

Connections

A 12-Session
Psychoeducational
Shame-Resilience
Curriculum



Revised and Expanded

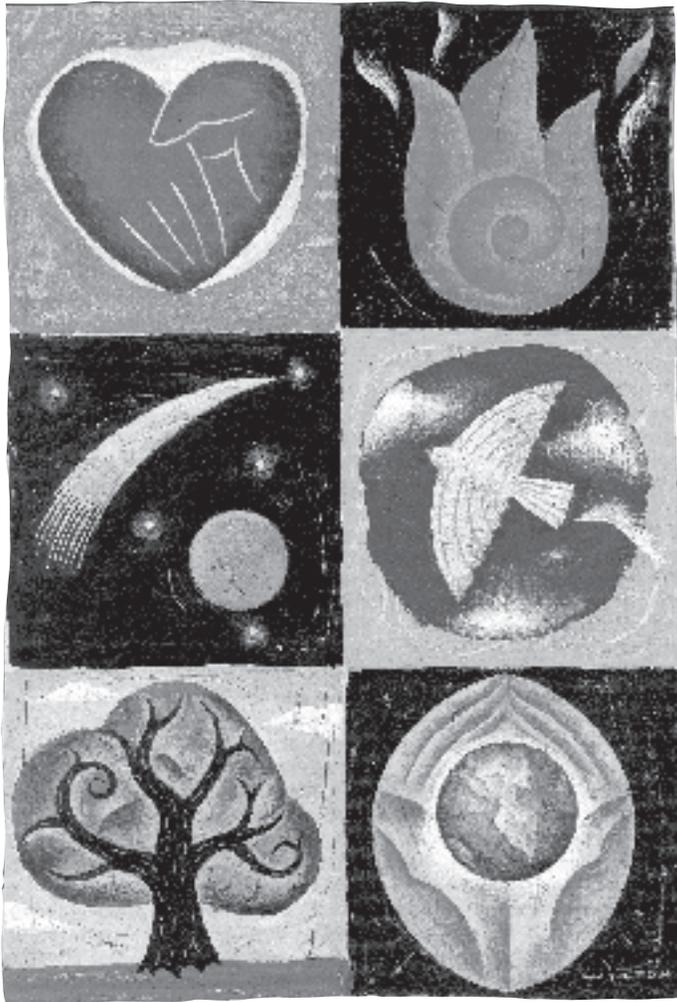
Brené Brown, Ph.D., L.M.S.W.

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Brené Brown, Ph.D., L.M.S.W.

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Editor's note

The names, details, and circumstances may have been changed to protect the privacy of those mentioned in this publication.

This publication is not intended as a substitute for the advice of health care professionals.

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About the Author

Dr. Brené Brown is a writer, researcher, educator, and activist. She is a member of the research faculty at the University of Houston Graduate College of Social Work, where she has spent the past ten years studying authenticity, belonging, and shame, and the effect these powerful emotions have on the way we live, love, parent, work, and build relationships.

Dr. Brown teaches graduate courses on shame and empathy, global justice, qualitative research, and women's issues. She has won numerous teaching awards, including the College's Outstanding Faculty Award. In 2008, Dr. Brown was named Behavioral Health Scholar-in-Residence at the Council on Alcohol and Drugs Houston. She also serves on the working board of The Nobel Women's Initiative—a peace and justice initiative established in 2006 by six Nobel Peace Prize laureates to help strengthen work being done in support of women's rights around the world.

Dr. Brown is the author of *I Thought It Was Just Me (but it isn't): Telling the Truth About Perfectionism, Inadequacy, and Power*, published by Gotham in 2007. She is also the author of *The Gifts of Imperfection*, to be published by Hazelden in spring 2010. Her latest work focuses on the importance of nurturing authenticity, love and belonging, and a resilient spirit in our families, schools, and communities.

Dr. Brown lives in Houston with her husband, Steve, and their two children, Ellen and Charlie.

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How to Access the Materials on the CD-ROM and DVD

The accompanying CD-ROM contains a variety of reproducible resources that can aid your implementation of the *Connections* curriculum. All of these resources are in PDF format and can be accessed using Adobe Reader. If you do not have Adobe Reader, you can download it for free at www.adobe.com.

