



KEVLAR FOR THE MIND:

Creating Psychological Body Armor for
Law Enforcement Personnel

Participant Exercises

1	I have the knowledge and skills and experience to deal with almost anything that happens to me.	1	2	3	4	5
2	I know what's important to me.	1	2	3	4	5
3	I approach new situations with an open mind.	1	2	3	4	5
4	When faced with new challenges, I am able to take control of the situation.	1	2	3	4	5
5	When I have a problem, I take time to define the problem before deciding what to do.	1	2	3	4	5
6	I have the capacity to laugh at myself.	1	2	3	4	5
7	I have a diverse network of good friends.	1	2	3	4	5
8	I view change as an opportunity.	1	2	3	4	5
9	I am able to think positively about myself when faced with challenges.	1	2	3	4	5
10	When I look back I can see some clear patterns in my life about the types of choices I have made.	1	2	3	4	5
11	I am able to adjust to changes.	1	2	3	4	5
12	I start each day by working out what needs to be achieved during the day, and I end the day by reviewing what has been achieved, and what needs to be achieved on the next day.	1	2	3	4	5
13	I perceive the problems and challenges of everyday life as challenges I can solve.	1	2	3	4	5
14	I can empathize easily with others' frustrations, joys, misfortunes and successes.	1	2	3	4	5
15	I find it easy to form lasting relationships and friendships.	1	2	3	4	5
16	When an unwelcome change involves me I can usually find a way to make the change benefit myself.	1	2	3	4	5
17	When I face difficult challenges I can maintain confidence in my own ability to overcome the adversity.	1	2	3	4	5
18	I know what I want to achieve at work and in life.	1	2	3	4	5
19	I can easily find ways of satisfying my own and other peoples' needs during times of change and conflict.	1	2	3	4	5
20	I keep a 'to do' list and use it every day.	1	2	3	4	5
21	I try to find the cause of a problem before trying to solve it.	1	2	3	4	5
22	During stressful and challenging times I can maintain effective relationships with those involved.	1	2	3	4	5
23	I share the frustrations in life, as well as the successes, with my friends.	1	2	3	4	5
24	I am able to focus my energy on how to make the best of any situation.	1	2	3	4	5
25	When I face challenges I look to myself to find ways of rising to the challenge.	1	2	3	4	5
26	I know what I need to do to achieve my ideas for personal and professional achievements.	1	2	3	4	5
27	I am able to accommodate other people's needs while focusing on achieving my own goals and ambitions	1	2	3	4	5
28	When I am uncertain about what to do I seek advice and write down the choices and my thought about them.	1	2	3	4	5
29	When I solve problems I try to identify links between the problems and other issues that may be around	1	2	3	4	5
30	I value the diverse experiences, skills and knowledge that others have in their interactions with me.	1	2	3	4	5
31	I regularly participate with friends and family in social activities where I can relax.	1	2	3	4	5
32	I believe my own decisions and actions during periods of change and challenge will determine how I am affected by the change.	1	2	3	4	5

Read the statements above, and using the scale 'strongly disagree to strongly agree (1-5) indicate how the statement applies to your most honest perception of yourself.

Resiliency Quotient Self-Test

SCORING INSTRUCTIONS:

Transfer the scores you gave to each item on the Test in the appropriate box below (note the scores are posted vertically in the chart).

Then add the numbers in each row for each Test dimension and enter in the column on the right.

To determine overall Resiliency score, add the numbers for all eight dimensions and enter the TOTAL.

Self-Assurance	1)	9)	17)	25)	
Personal Vision	2)	10)	18)	26)	
Adaptable	3)	11)	19)	27)	
Organized	4)	12)	20)	28)	
Problem Solver	5)	13)	21)	29)	
Interpersonal Skills	6)	14)	22)	30)	
Social Support	7)	15)	23)	31)	
Active & Involved	8)	16)	24)	32)	

TOTAL RESILIENCY SCORE

The maximum overall RQ score is 160. The lowest possible overall RQ score is 32. For individual RQ dimensions, the maximum possible score is 20; the lowest possible is 4.

