



WHAT IS ATC? Deep Dive Resource



Remember: this is not a Monday morning skill! This is going to take heavy lifting and lots of practice. You can do it!

Activating event (AE):

-- It can be BIG or SMALL, NEGATIVE or POSITIVE, just the facts (WHO, WHAT, WHERE, WHEN). Be objective. This is the Trigger.

Thoughts (HOTM):

-- Heat of the Moment - Raw & Uncensored. This is what we say to ourselves IMMEDIATELY following the AE. It's your interpretation and can be Productive or Counterproductive.

-- It drives the Consequences.

Consequences (ER):

-- These are the emotions, feelings.

-- Reactions : behaviors (what you DO and what you DON'T DO) and physiological changes (heartbeat increase, etc.)

Although it often feels like our Emotions and Reactions are driven by the situation itself (AE), in fact, our Consequences are driven by what we say to ourselves about the AE in our HOTM Thoughts!

We must learn to SLICE and DICE:

-- Separate what happened; what we said to ourselves about it, from our Emotions and Reactions.

Example:

AE: [Sarah bites Melissa]

HOTM: "She does this everyday! Sarah always ruins everything!"

E: [Angry, Annoyed, Agitated]

R: [Heart racing, face flushed, stomping over to Sarah and say, in an angry voice], "We DON'T bite!" [you look at Melissa's arm to see if the skin was broken, write a report, call the parent.]

Does this example hit all the guidelines covered above?

Was that Activating Event OBJECTIVE?

-- Yes! It was what you saw [Sarah bit Melissa].

Were the HOTM Thoughts RAW & UNCENSORED?

-- Yes! They may involve curse words.

Were the Reactions what you DID?

-- Yes! Heart-racing, face flushed, stomping over, talking in an angry voice, looking at Melissa's arm, writing a report, and calling the parent.

YES -- we hit all the guidelines in this example - BUT -
were those thoughts and consequences HELPFUL or HURTFUL?



Thinking Traps

- Common patterns in thinking that are problematic, particularly when we are under stress.
- Undermine mental toughness and performance.
- Lead to an inaccurate understanding of the situation.

Jumping to Conclusions:

- Believing one is CERTAIN about a situation, despite having LITTLE OR NO evidence to support it.
- This is the mother of all thinking traps. It drives impulsivity.
- When you are CERTAIN = you ACT, but, when you have a HUNCH = you INVESTIGATE.
- Ex. "She bit him on purpose!"

Mind Reading:

- ASSUMING that you know what another person is thinking; EXPECTING another person to know what you are thinking.
- This blocks communication; we tend to do this most with people we are closest to.
- Ex. "You know better than that! I know you are just doing it to be difficult!"

Me, Me, Me:

- Believing that YOU are the sole cause of every problem you encounter.
- This blocks your confidence.
- Ex. "I know I should have gone to work today, Sarah never bites when I'm there! They probably all hate me for not coming to work."

Them, Them, Them:

- Believing that OTHER PEOPLE/CIRCUMSTANCES are the sole cause of every problem you encounter.
- This drives the victim mentality.
- Ex. "If the staff would just show up to work and do what I told them to, I wouldn't have all these behavior issues and angry parents."

Always, Always, Always:

- Believing that negative events are UNCHANGEABLE and that you have LITTLE OR NO control over them.
- It's all about time and control = bad things are here to stay and there is nothing I can do about it.
- Ex. "Anna is always late for work, I'll never get any planning time."

Everything, Everything, Everything:

- Believing that you can judge one's WORTH/CHARACTER based on a SINGLE EVENT or believing that what caused the problem is going to negatively affect many areas of one's life.
- This leads to character assassination and a failure to compartmentalize.
- Keeps us from seeing the true scope and severity of the situation.
- Ex. "Since Anna isn't here, I can't plan, now the kids won't have any activities to do, and the room will be complete chaos!"





Mental Cues & Critical Questions

These help us get off autopilot and identify important information you missed AND be **FAT** in our thinking:

- **Flexible**
- **Accurate**
- **Thorough**

Children as young as 2 can mimic the thinking styles of the adults around them!