Whenever you see this icon  in this guide, this means the needed resource is located on the CD-ROM.

To access these resources, put the disk in your computer's CD-ROM drive. Then find the documents on the CD-ROM and double-click on the one you would like to open. These resources cannot be modified, but they may be printed for use without concern for copyright infringement. For a list of what is contained on the CD-ROM, see the Read Me First document on the CD-ROM.

Whenever you see this icon  in this guide, you are encouraged to watch the DVD. Put the disk in a DVD player. A menu page will appear. Select the title you want and push Play. Or select "Play" on the menu to play the entire DVD.

Understanding and Healing Shame

Notes from Brené Brown on Facilitating *Connections*

After I published my first book on shame resilience in 2004, I spent two years facilitating workshops around the country for mental health and addiction professionals, corrections professionals, and educators. I was overwhelmed by what I learned in those two years.

When I asked workshop participants to raise their hands if they believed shame was a significant underlying issue for their clients, every hand shot up immediately. When I asked the same group how many of them had formally studied shame during their training, only about 15 percent of the folks raised their hands. When I asked how many professionals regularly used the word *shame* in their work or openly discussed shame with their clients, I would estimate that only about 5 percent of the audience members raised their hands. This happened again and again, regardless of the group's members—with psychologists, social workers, psychiatrists, addiction professionals, pastoral counselors, criminal justice professionals, everyone.

These workshop and lecture experiences confirmed what I had come to believe after studying shame for a decade: Shame is a silent epidemic. We have strong evidence of the relationship between shame and myriad issues such as addiction, violence, and depression, yet one of the most common questions I am still asked during my workshops is “Do I have to use the word *shame* with clients?”

I know there are many excellent professionals doing effective work with clients dealing with shame issues. However, after spending the past ten years interviewing hundreds of men and women (including helping professionals), collaborating with colleagues, and facilitating lectures and workshops, I also know that we need more empirically based tools to help us recognize and understand shame and cultivate resilience.

The *Connections* curriculum was developed as a tool to do just that—to help professionals and clients recognize and understand shame and develop shame resilience.

Since its release in early 2007, mental health, corrections, and addiction professionals around the country have facilitated the *Connections* curriculum. I've also run groups, trained

facilitators on the curriculum, and used the material with approximately 200 graduate students in my course on shame, empathy, and resilience. I gathered feedback and suggestions from professionals using the curriculum and integrated that information into what I learned from my own experiences to revise this edition of *Connections*.

For me, the research process is very dynamic. My work is always growing as I learn more, dig deeper, and discover new connections between my work and the work of other clinicians, teachers, and researchers. In 2007, right after the curriculum's first edition was released, I began to explore shame resilience from a new perspective.

In the beginning, my research focused on how shame works, why it is so debilitating for all of us, and how we develop shame resilience. In simple terms, my initial research was about understanding the damage done by shame and how we prevent and repair those wounds. When the elements of shame resilience emerged from the data and were continually validated as I continued my research, I was pulled to answer deeper, broader questions. I went back to the hundreds of interviews and the thousands of stories I've collected and asked these questions:

- ▶ What truly important experiences, emotions, or qualities are we missing when we don't understand shame or when we don't develop shame resilience?
- ▶ How do our lives change when we stop living in shame, fear, and disconnection, and start living with courage, compassion, and connection?

I was personally and professionally transformed by what I found. What emerged from the research was the idea that our deepest search is for a life lived with three elements: (1) authenticity, (2) love and belonging, and (3) a resilient spirit. I've named this concept "WholeHearted living."

To understand what I mean by WholeHearted living, I want to share the definitions of the three properties that emerged from the data.

Authenticity

Authenticity is a daily practice. Choosing authenticity means taking these actions:

- ▶ cultivating the courage to be emotionally honest, to set boundaries, and to allow ourselves to be vulnerable
- ▶ exercising the compassion that comes from knowing that we are all made of strength and struggle and are connected to each other through a loving and resilient human spirit
- ▶ nurturing the connection and sense of belonging that can only happen when we let go of *what* we are supposed to be and embrace *who* we are

Authenticity demands WholeHearted living and loving—even when it's hard, when we're wrestling with the shame and fear of not being good enough, and especially when the joy is so intense that we're afraid to let ourselves feel it.