141 to 160 Very Resilient: You are consistently able to deal effectively with and even thrive on change. You bounce back from adversity. You have effective mechanisms in place to give you direction, structure, support and self-confidence.

116 to 140 Resilient: Most of the time you remain able to deal with change and stress demands in a positive manner. You have a number of mechanisms in place to help you cope in times of adversity. You could strengthen your RQ even further by developing your skills and habits in your lower scoring RQ dimensions.

61 to 115 Somewhat Resilient: Change has a tendency to know you off your best performance. You have some difficulty regaining your equilibrium. While you have some stabilizing mechanisms in place, you would benefit from developing healthy habits in your lower scoring areas.

32 to 60 Not Very Resilient: Change and adversity create major challenges for you. While there are times you react with stability and focus, you need to develop and enrich a broader range of resilience capacities.

What's Your Score?

Although stress can be protective, too much stress over a prolonged period of time can have negative effects on our emotions and health. In the now famous American study (1967), Holmes and Rahe developed a do-it-yourself stress test called the "Social Readjustment Rating Scale." To find your stress level, circle every experience you have had in the last 12 months and total the points associated with each event. If you have experienced any event more than once multiply the point value by the number of times you've experienced the event in 12 months.

100	Death of spouse/partner/child
73	Divorce
65	Relationship separation
63	Jail term or Internal Affairs Investigation
63	Death of close family member
53	Major personal injury or illness
50	Marriage
47	Fired from work
45	Relationship reconciliation
45	Retirement
44	Change in health of family member
40	Pregnancy of yourself or partner
40	Sex difficulties
39	Gain of new family member via birth/adoption/marriage
39	Major work/business readjustment
38	Change in financial state
37	Death of close friend or colleague
36	Change in work environment
35	Change in number of arguments with partner
31	Taking on a new mortgage
30	Foreclosure of mortgage or loan
29	Change in responsibilities at work
29	Trouble with in-laws or extended family
28	Outstanding personal achievement
26	Partner begins/stops work
26	Starting or finishing school
25	Change in living conditions
24	Revision of personal habits
23	Trouble at work or with supervisors
20	Change in working hours or conditions
20	Change in residence
20	Change in schools
19	Change in recreational habits
19	Change in church activities
18	Change in social activities
17	Major purchase
16	Change in sleeping habits
15	Change in number of family gatherings
13	Change in eating habits
14	Vacation
12	Christmas season
11	Minor violation of the law

TOTAL

Holmes & Rahe consider a score of less than _____ to represent minor stress – corrected score 5.

Those who score _____ are experiencing mild stress – corrected score 4.

Scores of _____ are experiencing moderate stress – corrected score 3.

A score over _____ is someone experiencing major life stress – corrected score 1.

Burnout Self-Test

This tool can help you check yourself for burnout. It helps you look at the way you feel about your job and your experiences at work, so that you can get a feel for whether you might be at risk of burnout. Select the number that **honestly** reflects how frequently you experienced these things the last 60 days.

1=Never

2=Rarely

3=Sometimes

4=Often

5=Very Often

- ____ 1. Do you feel run down and drained of physical and emotional energy?
- ____ 2. I am prone to negative thinking about my job.
- ____ 3. I am harder and less sympathetic with people than *perhaps* they deserve.
- ____ 4. I get easily irritated by small problems, or by my family, co-workers and team.
- ____ 5. Do you feel misunderstood or unappreciated by your co-workers or supervisors?
- ____ 6. I have difficulty falling or staying asleep.
- ____ 7. Do you feel that you are achieving or accomplishing less than you should?
- ____ 8. I am experiencing an unpleasant level of pressure.
- ____ 9. I am no longer getting what I want out of my job.
- ____ 10. Do you wonder if you are in the wrong organization or the wrong profession?
- ____ 11. Are you becoming frustrated with parts of your job?
- ____ 12. Organizational politics or bureaucracy interferes with my ability to do a good job.
- ____ 13. I avoid thoughts, feelings and reminders about upsetting events.
- ____ 14. I don't have time to do the things I need to do.
- ____ 15. I am not the person I thought I would be.

