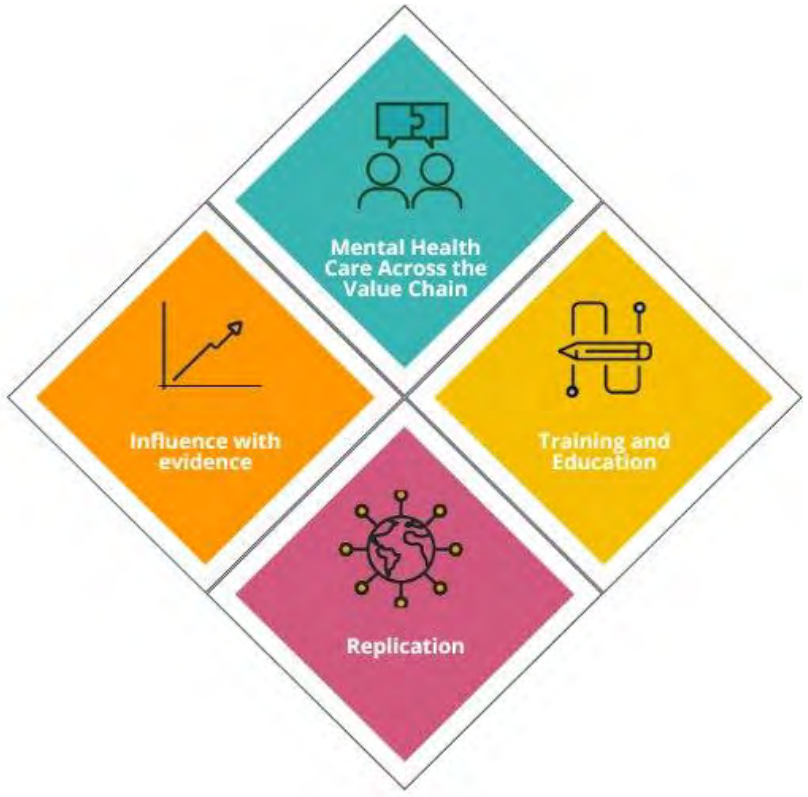
## The Basics:

- Has existed since 2009
- Involves all PIH sites
- Is trans-disciplinary, blending medical and psychological and social support informed by a social medicine perspective, for complex (diverse and co-morbid) conditions
- Represents the most established international health care delivery organization in the world in building mental health programs in low-resource settings across countries, for the long-term

## Fundamental focus on:

1. Quality clinical care and support (care itself as an innovation)
2. Accompaniment of site teams in program development and management, with cross-site collaborations to improve practices
3. Advancing global mental health equity and delivery through a comprehensive approach to addressing the care of people living with mental disorders

# OnePIH Mental Health Theory of Change




## Mental Health Care Across the Value Chain:

Assert quality of care, proximity and clinical excellence, setting a standard for accompaniment of patients and site-based teams across ALL PIH sites.

## Training and Education:

Build capacity of the next generation of mental health professionals through deepening partnerships with high quality clinical, education and research institutions.

## Replication:

Deepen partnerships with governments to scale mental health care delivery models.

## Influence with evidence:

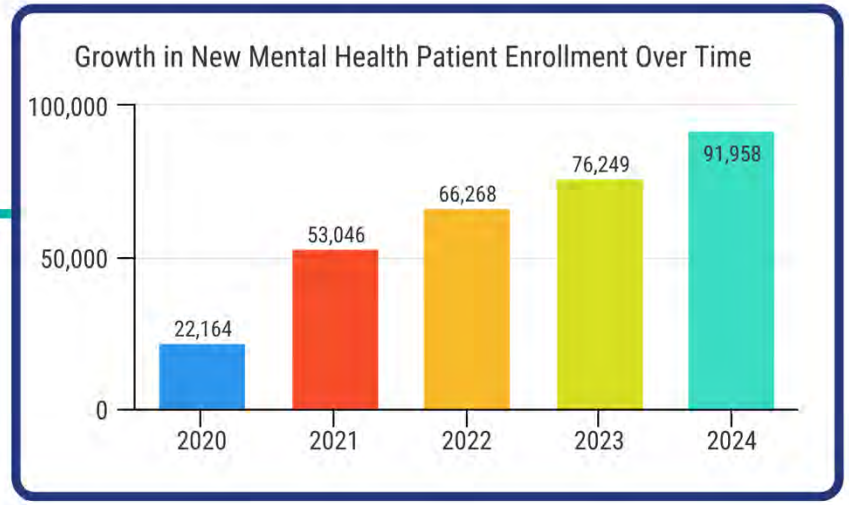
Continue to improve the value chain approach, measurement of impact, and knowledge sharing through the Cross-Site Mental Health Learning Collaborative, academic publication and advocacy.

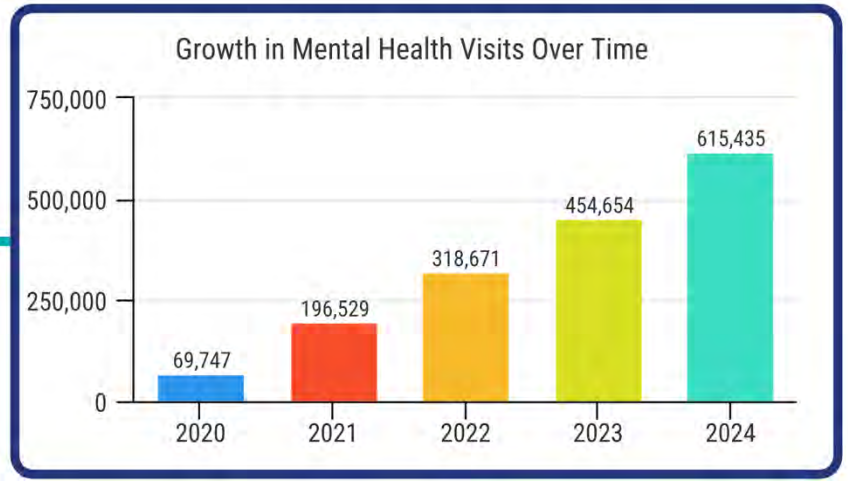

PIH Haiti Mental Health Team at Harvard for a
Research Capacity Building Workshop, 2013

# Expansion of Mental Health Services Across All Care Delivery Sites

Snapshot of the growth of Partners In Health's mental health program, delivering mental health care across 105 PIH supported facilities

Data from 2020 to 2024




**615,000+**

mental health visits across care delivery sites since 2020

**91,000+**

newly enrolled people living with mental health conditions since 2020

**40,000+**

average number of currently enrolled people living with mental health conditions during 2024

# The Family Van in Roxbury and Dorchester

**Community Outreach:**
Flyers, workshops & events

**On the van:**
Walk-in clients & regulars

**Word of Mouth**

HEALTHY ROADS
YOUR PATH TO WELLNESS

WHAT IS HEALTHY ROADS?
**Free**, personalized support to learn wellness skills based on your goals to help you manage stress and reach a happier, healthier you!

Learn and connect to other free community resources.

How does it work?
- 1 on 1 support guided by our trained community health workers
- Offered in English, Spanish, Portuguese and Haitian Creole
- In person or by phone

THE FAMILY VAN established BOSTON 1992

VISIT US
**NUBIAN SQUARE**
TUESDAY
9AM-12PM

**EAST BOSTON**
WEDNESDAY
9AM-12PM

**CODMAN SQUARE**
THURSDAY
9AM-12PM

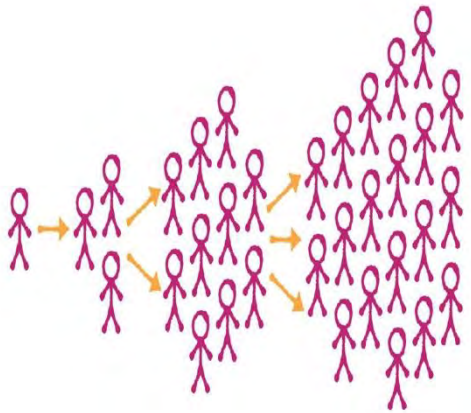
**UPHAMS CORNER**
FRIDAY
9AM-12PM

Want to participate?
All are welcome, adults 18 years or older

To learn more:
- Visit The Family Van
- Call 617-835-9770
- Email: family_van@hms.harvard.edu

**Our Mission**
The Family Van seeks to educate, counsel and assist community members in strengthening and nourishing their bodies, minds and communities.