Mindfully practicing authenticity during our most soul-searching struggles is how we invite grace, joy, and gratitude into our lives.

Love and Belonging

Nothing is more essential to human happiness than love and belonging. To invite these into our lives means doing the following:

- ▶ developing an internal sense of belonging rather than externally searching for acceptance and approval
- ▶ understanding why trying to “fit in” and “be cool” doesn’t help us meet our human need to belong but actually gets in the way
- ▶ accepting that we are worthy of love just as we are and allowing ourselves to be deeply seen and known
- ▶ loving the ordinary and imperfect parts of ourselves and our lives
- ▶ practicing forgiveness and self-compassion

A Resilient Spirit

In an increasingly anxious world, it’s important that we are grounded by a deep sense of purpose and guided by a resilient spirit. Living with purpose and resilience means following these approaches:

- ▶ telling our stories
- ▶ practicing hope and gratitude
- ▶ embracing vulnerability
- ▶ thinking critically
- ▶ honoring faith and intuition
- ▶ valuing perseverance and rest
- ▶ holding joy and laughter sacred

As I used the data to define these terms, it became clear how and why shame sabotages our attempts to live a WholeHearted life. In fact, based on my research, I would say that shame and fear are the greatest obstacles to authenticity, love and belonging, and a resilient spirit. Shame tells us that we are unworthy, unlovable, and, worst of all, incapable of change. Shame tells us that our imperfections make us inadequate and our vulnerabilities are weaknesses. It sends two primary messages: “Who do you think you are?” and “You’ll never be good enough.”

Over time, we learn to hide our struggles and protect ourselves from shame, judgment, criticism, and blame by seeking safety in pretending and perfection.

As we work with clients on these issues, our greatest charge is helping them understand these two points:

1. Our imperfections do not make us inadequate; they are what connect us to each other and to our humanity.
2. Our vulnerabilities are not weaknesses; they are powerful reminders to keep our hearts and minds open to the reality that we're all in this together.

I wanted to share this new research with you because it's important for us as facilitators and for our clients not just to fixate on what we want to leave behind but to understand where we want to go in our work. It's easy to forget that shame-resilience work is about transformation and liberation. It's not just about getting out of shame; it's about moving toward a more WholeHearted life.

In addition to exposing how destructive shame is on our journey toward authenticity, love and belonging, and a resilient spirit, the research helped me understand how we must actively engage in wholeheartedness. Wholeheartedness is not something that happens to us or something that is inherent. It's a practice. Wholeheartedness is something we choose, work toward, and mindfully embrace. For this reason, I tried to capture the action-oriented nature of wholeheartedness by using agency words in my definitions, for example, *practicing*, *thinking*, and *accepting*. I encourage you to use similar language as you facilitate this curriculum.

The Academic Foundation for *Connections*

This *Connections* curriculum is based on my Shame-Resilience Theory (SRT). SRT emerged from a seven-year grounded theory study.*

SRT offers a set of propositions about how shame affects men and women and how we build shame resilience. Below are the major theoretical propositions:

- ▶ Shame is best understood as a psycho-social-cultural construct. It is best defined as the intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging.
- ▶ Shame often creates feelings of fear, blame, and disconnection.
- ▶ Shame is organized by gender. The messages and expectations that trigger and fuel shame for women are based on our rigid cultural definitions of women and women's roles. Likewise, the expectations that fuel shame for men are based on our culture's perception of masculinity—what a man should be like, look like, and act like.
- ▶ The opposite of experiencing shame is experiencing empathy.
- ▶ Empathy is necessary for practicing courage, compassion, and connection—the qualities that increase our shame resilience.

* For more information on the research methodology, see Brené Brown, "Shame-Resilience Theory: A Grounded Theory of Women and Shame," *Families in Society* 87, no. 01 (2006).