Score	Comment
15 – 18	Little sign of burnout here
19 – 32	Little sign of burnout here, unless some factors are particularly severe
33 – 49	Be careful - you may be at risk of burnout, particularly if several scores are high
50 – 59	You may be at severe risk of burnout - do something about this urgently
60 - 75	You may be at very severe risk of burnout - do something about this urgently

Impact of Event Scale

Today's Date: _____

Date of the Event _____

DESCRIBE THE EVENT: _____

Below is a list of comments made by individuals after stressful events. Please mark each item, indicating how frequently these comments were true for you **during the last few weeks**. If they did not occur during that time, please mark the "not at all" column. **Select only one answer per row:**

		Never	Rarely (1)	Sometimes (2)	Often (3)	Impact Score (4)
1	I thought about it when I didn't mean to.					
2	I avoided letting myself get upset when I thought about it or was reminded of it.					
3	I tried to remove it from my mind and memory.					
4	I had trouble falling or staying asleep because of things that came to my mind about it.					
5	I had waves of strong feelings about it.					
6	I had dreams about it or other disturbing things.					
7	I avoided things that reminded me of the event.					
8	I felt as if it was a dream or surreal.					
9	I tried not to talk about it.					
10	Pictures and images and other sensations associated with the event popped into my head.					
11	Other things kept making me think about it.					
12	I was aware I still had a lot of feelings about it, but I didn't deal with them.					
13	I tried not to think about it.					
14	Any reminder caused unpleasant reactions and feelings.					
15	My feelings were kind of numb.					
TOTALS		0	+	+	+	=

0 to 8 **Non-Impact Event** - No lasting, meaningful impact.

9 to 25 **Impact Event** – you may be affected by the event in a way that is distressing to you.

26 to 43 **Powerful Impact Event** – Certainly impacted with possible long-term consequences.

44 to 75 **Severe Impact Event** – Profoundly affected, possible functional impairment.

Time Journal

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
0700							
0800							
0900							
1000							
1100							
1200							
1300							
1400							
1500							
1600							
1700							
1800							
1900							
2000							
2100							
2200							
2300							
2400							
0100							
0200							
0300							
0400							
0500							
0600							
Scores:							

Add 2 points on each day you participated in a family-at-the-table dinner.

TOTAL SCORE:

Add 2 points on each day you exercised for 30 minutes or more.

Add 2 points for each time you participated in a recreational activity, hobby or "date night" with your partner.

Add 2 points for each night in which you got 6-7 hours of uninterrupted sleep.

Subtract 2 points for each day you worked OT, consumed more than 2 servings of alcohol, or watched over 2 hours of TV, slept less than 6 hours.

Lifestyle Assessment

Answer the following questions as honestly as possible for an assessment of the relative healthfulness of your lifestyle.

1. Which description below best describes your current health status?
 - a. **Very Healthy** – I rarely get ill and always have plenty of energy to achieve my goals. I participate in a regular exercise regimen.
 - b. **Healthy** – I am seldom ill and usually have enough energy to do what I want. I exercise several times a week.
 - c. **Fairly Healthy** – I sometimes get the odd cold, but generally feel fit and well. I have a moderate amount of energy but sometimes feel tired. I participate in an exercise program a couple of times a week.
 - d. **Healthy-ish** – I have a couple of medical issues that are controlled with medication. I am fairly active but get tired by the end of the day.
 - e. **Not Healthy** – I miss work frequently and always seem to catch whatever is going around. I lack energy and enthusiasm for life and haven't exercised since my dog got out of the yard.
2. How many hours of sleep do you get on average each night?
 - a. I get my full 8 every night
 - b. 6 to 7 hours uninterrupted
 - c. 5 to 6 hours uninterrupted
 - d. Less than 6 hours with interruptions
 - e. Less than 5 hours
3. How much alcohol do you consume in the average week?
 - a. None. I am a teetotaler.
 - b. I have 1 or 2 drinks on special occasions
 - c. I have 1 or 2 drinks in an average week, but may have more if I'm socializing
 - d. I consume 6 to 12 alcoholic beverages per week and drink almost every day.
 - e. I regularly have more than 2 drinks per day and drink virtually every day.
4. How often do you exercise?
 - a. I exercise for 45 minutes or more 5 to 7 days of the week every week.
 - b. I exercise 30 minutes a day 5 or more times a week every week.
 - c. I exercise 30 minutes a day 3 to 4 times per week.
 - d. I exercise a couple of times a week for 30 minutes or so most weeks.
 - e. I don't participate in any planned exercise on a regular basis.
5. How often do you eat fast food or grab take-out for your meals?
 - a. I almost never eat fast food and eat out less than 2 times per month.
 - b. I eat take-out food 3 or 4 times a month but try to choose healthy.
 - c. I eat out or take-out food more than once each week. We choose healthy when we can.