For more information: call The Family Van 617-835-9770 or send us a message at family_van@hms.harvard.edu

MASSACHUSETTS FOUNDATION

THE FAMILY VAN established BOSTON 1992

Partners In Health


OnePIH Cross-Site Mental Health Program
Photo: Annie Kwalimba, Mental Health Lay-Counselor APZU, leads a support group for new mothers.
Google: “PIH Mental Health Storymaps”




"Tikitaka" soccer at Barcelona for 15 years

Coach:
Pep Guardiola

Players:
Many

# Lesson from all team sports: Individual

- Technical skills, ball mastery (competencies)
- Tactical awareness, game intelligence (contextual knowledge)
- Physical attributes Psychological and leadership qualities (teamwork, humility)

# Lesson from all team sports: Collective

- Trust (“psychological safety”)
- Vision and Mission (”compact” or “mission statement”)
- Strategy
- Resources

Through a shared sense of purpose, motivation is built to work for the group


PIH/HMS GHDP Cross Site Mental Health Meeting
September, 2016
Boston

A service delivery VALUE CHAIN informs a service delivery planning matrix used to plan and organize services with limited resources

Partners In Health

# PIH Mental Health Value Chain

| Crisis Response | Prevention | Case-Finding | Evaluation | Treatment | Follow-Up | Reintegration |
|---|---|---|---|---|---|---|
| | **Health Facility Level** | | | | | |
| • Use of international guidance<br>• Response coordination team<br>• Essential needs assessments<br>• Communication and problem solving<br>• Psychological First Aid (PFA)<br>• Basic management of neuropsychiatric disorders<br>• Use of essential psychopharm interventions<br>• Establishment of appropriate lines of referral | • Health system staff stigma reduction and education regarding mental health | • Screening<br>• Referral<br>• Case management | • Diagnosis/ formulation<br>• Enrollment<br>• Mental Status Exam<br>• Medical exam<br>• Laboratory/imaging<br>• Assignment to provider in task-shared system | • Psychoeducation<br>• Choosing treatment plan<br>• Medication management<br>• Psychotherapy<br>• Crisis management<br>• Inpatient hospitalization | • Monitoring of clinical improvement, functioning<br>• Medication adherence support, and monitoring of side effects<br>• Referral back to community with CHW support<br>• Case retention | Individual<br>• Social skills/work/ vocational training<br>• Self-care<br>Household:<br>• Safety<br>• Education/relapse prevention<br>• Caretaker support<br>• Social assistance<br>Community:<br>• Peer support<br>• Stigma Reduction/ community activation<br>• Referral<br>• Community leaders involvement<br>System:<br>• Stakeholder engagement with community, local authorities, leaders, government |
| | **Community Level** | | | | | |
| | • Poverty reduction activities<br>• Reinforce existing community support networks<br>• Community and family stigma reduction activities<br>• Education on mental health | • Screening<br>• Receiving referrals from community<br>• Case finding (passive and active) | • Crisis management<br>• Referral to health center by community health workers<br>• Enrollment in community activities | • Psychoeducation<br>• Basic psychological support (group, individual)<br>• Social interventions<br>• Psychosocial rehabilitation<br>• Stigma reduction activities | • Case management and care coordination<br>• Monitoring of clinical improvement and functioning<br>• Medication adherence support<br>• Basic psychological support (group, individual)<br>• Referral back to clinic | |

# Core frameworks: Mental Health Value Chain


The **Mental Health Value Chain** is embedded in the Mental Health Service Planning Matrix and outlines critical components needed to build and sustain high-value care across all healthcare system levels over time.

# A SERVICE DELIVERY PLANNING MATRIX TO ACHIEVE UNIVERSAL MENTAL HEALTH COVERAGE

# Mental Health Value Chain Workshop

## Agenda

**I. Introduction – 20 minutes**

- Learning Objectives
- Facilitators & Participants

**II. Setting the Stage – 40 minutes**

- A primer on coordinated and collaborative care models
- Roots of the Value Chain in Rwanda

**III. The Main Event – 50 minutes w/break**

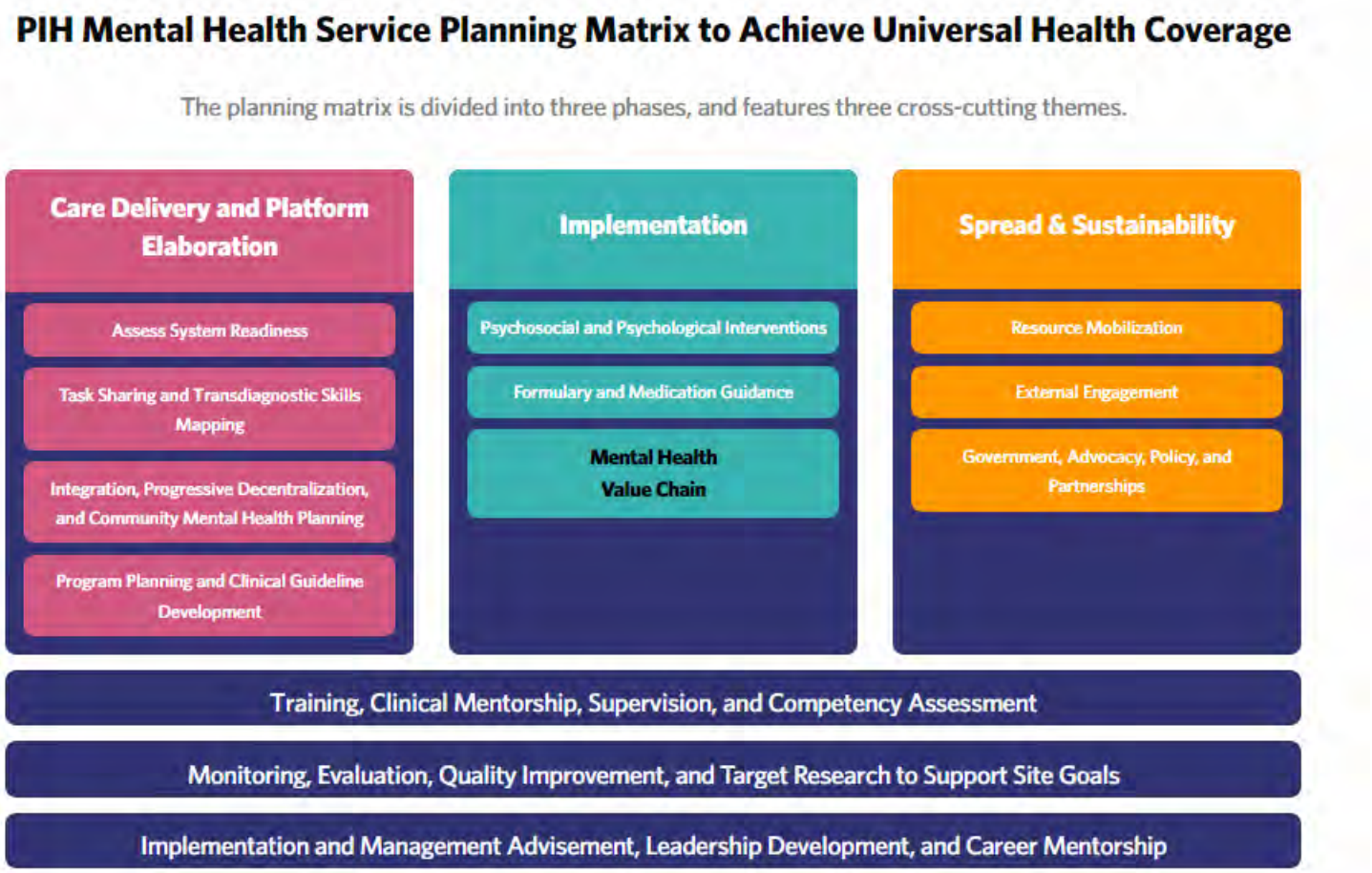
- Overview of the PIH Mental Health Planning Matrix and Value Chain
- Real-world examples & discussion