- ▶ We cannot become resistant to shame; however, we can develop *resilience* to shame. Shame resilience is best conceptualized as a continuum, with shame, fear, blame, and disconnection anchoring one end, and empathy, courage, compassion, and connection anchoring the other end.
- ▶ Our level of shame resilience is determined by our combined ability to recognize (1) shame and our specific triggers, (2) our level of critical awareness, (3) our willingness to reach out to others, and (4) our ability to speak shame. In other words, our position on the shame-resilience continuum is actually the sum of our positions on these other four continua.
- ▶ We must assess our shame resilience independently for each of the twelve shame categories. A high level of shame resilience in one area does not guarantee high shame resilience in all areas.
- ▶ Women and men with higher levels of shame resilience recognize shame when they are experiencing it and recognize their shame triggers. Understanding our triggers allows us to better recognize shame and reach out for support. When we don't know our vulnerabilities, we rely on ineffective methods to protect ourselves from the pain caused by shame. I call these protection methods "shame screens."
- ▶ Women and men who practice critical awareness have higher levels of shame resilience. Critical awareness helps us demystify, contextualize, and normalize our shame experiences. A lack of critical awareness can result in our reinforcing, individualizing, and pathologizing our shame experiences.
- ▶ Women and men who reach out to others experiencing shame have higher levels of shame resilience. Reaching out allows us to share our stories and create change. When we don't reach out, we often start separating and insulating ourselves from others.
- ▶ Women and men who "speak shame" have higher levels of shame resilience. Speaking shame gives us the tools we need to express how we feel and to ask for what we need. When we don't speak shame, we often start to shut down or act out.

One defining feature of my work is accessibility. My commitment to accessible and user-friendly writing and research stems from my belief that everyone doing this work—both clients and facilitators—should have access to the same information. A critical component of shame resilience is demystifying the resilience process.

Helping professionals often consume theoretical and conceptual information and formulate techniques and strategies based on this information. Clients can be fully engaged in work driven by a theory/model without even knowing what theory or model or why a particular theory or model is used. Shame-Resilience Therapy proposes that understanding shame and the process of building resilience is critical in facilitating empathy, connection, and power. In simpler terms—and in keeping with our philosophy of transparency about SRT—if you are using specific resources to inform your work, please share the information with clients.

About This Curriculum

This curriculum includes the following parts:

- ▶ A binder with print instructions, which you are reading now.
- ▶ A DVD, enclosed in the binder, to be watched in seven- to twenty-minute episodes during the sessions. Whenever you see this icon  in these print instructions, you are encouraged to view the DVD.
- ▶ A CD-ROM with reproducible materials (also found in this binder). There are numerous handouts, worksheets, two assessments, session evaluations, and other classroom materials that can be printed out from the CD-ROM. Whenever you see this icon,  there is a copy of this resource on the CD-ROM.
- ▶ Not included, but necessary: a copy of the book *I Thought It Was Just Me (but it isn't): Telling the Truth About Perfectionism, Inadequacy, and Power*. These may be purchased in bulk at a discount from Hazelden Publishing, the publisher of this curriculum.
- ▶ Not included but helpful: several other materials to be used at various points. These include the book *Can't Buy My Love* by Jean Kilbourne, Jean Kilbourne's DVD *Killing Us Softly 3*, and Jackson Katz's DVD *Tough Guise*. The DVDs can be ordered at www.mediaed.org.

Please read *I Thought It Was Just Me* and this curriculum and look at all the materials before beginning your work. In fact, it is critical that you've done your own shame work before you facilitate or co-facilitate this program. (I'll address this more in the Facilitator's Toolbox, page 10.)

Curriculum Organization

Format of Each Session

Each session is organized in a similar format, as follows:

- ▶ *Session Objectives* tells you the learning goals for the session.
- ▶ *Materials Checklist* tells you what portions of the DVD, assignments, and so forth to prepare for the session.
- ▶ *Check-in* usually has you review the previous week's assignments. Most facilitators offer a check-in ritual, which may range from introductions to a sharing of the week's experiences.
- ▶ *DVD Learning Components* tells you what portion of the DVD to show and suggests topics you'll want to highlight after you show the DVD.
- ▶ *Additional Learning Components* are presented in some of the sessions. Typically these come from the book and highlight the key points you want to make.

- ▶ *Exercise* typically involves filling out and discussing one of the worksheets.
- ▶ *Process Suggestions* include guidance for you, when needed, to help frame the discussion of the exercise.
- ▶ *Close* is the ritual ending of the session. It includes homework and reading assignments when needed.
- ▶ *In My Experience* relates my experiences and my colleagues' experiences offering the session. It helps prepare you for the typical participant reactions to the session's material and also suggests options for presenting the material.
- ▶ *DVD Synopsis* covers the material in the session's DVD episode.
- ▶ *Book Synopsis* covers the material in the session's reading assignment.
- ▶ *Handout(s)*, *Worksheet(s)*, and the session's *Facilitator Feedback form* follow these items.