By the age of 12-13, think trap patterns start to form and then begin to crystallize!

MENTAL CUES - Two words to help pull you out of the trap.

CRITICAL QUESTIONS - Guide you as you reflect to find meaning of your thoughts, emotions, and reactions.

Jumping to Conclusions

MENTAL CUES = Slow down

CRITICAL QUESTIONS = What is the evidence for/against my thoughts?

Mind Reading

MENTAL CUES = Speak up

CRITICAL QUESTIONS = Did I express myself? Did I ask for information?

Me, Me, Me

MENTAL CUES = Look outward

CRITICAL QUESTIONS = How did others and/or circumstances contribute?

Them, Them, Them

MENTAL CUES = Look inward

CRITICAL QUESTIONS = How did I contribute?

Always, Always, Always

MENTAL CUES = Grab control

CRITICAL QUESTIONS = What's changeable? What can I control?

Everything, Everything, Everything

MENTAL CUES = Get specific

CRITICAL QUESTIONS = What is the specific behavior that explains the situation? What specific areas of my life will be affected?

On the next page we will merge everything we learned and how to apply it to find a solution!

Let's revisit that example from earlier...

AE: [Sarah bites Melissa]

HOTM: "She does this everyday! Sarah always ruins everything!"

STOP AND ASSESS. Are we falling into a thinking trap(s)? Which ones?

In this example, the thinking traps are:

Always, Always, Always AND Everything, Everything, Everything

Mental Cues: GRAB CONTROL and BE SPECIFIC

Critical Questions:

What's changeable?

- I can put more toys out/duplicate toys, make sure my materials are less or more challenging.
- I can provide Sarah more one-on-one attention (before she needs it).
- I can look at the lesson plans - are they well written? Are there enough? Too many?
- I can assess my environment for blind spots, crowding, wide open spaces, etc.
- Maybe Sarah is cutting teeth and **needs something to chew on?**
- Maybe Sarah doesn't know how to enter into play with others and **needs my help?**

What can you control?

- My behavior, reactions, lesson plan activities, and the environmental set-up.

What is the specific behavior that explains the situation?

- Sarah bit ONCE today. No activity had to stop. No toys/materials were damaged. Melissa was bitten, but skin was not broken.

What specific areas of your life will be affected?

- I will have to write a report.
- I will comfort, clean, and bandage Melissa.
- Talk with Sarah about how biting hurts and give her words to use next time and/or provide something to chew on.
- Talk with the parents of both children (without naming the other) at the end of the day to discuss the developmental appropriateness of biting behaviors and share what we are doing in the program to lessen them.

So, now that you know how to stop and identify your thoughts and these thinking traps...



Let's look at that example one more time!

AE: [Sarah bites Melissa]

HOTM: "Oh no, she bit Melissa! I need to check on them..."

E: [Frustration, Empathy, Worry, Concern]

R: [Heart beating fast] Grab an ice pack/wet towel/band-aid - go to Sarah and Melissa.

In a firm, calm voice say, "Ouch! Biting hurts! Sarah, teeth are for eating food, not biting. Did you want to play with her toy? (Yes) Okay, we have to ask first and then take turns. Use your words and say, "Can I play with that?"

Melissa, are you okay? (No) Sarah, look, it hurt when you bit Melissa's arm. Melissa can you tell Sarah, "I don't like it when you bite me, that hurts!"

Then you write the report/call management.

References and Resources

The Master Resilience Training Program (MRT) was developed by the CSF2 (Comprehensive Soldier & Family Fitness - US Army) and Karen Reivich, Ph.D., University of Pennsylvania.

To learn more about MRT, please visit:

https://pdfs.semanticscholar.org/e145/b2e871d9c7a0b8c59eaadaaf1godaf71cb4d.pdf?_ga=2.20117880.1377778577.1592428781-1521190781.1592428781

To learn more about Karen Reivich, Martin Seligman, and the Positive Psychology Center, please visit:

<https://ppc.sas.upenn.edu/>