- d. I eat on the run and most of my meals are purchased from pre-packaged, take-out or fast food establishments.
- e. Are you kidding? I wouldn't eat at all if it weren't for McDonalds!
6. How often do you see or talk to your family (siblings, parents, cousins, etc.) or friends?
- I visit with my family and friends at least once a week.
 - I see or talk to my family/friends as often as possible – at least a couple of times a month.
 - I can go for a month without seeing or hearing from them because I'm just so busy.
 - I haven't gotten together with friends or family for a visit in over six months.
 - Are you kidding? Why would I talk to those schmucks?!
7. How often do you have time just to yourself for complete relaxation, reading a book, enjoying a hobby, pampering yourself, not having to respond to someone else's needs?
- I try to have at least a little time every day to do something relaxing and enjoyable.
 - I try to get some time at least twice a week to take care of myself.
 - Every week is different but I try to have at least an hour or two a week to do what I need to do.
 - I go on a 'get-away' about once a year.
 - My life is one big 'have to.'
8. Do you eat fruits and vegetables every day?
- Yes! I wouldn't do without them. I have a variety of fruits and vegetables every day.
 - I like fruits and vegetables and have at least a serving every day.
 - I have them at least twice a week.
 - I'm not a fan but I'll eat it if it is served.
 - Me and George Bush all the way – broccoli? YUK!
9. Are you contented with your lifestyle? (i.e., your relationships, diet, exercise, stress levels, goals, character and ethics, etc.)
- Yes, I feel I maintain a pretty good balance most of the time.
 - I feel on top of the things most of the time but there is room for improvement.
 - I feel a little discouraged and disillusioned at times and need to change some things.
 - There are several aspects of my life that I know I'm not managing well.
 - I'm really struggling with several issues and need to seek some assistance.

To score transfer the number of A-B-C-D or E answers you have into each box. Then multiple the number of answers by the number provided to reach a total for each column. Add the total and enter into the box :