Assignments

Most of the sessions have a homework assignment. This includes a worksheet and may include a reading from *I Thought It Was Just Me*. (In some cases, a reading assignment spreads out over two or three sessions, and some homework assignments are also meant to be used in several sessions.)

Participants bring a wide variety of reading, writing, and communication skills to these sessions, so it is important that you make them feel comfortable doing what they can. Synopses of the DVD and the reading assignments are included during the sessions in which they will be viewed and discussed. These synopses can be used to help you facilitate in several ways:

- ▶ to refresh your memory of the relevant material from the text and DVD
- ▶ to structure your discussion of the material
- ▶ to help you emphasize portions of the week's assignment

In addition, the synopses can serve as a tool for those participants who may have limited reading proficiency. Most of the book synopses are short and have been edited to an easier reading level than the book. However, please do not use the book synopses to replace the book itself. Participants will miss important material, especially examples that will bring the concepts to life.

A Note about the Book *I Thought It Was Just Me*

I Thought It Was Just Me (but it isn't): Telling the Truth About Perfectionism, Inadequacy, and Power was written for women, because my research on shame at the time had been solely with women. Since then, my research has expanded and my understanding of how shame functions in men has increased. The experience of shame is universal, but the *triggers* for

it vary from individual to individual. *Most important, there are identity- and gender-based triggers for shame.* The DVD in *Connections* describes the differences in how men and women experience shame; I describe shame for men as being a “box” of cultural expectations, while women experience shame as a “web” of conflicting messages.

In *I Thought It Was Just Me*, all of the shame examples deal with the experiences of women. Despite this, the first edition of this curriculum has been offered for numerous men’s groups with great success. Most men readily translate the women’s experiences described in the book to their analogous experiences. If you are facilitating a men’s group, you may wish to explain this when you introduce the book, and simply suggest that the men imagine personal examples as they read. If, as the facilitator of a men’s group, you find that the female examples are distracting for your participants, you may wish to rely on the book synopses in this curriculum. Since shame is so tied to identity, participants with other kinds of identities (racial, ethnic, socioeconomic class, sexual preference, intersex identity, and so forth) will also need to translate the specific examples in the book. However, as in all honest stories, what is most personal is most universal. Few participants will struggle with this translation.

Assessment Instruments

Connections includes two instruments that are valid and reliable measures, but are also effective clinical tools: the Test of Self-Conscious Affect, Version 3 (TOSCA-3S) and the Self-Compassion Scale. Copies of these are included on the CD-ROM; they are also printed in this curriculum (see pages 19–28).

The Test of Self-Conscious Affect, Version 3 (TOSCA-3S)  is to be given during session 1 or as homework at the end of the session. The scenarios in it were created from the personal experiences of several hundred college students and non-college adults. The self-scoring sheet allows participants to calculate their scores for Shame Self-Talk, Guilt Self-Talk, and Blaming Others. You may need to help some participants score the form. Make sure participants receive the entire test and the scoring sheet (six pages total).

The Self-Compassion Scale  measures the three components of self-compassion: Self-Kindness, Common Humanity, and Mindfulness. This is an extremely helpful tool and can prompt wonderful group discussion. It is meant to be taken during session 4.

A word of caution: Scoring this scale is complicated! It involves averaging and reverse scoring. Though the scoring instructions are printed on the form, it really is complicated. I’ve had many group participants and students turn to me during the scoring process and say, “Talk about shaming!” I strongly suggest that clients write a code number (one that they’ll remember) on the top of the form and that facilitators score the scales for the clients after the session.

If you want clients to score this scale themselves, normalize the difficulties up front. For example, mention, “This thing is tough to score. Do we have any math folks willing to help others? It’s tricky.” I honestly tell people that I struggle with reverse scoring, and it’s always a relief to listeners when they learn you struggle with it too. You may offer them the option to leave the scale with you to score.