**IV. The Closing Act – 20 minutes**

- Conclusion and Next Steps

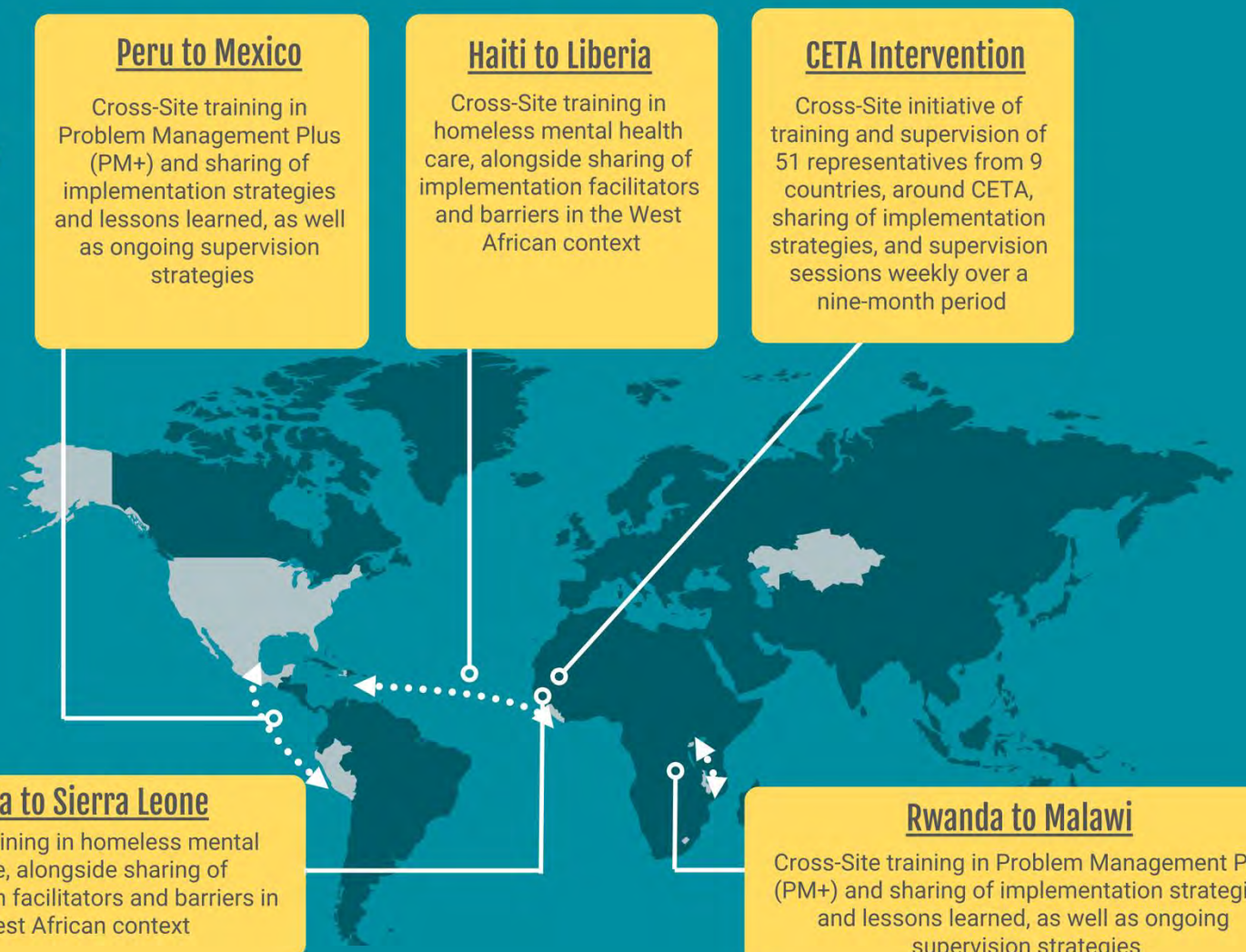
# Core frameworks: Mental Health Service Planning Matrix

The core pillars of the OnePIH Mental Health Program have evolved to a shared delivery model called the **PIH Mental Health Service Planning Matrix to Achieve Universal Health Coverage.**



# Impact: Learning Collaborative Implementation

There are currently over **200** people involved with the Collaborative. Between 2016 and 2019, there have been **48** Learning Collaborative calls with mental health practitioners and implementers sharing innovations and insights across teams and **40** specific innovations shared and implemented across teams. To leverage best practices, care delivery site teams also engaged in peer-to-peer capacity-building trainings and curriculum adaptation processes as illustrated in these examples.



## Peru to Mexico

Cross-Site training in Problem Management Plus (PM+) and sharing of implementation strategies and lessons learned, as well as ongoing supervision strategies

## Haiti to Liberia

Cross-Site training in homeless mental health care, alongside sharing of implementation facilitators and barriers in the West African context

## CETA Intervention

Cross-Site initiative of training and supervision of 51 representatives from 9 countries, around CETA, sharing of implementation strategies, and supervision sessions weekly over a nine-month period

## Liberia to Sierra Leone

Cross-Site training in homeless mental health care, alongside sharing of implementation facilitators and barriers in the West African context

## Rwanda to Malawi

Cross-Site training in Problem Management Plus (PM+) and sharing of implementation strategies and lessons learned, as well as ongoing supervision strategies

# Mental Health Learning Collaborative

The MHLC is a unique cross-national consultation model focused on focused on **both increasing the reach and quality of mental health care workers delivering evidenced-based and culturally adapted services** and **ensuring health systems preparedness** to support this work.