	A	B	C	D	E
Multiply	X 5	X 4	X 3	X 2	X 1
TOTAL					

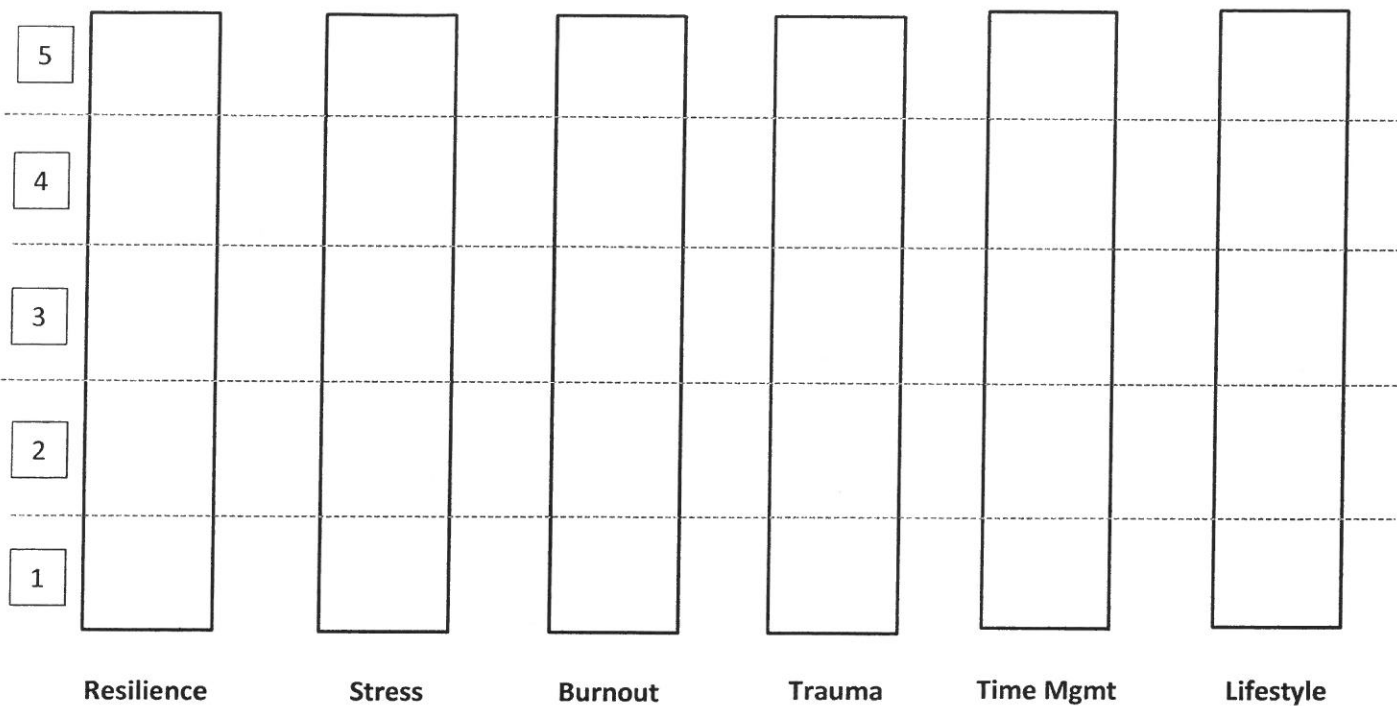
TOTAL SCORE:

Stay Current with Yourself on the Basics Questionnaire

The single most important thing you can do to sustain yourself in the face of overwhelming stressors is to develop your own “principles of practice,” a type of personal mission statement that articulates your values and identifies the parameters within which you’re comfortable conducting your activities. No matter how “together” you are, there are ways of taking self-stock that will help you generate new possibilities for your life. By observing your own behavior or “profiling” yourself, you can gain a better view of who you are, how you feel, and what you think. This knowledge will help you stay within your “principles of practice” and keep you on track and in tune with your goals and ideals while maintaining a minimum of harmful stress.

1. What are the three things you value most in your life?
2. What are your most important goals today? How have these goals changed in the past few years? What obstacles stand in the way of realizing your goals?
3. Describe your strong and weak knowledge areas.
4. List three character building experiences in your life. Describe what you learned or accomplished as a result of each experience.
5. Describe the kind of person you would ultimately like to become.
6. List ten adjectives that describe you.
7. What activities, events, times, or people raise your energy levels?
8. What activities, events, times, or people lower or depress your energy levels?
9. What positive physical habits do I practice regularly that contribute to my wellbeing?
10. What changes would you like to make in the next few months or years?
11. What evidence can you furnish that you are happy?
12. What evidence might someone else offer to prove that you are not happy?
13. When you feel unpleasantly stressed does it primarily involve time pressure, people pressure, ideal pressure, job pressure or something else? Describe what bothers you.

Rate Your Resiliency



INSTRUCTIONS FOR ASSESSING RESILIENCY SCORES:

1. Transfer your score from each of the previously completed tests to the bar graph above.
2. Fill in to the appropriate line on the chart based on your score.
3. Circle any section where you scored "3" or less.

GOALS FOR IMPROVING RESILIENCY:

1. _____

2. _____

3. _____