Session Evaluations

In the first edition of *Connections*, we ran clinical trials and used the evaluation forms found here to help improve the sessions. Here, they have been adapted for your use to improve your own presentations. Please feel free to adapt and change them as needed to fit the unique way you are using this curriculum.

Group Structure

Group Size and Composition

This program has been piloted with a variety of group sizes. Smaller groups of around eight to fourteen participants work well with the material without any adaptation. As groups become larger (fifteen or more), it will be helpful to break into smaller groups of two, three, or four people as needed to process the information, and then to reassemble everyone for group discussion.

Groups can be mixed gender or single gender. Some facilitators offer groups for people who share a particular experience, such as domestic abuse, addiction, or incarceration, while others make *Connections* available to anyone with an interest in shame. Both forms have been successful. Groups with a uniform focus offer the facilitator opportunities to discuss identity and shame issues relative to that focus (experiences of shame as an “addict,” for example). Shame is so universal, though, that you should have no trouble finding shame triggers that span across mixed groups.

Open versus Closed Groups

Connections can be offered as an open group in which people enter at various points in the curriculum or as a closed group in which one cohort starts and ends together. However, closed groups have many benefits over open groups. Trust, security, rapport, and safety are very important when talking about shame, and all these attributes are part of closed groups. In an open group, with people coming in partway through, the sense of emotional safety is more difficult to establish and maintain. Additionally, because this is a psychoeducational program, a lot of the material is additive. If a person joins in the fourth week, he or she will have missed things. To remedy this, you can have the person take time to watch the DVD segments from previous sessions. He or she should do the homework assignments and readings to catch up.

Length of Program and Sessions

Connections is set up as a twelve-session program. However, many facilitators have had great success in reconfiguring *Connections* to other forms:

- ▶ *Connections* has been offered in a single weekend retreat.
- ▶ *Connections* has been expanded to cover more than twelve sessions. Facilitators add extra time to cover areas that they know clients need more time with, such as the development of empathy and connections.

- ▶ *Connections* has been condensed to fit within budgetary or time constraints. Typically, this is done by using one of these approaches:
 - ▶ offering one or more “process sections” as homework assignments
 - ▶ combining sessions 10 and 11, providing the letter assignment as homework
 - ▶ combining sessions 4 and 5

If you choose to condense *Connections*, I suggest that you keep the first few sessions as they are; it takes time for participants to get to know each other and feel safe, and the expanded time in early sessions helps build group trust.

Typically, a *Connections* session can be held in ninety minutes, following this rough agenda:

1. Check-in (ten minutes)
2. DVD (ten minutes)
3. Exercise (thirty minutes)
4. Process (thirty minutes)
5. Close (ten minutes)

Our experience is that one-hour sessions *can* be held but feel very pressured. Some facilitators expand the sessions to two hours. As you experiment with the sessions and with different types of participants, you will find the time that works for you and your audience. For example, if most of your participants have a primary language other than English, since the DVD is in English, you may require more time simply to explain the concepts. This may also be true if literacy rates are lower among your participants. Let your participants be your guide.

Facilitator’s Toolbox

Your Skills

Connections assumes that you have some experience as a facilitator of therapeutic groups. Shame is a serious and debilitating issue, and if you are not familiar with group process techniques, group dynamics, various methods to handle issues that arise in groups, how to manage personal boundaries and overstepped boundaries, and so forth, we suggest that you gain those skills *before* facilitating *Connections*. If you are new to facilitation, you may wish to arrange to apprentice with a skilled pilot, debriefing afterward and gradually learning to take the lead before flying solo.

In keeping with this assumption, this curriculum does not explain how to hold opening and closing rituals, how to do group introductions, and so forth. We assume you are familiar with a number of such rituals—the use of group affirmations, trust-building exercises, and so forth. Simply choose from among those in your professional toolbox and get started.

Personal Preparation: “Doing the Work”

There is no getting around it: You must do your *own* shame work in order to facilitate this material WholeHeartedly.

In my research I have found shame to be a difficult and painful topic for both laypeople and mental health professionals. Unlike many of the other topics that professionals study, when it comes to shame there is no “us and them.” As professionals, we don’t have the luxury of thinking, “Let me learn about this topic that affects my clients so I can help them.” Shame is universal—no one is exempt. If we can’t talk about shame and examine the impact it has in our own lives, we certainly can’t be helpful to others.