**200+**

People involved in the MHLC between 2016 and 2024

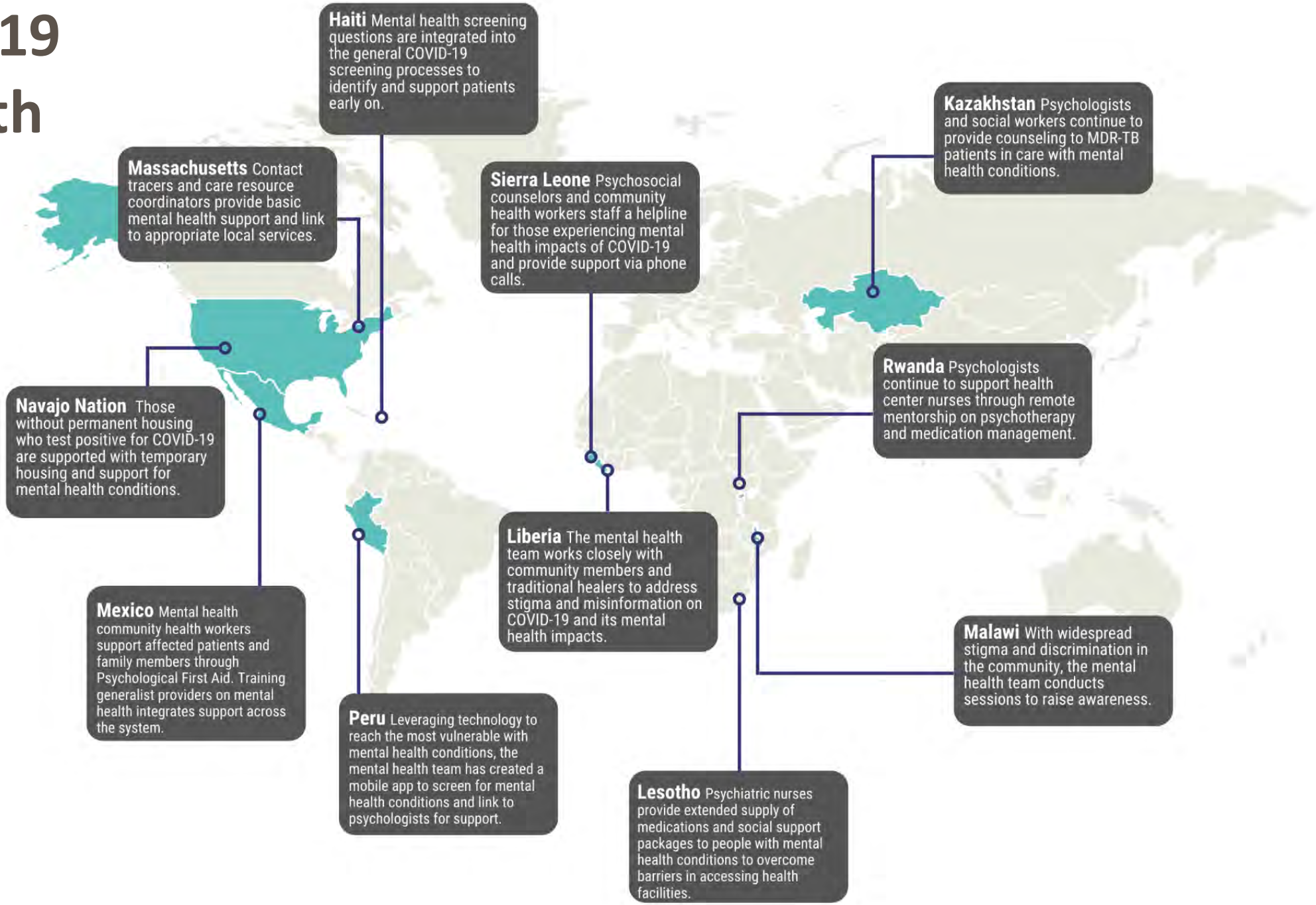
**116**

Mental Health Learning Collaborative Calls

**40+**

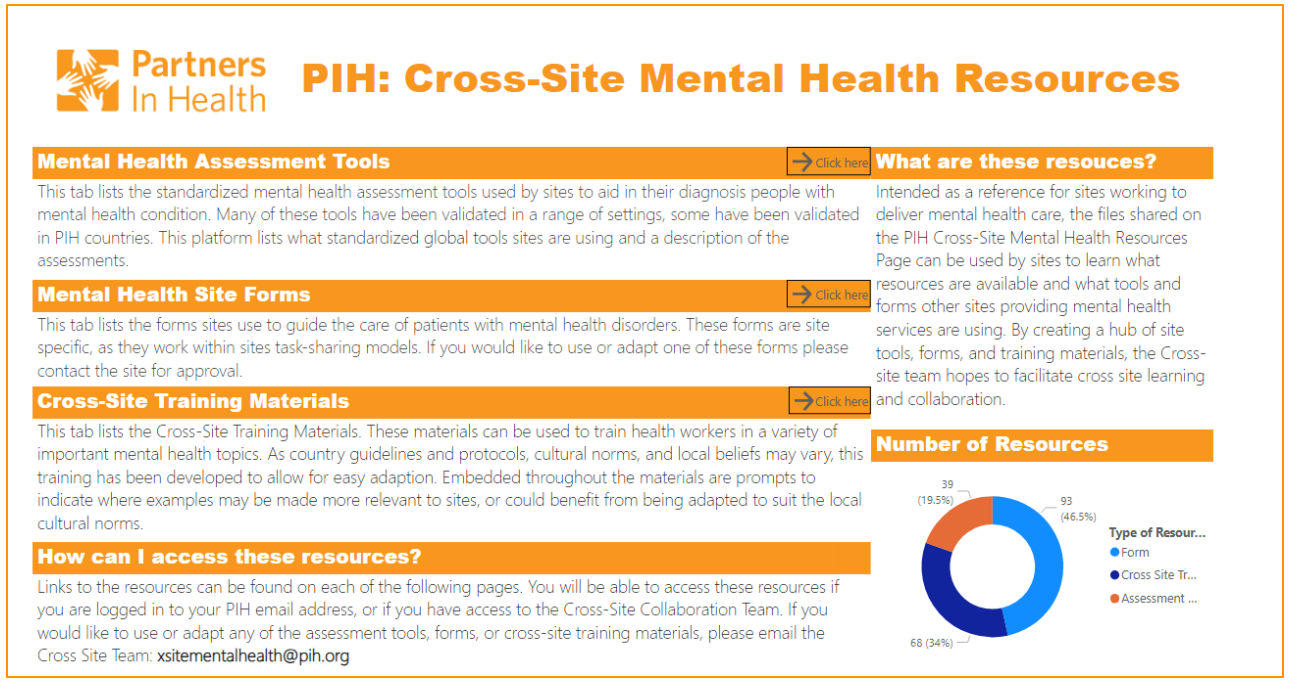
Innovations shared and implemented across teams.

# PIH's COVID-19 Mental Health and Psychosocial Response Globally



# MHLC Resources, Initiatives, & Opportunities to Join

**The MHLC meets biweekly to discuss topics that directly respond to the needs of care delivery sites** and are opportunities for colleagues to share learnings and exchange resources on mental health and psychosocial responses in their respective contexts. Any mental health practitioners and partners are welcome to join the MHLC community. To learn more, explore our Mental Health Resource Library and the additional links and resources below.

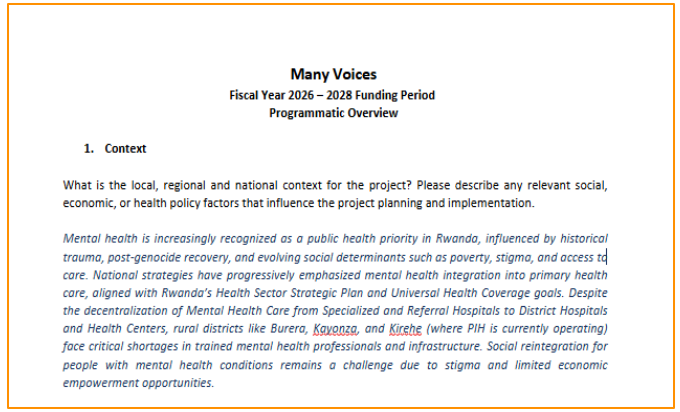



## Examples of MHLC collaborations:

- PSR curriculum adaptation
- Psychotherapy adaptation
- Homeless support program
- Training & education initiatives
- EMR development
- Emergency response
- Substance use working group
- QI learning series
- Clinical case conferences

# Cross-Site Processes: Project Management

## FY26 Programmatic Overviews



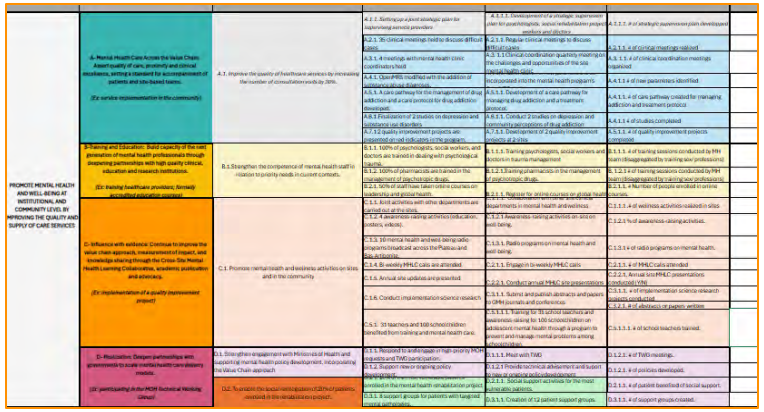
**Many Voices**
**Fiscal Year 2026 – 2028 Funding Period**
**Programmatic Overview**

1. **Context**

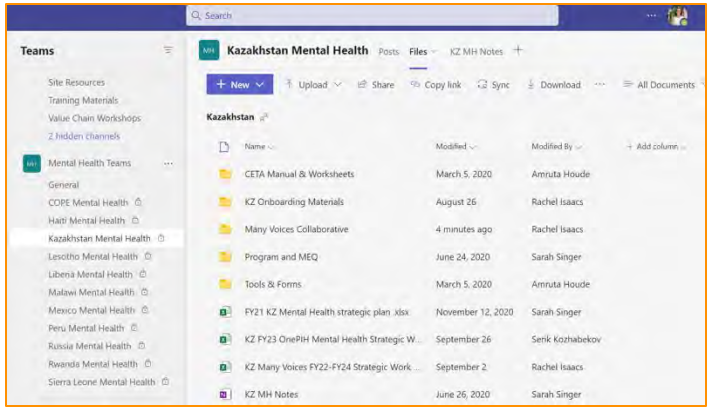
What is the local, regional and national context for the project? Please describe any relevant social, economic, or health policy factors that influence the project planning and implementation.

*Mental health is increasingly recognized as a public health priority in Rwanda, influenced by historical trauma, post-genocide recovery, and evolving social determinants such as poverty, stigma, and access to care. National strategies have progressively emphasized mental health integration into primary health care, aligned with Rwanda's Health Sector Strategic Plan and Universal Health Coverage goals. Despite the decentralization of Mental Health Care from Specialized and Referral Hospitals to District Hospitals and Health Centers, rural districts like Burera, Kayonza, and Kirehe (where PIH is currently operating) face critical shortages in trained mental health professionals and infrastructure. Social reintegration for people with mental health conditions remains a challenge due to stigma and limited economic empowerment opportunities.*

## FY25-27 Strategic Workplans



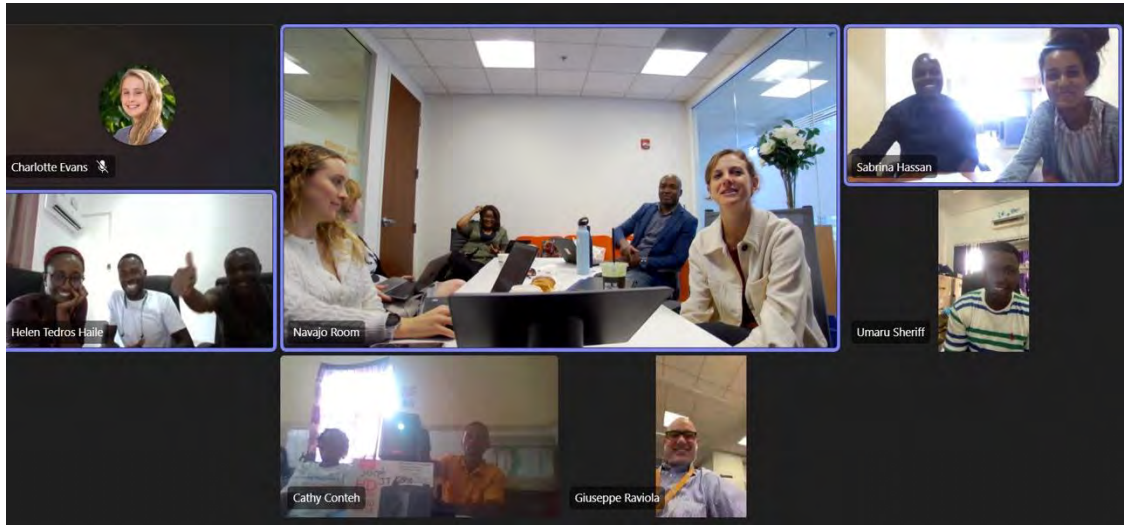
## Microsoft Teams Organization




## WhatsApp Community

# Cross-site Processes: Calls

## Care Delivery Site/ Cross-Site Mental Health team Call



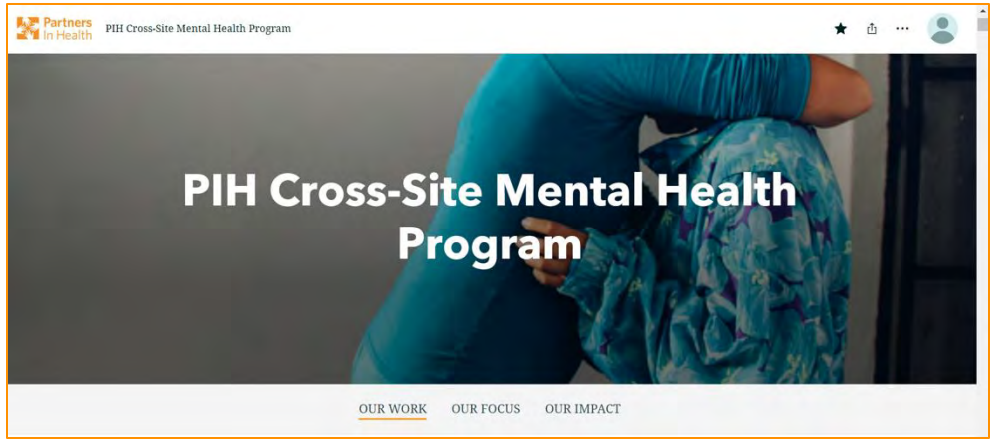

*Bi-weekly calls between sites and cross-site MH team to discuss programmatic work, M&E, training and curriculum development, discrete projects, and relevant updates*

## Mental Health Learning Collaborative (MHLC)


- *Participation in bi-weekly MHLC Calls*
- *Annual site presentations*

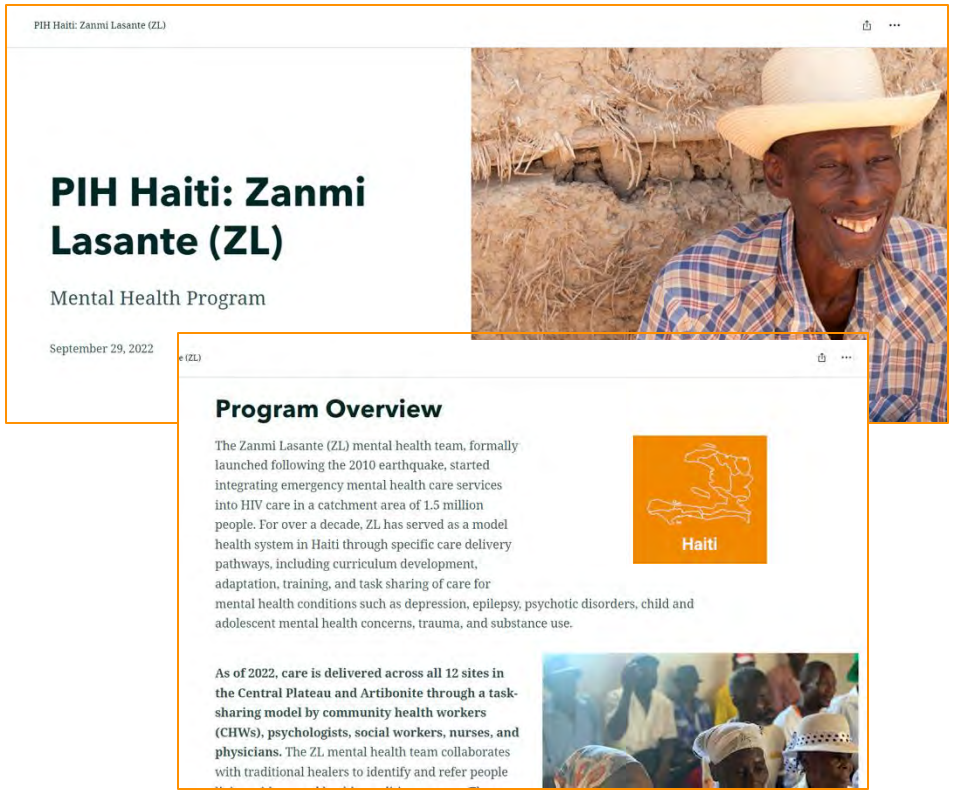
# FY26 Annual report

## Program Overview




[Annual Report on Storymaps]

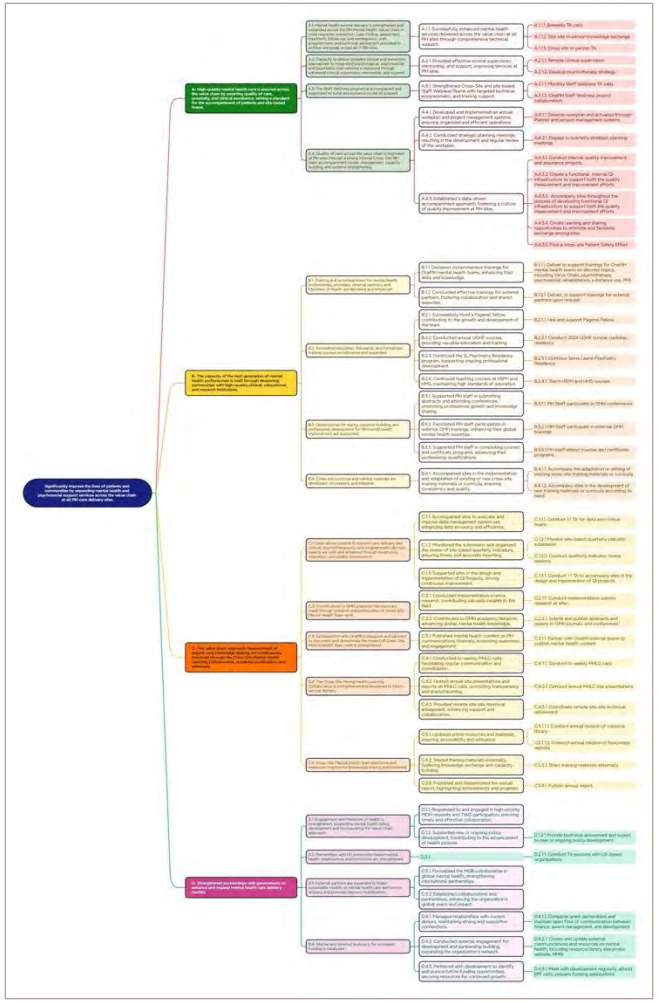
## Care Delivery Site Profiles



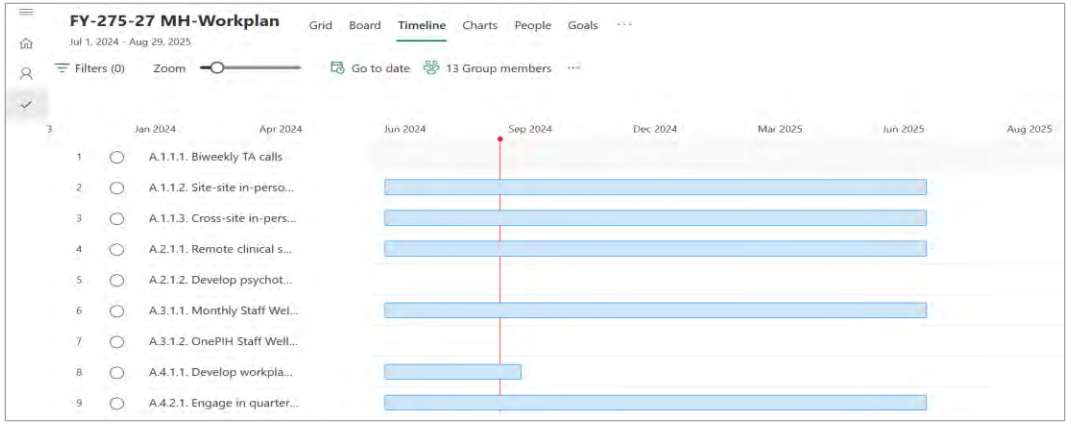
# Cross-Site Processes: Monitoring & Evaluation

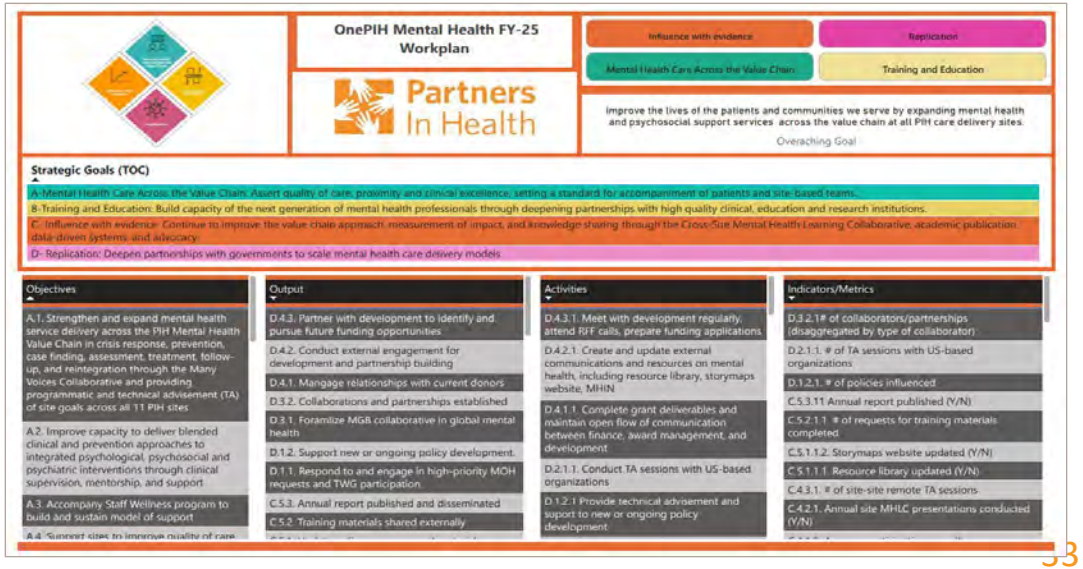
## Theory of Change


## Logical Framework



## Monitoring Platforms



# KPIs

- KPIs are organized by the Value Chain components and a few additional categories