Our most basic ethic as mental health professionals is “to do no harm.” I believe we risk violating that ethic when we examine issues with clients that we have not examined in our own lives. In my experience, to do ethical and effective shame-resilience work with clients, practitioners must have an integrated and deep understanding of how shame operates in their own lives. Without this integration and understanding, we risk doing harm to our clients. Often with shame work, harm takes the form of empathic failure. Sometimes just listening to someone recall or talk honestly about a shame experience can bring up shame in us. If we aren’t aware of our own vulnerabilities and triggers, we can move very quickly into our “shame screens” as a form of self-protection.

Here’s the bottom line: You should *not* do this work with others until you’ve done this work yourself. Specifically, do not assign or facilitate any activities, including homework, exercises, art projects, and the like, unless you have completed the activity, processed your experience, and come to a mindful understanding of your behavioral, cognitive, and affective response to the exercise.

Likewise, do not try to teach any of the educational components of the curriculum until you have a strong conceptual understanding of the material. Luckily, no one among us is required to have all the answers; however, we are all responsible for encouraging questions, debate, and discourse. I have found that we are much more likely to encourage and support critical thinking and inquiry when we feel confident about our understanding of the material.

Co-facilitation

Based on our experiences, co-facilitation is the preferred method for leading these groups. If you and a partner choose this method, please spend some time up front discussing your personal and professional shame triggers. Experience has shown that you will encounter these during the sessions, and you need to be comfortable working through them, as well as helping each other out when shame occurs.

Facilitating Groups with a Shared Experience

As noted earlier, sometimes *Connections* is offered for groups with a shared experience, such as domestic abuse, addiction, incarceration, and so forth. If so, *use that shared experience*

to ground the group. So, for example, you can ask the group to talk about the unwanted identities around domestic abuse survivors if that's their issue, or chemical dependency, or the experience of incarceration, and so forth.

Setting Group Expectations

One of your jobs as facilitator is to set group expectations, which you should do in the very first session. One of the key expectations to create is that the group will be a psychologically safe environment in which to learn and share. *Connections* can be offered to a huge variety of groups—for example, incarcerated men, people in addictions treatment, college students, seniors groups, people dealing with a chronic medical condition, survivors of domestic abuse, or groups with no issue in common beyond an interest in shame. Each of these groups will have some differences in types of group expectations. Some of these differences may be shaped by the legal and regulatory environment in which the shame group is offered, for example, mandated reporting requirements in cases of harm to juveniles or vulnerable adults. Some of the differences in expectations will reflect your personal preferences, and some will have to do with the shared condition of the participants, if any. So, set the expectations that fit your particular group. That said, consider some of the following expectations, which can help you create a trusting, safe environment in which shame work can flourish:

- ▶ *Confidentiality.* What is said in the group stays in the group.
- ▶ *Chance meetings.* If chance brings you or another group member into onetime or regular contact with another participant outside of the group, it's best not to acknowledge each other until you've had a chance to speak about it in the next group session and have agreed on whether conversation is acceptable.
- ▶ *Punctuality.* Groups should begin and end on time, to respect other people's time boundaries. It can be disconcerting and distracting when one group member is sharing information and another walks in late.
- ▶ *Respect.* Members can show respect for each other by listening fully when others speak and refraining from comments unless the speaker requests comments.
- ▶ *Food.* Members may enjoy a beverage during meetings, and eating during break is fine. But during group time, eating should be avoided because it sends a message that they aren't fully attending to the other participants.
- ▶ *Right to be silent.* Sometimes there will be group exercises in which people share information. If a group member is uncomfortable sharing during such an exercise, he or she may simply say, "I pass."
- ▶ *Sharing.* The group time is everyone's time. Don't dominate the discussion. Listen ten times as much as you speak.
- ▶ *Withholding judgment.* Practice staying out of judgment by working on listening skills, refraining from giving advice, learning to be comfortable with silence, and reaching out with empathy.

- ▶ *Avoiding comparison.* Some people may relate shame experiences that sound trivial. They are not trivial. One person can never know the full bundle of conditions that triggers someone else’s shame response.
- ▶ *Cell phones.* Those attending should turn them off, off, off, except in the case of a possible emergency, such as a sick child, new babysitter, or the like. In such a case, the person should *alert the group that a cell phone will be on.* If the cell phone has a buzzer function, it should be set to that. The person should leave the room to answer the call.