  - Training & Supervision
  - Integration
- This set of indicators will be reported on by all sites (unless not applicable) and each site has their own set of indicators which are not reported in DHIS2

# Principles and practices of teamwork

- Know your **community** context, where you work
- Know your **organizationa**l context, where you work
- Know your organizational **values** and **competency(ies)** framework
- Know what the team(s) are in context; know your team
- Know your **role** in the team
- Know your **skills**, strengths and weaknesses, where you need to grow (**self awareness** and **humility**), and know those of your teammates
- Manage up, manage down (around the team)
- Consider a **framework for vision, mission and strategy implementation**
- Consider a **framework for management or quality improvement** if relevant
- **Nurture** your team (skills, stress management, professional development) and nurture yourself; be a **Mentor** to someone

BLUE BRIDGE
CAREER COACHING

# Resilient Leadership

## An Evidence-Based Framework for Leading with Resilience in Times of Change

www.bluebridgecoaching.com

# Why Resilience **Matters**

**Public health work =**
demanding, under-resourced, politically charged

**Chronic stress →**
burnout + impaired system performance

**Resilience**
…as process or capacity that can be enhanced or taught." (Park et al., 2021)

# **Three Core** Components of Resilience

(Park et al., 2021)

**Presence of adversity**

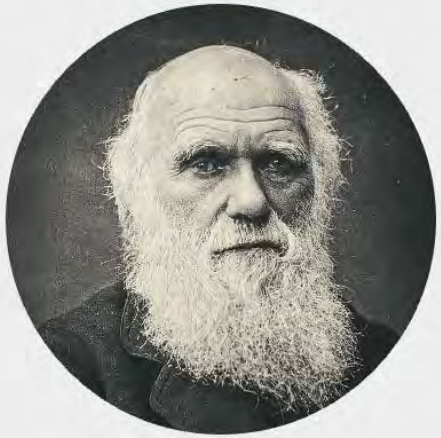
**Protective factors that overcome this adversity**

**A subsequently more positive outcome, or growth**

Blue Bridge
Career Coaching

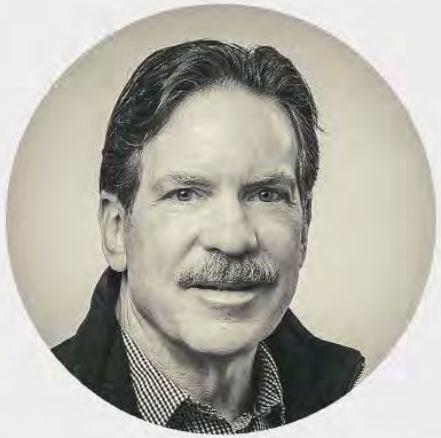
# Survival vs. Thriving

(Darwin → Mallak → Werner)



**Darwin:**

"Survival of the fittest"
(most adaptatable)



**Mallak (1998):**

Resilience = responsiveness, adaptation, improvisation

**Werner (1992):**

Resilience = thriving
(not just surviving)

# Individual Resilience:
# Foundations

**Defined: capacity to buffer & recover from stress, and even to thrive!**

## Domains:

- Physiological
- Biological
- Spiritual/meaning
- Behavioral
- Psychological/Emotional
- Cognitive
- Social/relational
- Environmental/contextual

## **Stress Science** (McEwen, 1998):

- Short-term stress = adaptive.
- Chronic stress → allostatic load
  (immune suppression, slowed recovery).

BLUE BRIDGE

# Organizational
# Resilience
(Werner, 1995; Mallak, 1998)

**Individual resilience forms the foundation for organizational resilience**

**Principles of resilient organizations**

- Constructive perception of experiences.
- Adaptive behaviors → change = opportunity.
- Access to external resources.
- Expanded decision-making & empowerment.
- Bricolage: solutions from available tools.
- Tolerance for uncertainty.
- Role coverage: teams back each other up.

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# Self-Efficacy

(Bandura, 1997; Hellriegel, 1998)

**Belief in one's ability to act effectively under stress.**

## High self-efficacy employees:

- Possess needed skills
- Sustain effort
- Persist despite obstacles

# Behavior vs. Thought

## Thoughts

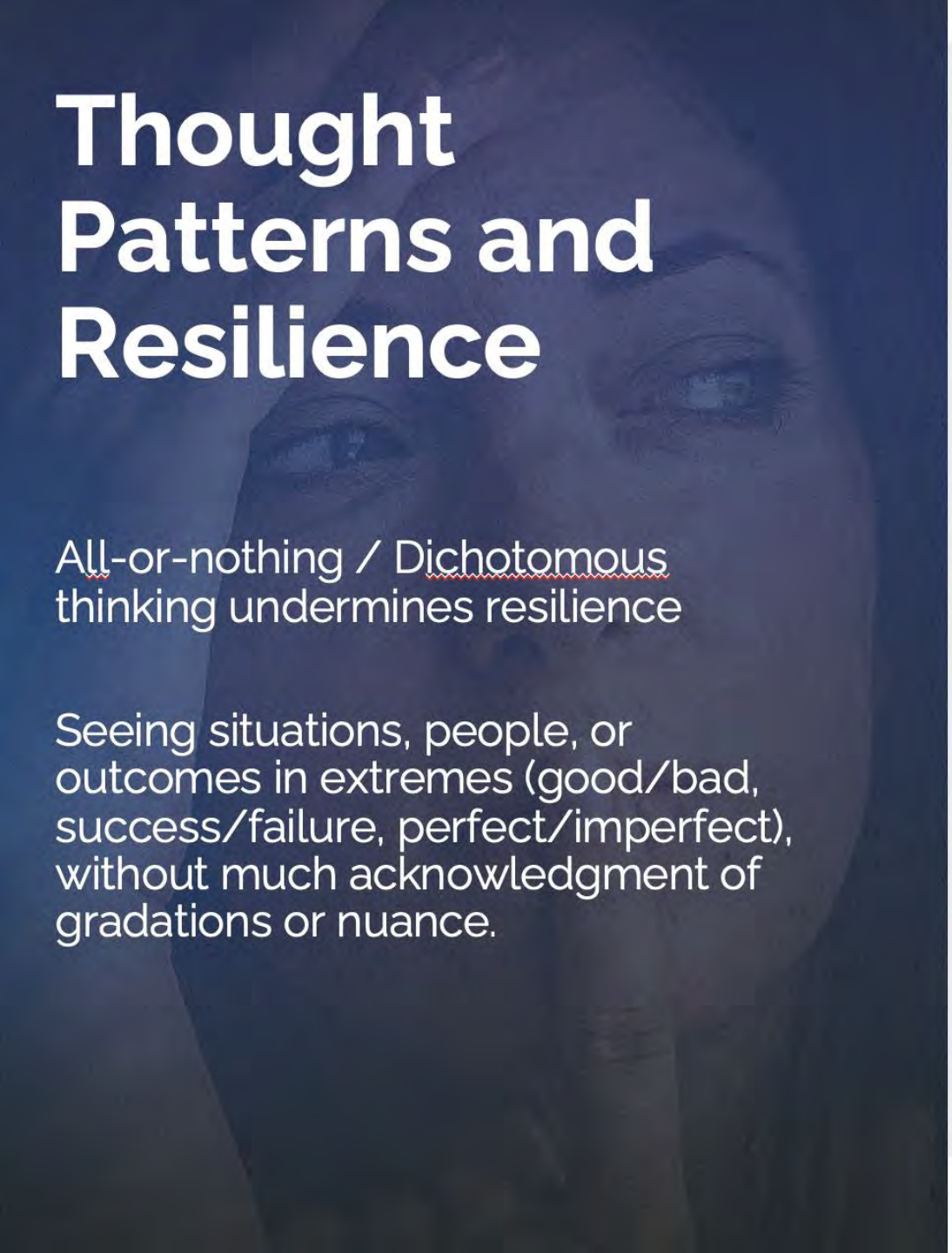
- Our inner narratives shape how we interpret stress, setbacks, and uncertainty.
- Unhelpful thought patterns (e.g., catastrophizing, self-blame) can erode resilience.
- Reframing thoughts ("What can I learn from this?" vs. "This always happens to me") builds psychological flexibility.

## Behaviors

- Actions often matter more than thoughts: what you do can shift how you think.
- Small resilience-building behaviors: exercising, seeking support, practicing problem-solving.
- Acting despite unhelpful thoughts strengthens confidence and adaptability

## The Connection

- Behavior and thought influence each other: changing one can shift the other.
- Resilient people use both: train the mind through thought patterns and reinforce resilience through consistent actions. (Taherkhani, 2023)



# Thought Patterns and Resilience

All-or-nothing / Dichotomous thinking undermines resilience

Seeing situations, people, or outcomes in extremes (good/bad, success/failure, perfect/imperfect), without much acknowledgment of gradations or nuance.

- Increases emotional reactivity: small setbacks can feel catastrophic.
- Reduces flexibility: less able to adapt when things don't match the extremes.
- Can fuel negative loops: "if I failed here, I must be a failure."
- Correlates with worse mental health in trauma or stress contexts.
- Develop cognitive flexibility: look for "gray areas."
- Use reframing: examine evidence for and against extreme thoughts.
- Mindfulness and noticing rigid thinking.
- Practice balanced language ("sometimes," "often," etc.).
- Self-Blame / Blame Assigning responsibility for negative events to oneself or blaming others/external factors
- Excessive self-blame can lead to rumination, shame, hopelessness.
- Makes recovery harder: low perceived control, reduced self-efficacy.
- Can interact with other distressing thoughts (like black-white thinking): "Because I messed up now, I will always fail."
- Studies show self-blame is a predictor of psychological distress, lower resilience.

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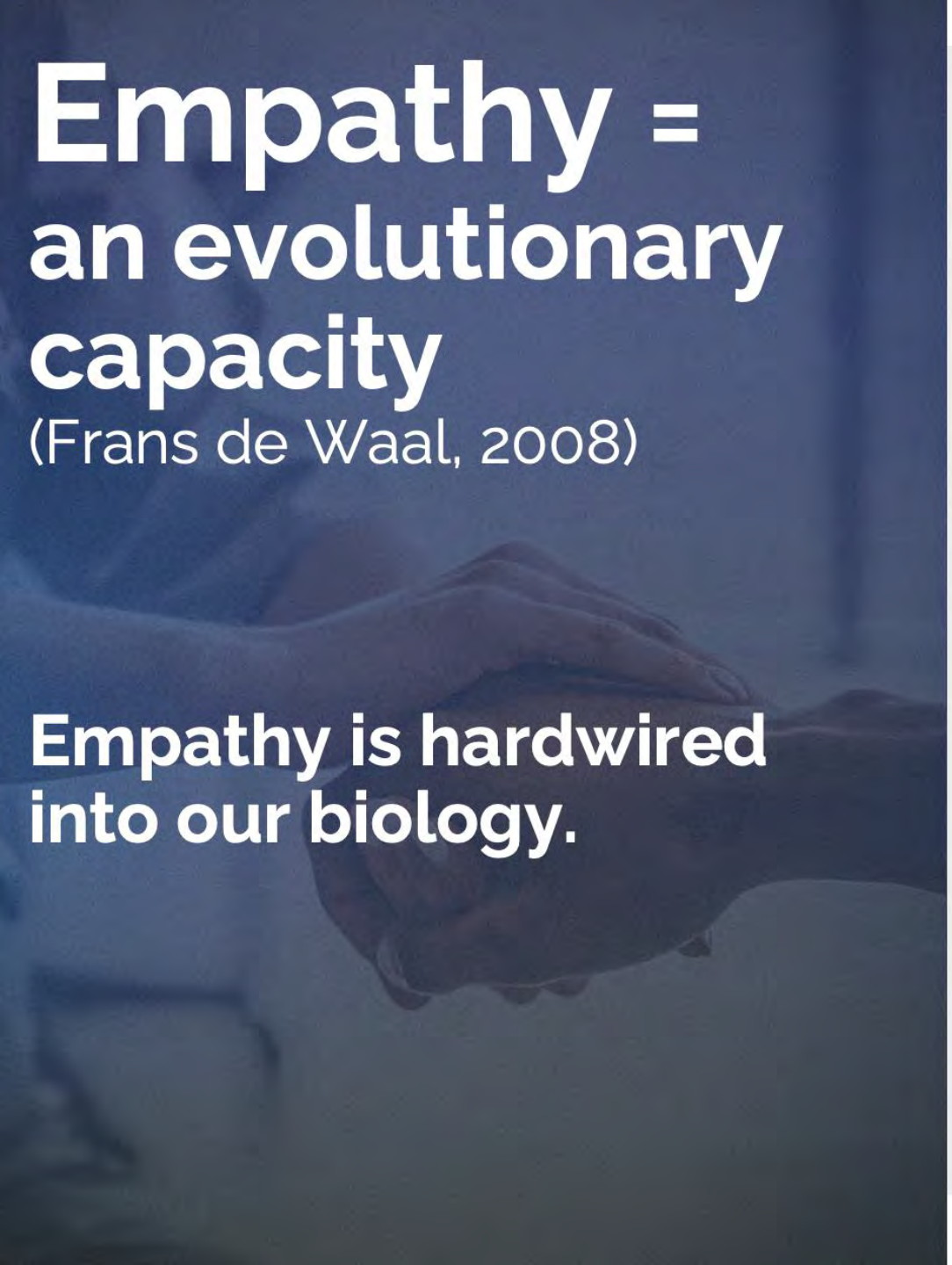

# Empathy = an evolutionary capacity

(Frans de Waal, 2008)

**Empathy is hardwired into our biology.**

## Three levels:

- Emotional contagion.
- Sympathetic concern
- Perspective-taking

**Regulates interactions, sustains cooperation, builds trust**

**Essential for leadership resilience**

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# Generosity & Kindness → Resilience

**Generosity activates reward circuits**
↑ happiness
*(Park et al., 2017)*

**Acts of kindness**
↑ well-being (small–moderate effects)
*(Nguyen et al., 2025)*

**Kindness intervention**
↓ depression, ↑ positive affect
*(Palacios-Delgado et al., 2025)*

**Compassion-based practices**
↓ stress
*(Perkins et al., 2022)*

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**generosity & kindness strengthen both psychological and biological resilience**

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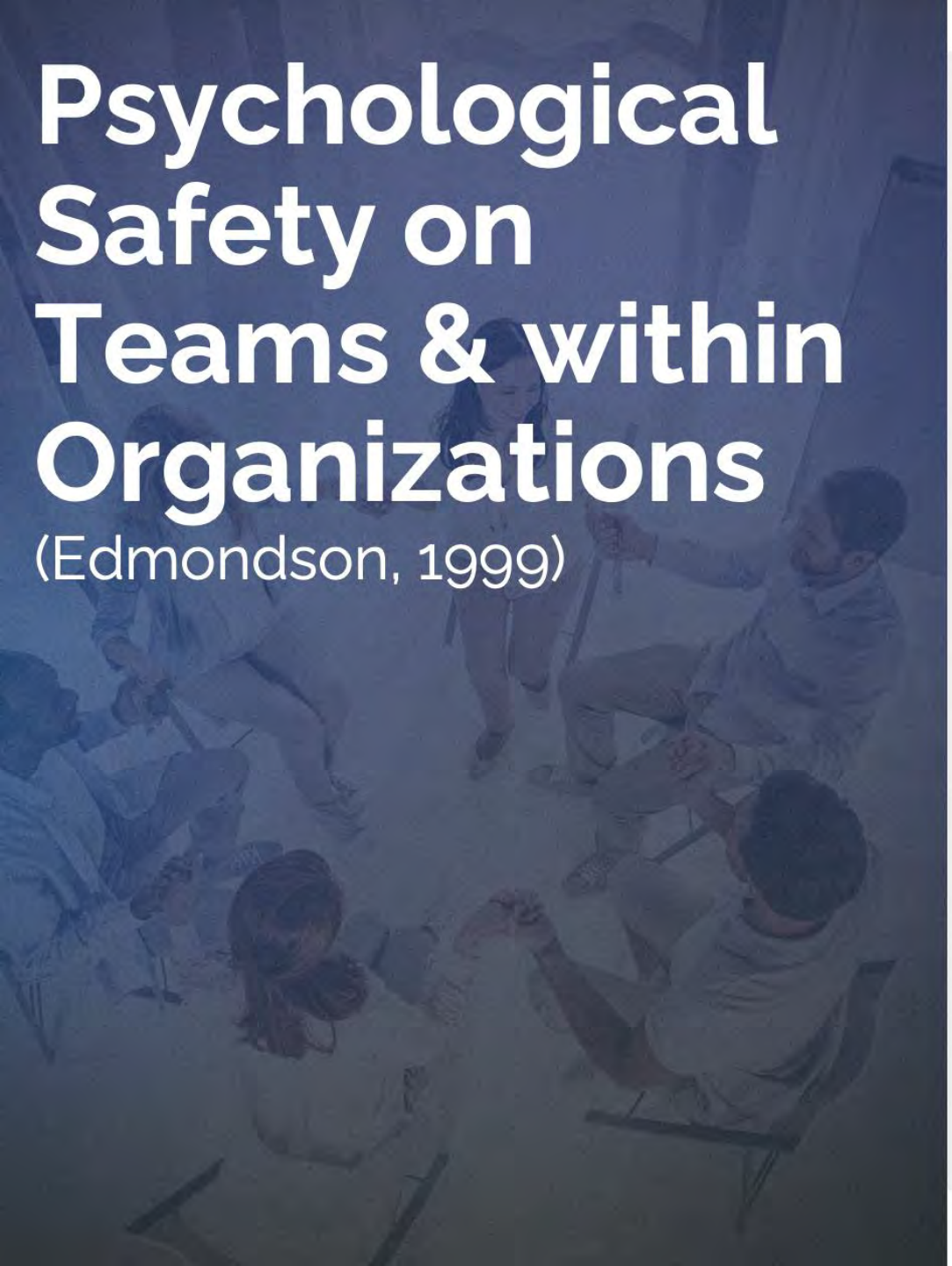

# Psychological Safety on Teams & within Organizations

(Edmondson, 1999)

## Psychological safety is the soil for organizational resilience

**Constructive perception:**
Safety makes it possible to learn from setbacks

**Adaptive behavior:**
Change feels like opportunity, not threat

**Empowerment & decision-making:**
People contribute without fear

**Innovation:**
Safety frees creativity and problem-solving

**Trust & support:**
Teams back each other up, even in uncertainty

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# Collective Efficacy

(Earls et. al., 1997)

**Shared belief in a group's ability to achieve desired outcomes by working together.**

## High collective-efficacy groups:

- Mutual trust among members
- Willingness to intervene for the common good

# Transformational Resilience

(Doppelt, 2016)

**Adversity as catalyst for growth, innovation, new meaning.**

**Two core elements:**

**Presencing**

grounding, awareness, compassion

**Purposing**

meaning-making, values alignment.

**Leadership = courage to face uncertainty & hard truths.**

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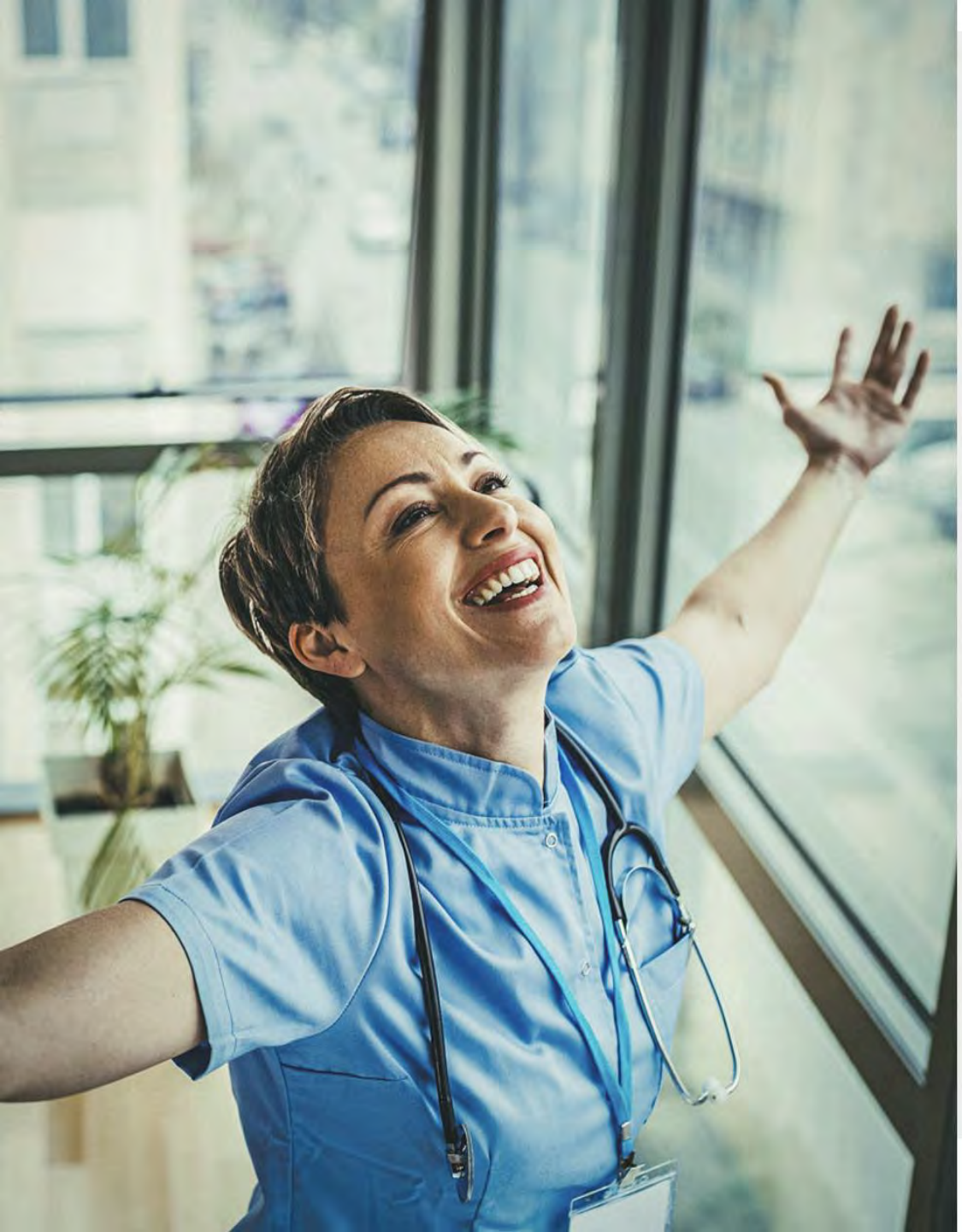

Tools:

# Calm & Clarity

**SMART Skills** (Fricchione):
self-awareness, mindfulness, optimism, flexible problem-solving.

**Relaxation Response** (Benson):
breathing, relaxation, meditation

**Evidence:**
reduces cortisol, BP, improves immune function; reduction of allostatic load

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Tools:

# Curiosity & Courage

**Cognitive reframing** (Lazarus & Folkman, 1984):
challenges → feedback/opportunities.

**Curiosity** (Kashdan, 2009):
opens perspectives, lowers defensiveness, fosters adaptability.

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# Tools:
# Compassion

**Psychological First Aid** (PFA):
**"Look, Listen, Link.".** Empathic listening and developing a language of support.

**Foundational Helping Skills** :
**"Engage, Understand, Support".** Communication, empathy, collaboration, promoting hope

**Builds individual & collective resilience**

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# Tiny Habits

(Fogg, 2020)

**Start small**
anchor to an existing routine

**Make it easy**
do one push-up

**Celebrate wins**
emotions wire habits

**Small steps**
big change over time

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# Closing:

## The Continuum of Resilience

**Individual → Organizational → Transformational**

**Growth is the opportunity**

**Starts with micro-practices → expands to culture**

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# Reference


- **Darwin, C. (1859)**
  *On the origin of species.* John Murray
- **Mallak, L. A. (1998)**
  *Putting organizational resilience to work.* Industrial Management
- **Werner, E. E. (1992)**
  *The children of Kauai: Resiliency and recovery in adolescence and adulthood.* Journal of Adolescent Health
- **Werner, E. E. (1995)**
  *Resilience in development.* Current Directions in Psychological Science
- **McEwen, B. S. (1998)**
  *Protective and damaging effects of stress mediators.* The New England Journal of Medicine
- **Bandura, A. (1997)**
  *Self-efficacy: The exercise of control.* W.H. Freeman
- **Hellriegel, D. (1998)**
  *Management.* South-Western College Publishing
- **de Waal, F. (2009)**
  *The age of empathy: Nature's lessons for a kinder society.* Harmony Books
- **Park, S. Q., et al. (2017)**
  *A neural link between generosity and happiness.* Nature Communications
- **Nguyen, T., et al. (2025)**
  *Meta-analysis of kindness interventions on well-being.* [Manuscript in press]
- **Palacios-Delgado, C., et al. (2025)**
  *Kindness interventions and mental health outcomes.* [Manuscript in press]
- **Perkins, S. C., et al. (2022)**
  *Compassion-based practices and stress reduction in youth: A systematic review.* Frontiers in Psychology
- **Edmondson, A. (1999)**
  *Psychological safety and learning behavior in work teams.* Administrative Science Quarterly
- **Earls, F. J., et al. (1997)**
  *Neighborhoods and violent crime: A multilevel study of collective efficacy.* Science
- **Doppelt, B. (2016)**
  *Transformational resilience.* Greenleaf Publishing
- **Benson, H. (1975)**
  *The relaxation response.* William Morrow
- **Lazarus, R. S., & Folkman, S. (1984)**
  *Stress, appraisal, and coping.* Springer
- **Kashdan, T. B. (2009)**
  *Curiosity: Discover the missing ingredient to a fulfilling life.* William Morrow
- **Fogg, B. J. (2020)**
  *Tiny habits: The small changes that change everything.* Houghton Mifflin Harcourt

# Principles and practices of teamwork

- Know your **community** context, where you work
- Know your **organizationa**l context, where you work
- Know your organizational **values** and **competency(ies)** framework
- Know what the team(s) are in context; know your team
- Know your **role** in the team
- Know your **skills**, strengths and weaknesses, where you need to grow (**self awareness** and **humility**), and know those of your teammates
- Manage up, manage down (around the team)
- Consider a **framework for vision, mission and strategy implementation**
- Consider a **framework for management or quality improvement** if relevant
- **Nurture** your team (skills, stress management, professional development) and nurture yourself; be a **Mentor** to someone

# THANK YOU!