Dealing with Responses

Participants will exhibit an extraordinary range of responses to this material. It’s usual to have in the same group some members in the throes of transformational experiences while others barely engage. For you as a facilitator, this can be disconcerting. You may feel you aren’t getting through to some and can’t keep up with others. *This is normal in these groups.* You have to start where people are. For some participants, *Connections* is seed planting; for others, it is radical transformation.

One issue that has a tendency to emerge during shame-resilience groups is what I call “comparative suffering.” Shame makes us feel very isolated. It’s often hard to imagine that anyone can “have it as bad” as you do. It’s important to help participants understand that compassion and empathy are not finite—there are enough compassion and empathy to go around. Further, help them see that an important component of shame resilience is understanding how shame is very individual and we never know what emotions, messages, and wounds are attached to people’s experience of shame. Although someone else’s shame trigger may *sound* trivial, the listener can never know the full background for that trigger.

Making This Material Your Own

As noted earlier, each session outline includes a section titled “In My Experience.” In this, I share my own and other facilitators’ experiences with issues that always seem to come up around certain exercises or when folks have questions that I can’t answer. In My Experience is my way of saying, “This is tough work. You’re not alone.”

In sharing my experiences, I don’t want to move you away from what I consider to be the most important component of facilitating this curriculum: *making it your own.* When I try to facilitate a curriculum or a lesson plan that someone else has developed, I can get hung up in executing it exactly as prescribed. I want to teach the way the other person does it, hand out worksheets exactly when indicated, laugh right on cue. It’s paralyzing.

For this reason (as well as my assumptions about your level of experience), the curriculum does not contain a lot of instruction for how you should present it. It’s impossible to give you play-by-play directions with this curriculum. Because shame is a universal issue, facilitators around the country have used this curriculum in many different ways with very diverse clients. I’ve facilitated groups with trauma survivors, women transitioning out of prison, and mental health professionals, and I’ve taught components of it to graduate students.

There is no right way to do it. For example, I ran into some literacy issues with one group and we ended up spending the majority of our time using art to work out the differences between shame and guilt.

I have learned that there are many ways to enhance the curriculum without jeopardizing the integrity of the research that serves as its foundation. I have colleagues who use a compassion meditation at the beginning and end of every session. I love that and I've incorporated that into some of my work. I have a colleague who uses gratitude affirmations. Again, I think that's wonderful. If you have an art therapy background and want to incorporate more creative arts, go for it! If you want to include some psychodrama exercises and you're trained to facilitate that, I encourage you to try it.

When you're facilitating this work, the most valuable asset you have is you. You are the essential tool. Without your authenticity, connection is impossible. Without connection, there can be no transformation. There is nothing more important than being with your clients where they are in the process. If that means teaching the sessions out of order or staying on one session for several meetings or stopping the learning piece to process, it all works as long as your choices are in the service of your clients and are mindful of the research.

Techniques

As noted earlier, every session in the curriculum was developed using the same facilitation model:

1. Check-in (ten minutes)
2. DVD (ten minutes)
3. Exercise (thirty minutes)
4. Process (thirty minutes)
5. Close (ten minutes)

During the field-testing period, we experimented with various techniques related to the exercises. We found these techniques quite helpful:

- ▶ *Silent Walk*. This approach is a combined group/individual way to complete a worksheet. Let's use Worksheet 2.1 as an example. This worksheet includes five questions. In a "silent walk" approach, we would write each of the questions on a separate poster and hang the posters around the room. Rather than individually completing the worksheets, we would hand out markers and ask participants to walk around the room, in silence, and write their answers on the sheets. When everyone was done, we would all walk through the room and read the posters. We would process after the silent viewing. This is a great way to get people up and moving, and it helps normalize the participants' feelings and experiences.
- ▶ *Round Robin*. Again using Worksheet 2.1 as an example, we would often distribute the worksheet and give folks a very limited amount of time to

complete it. When they were done, we would take one question at a time and go around the room listening to people's answers. Again, this helps normalize the participants' experiences.

- ▶ *Process Time-Out.* We can often feel enormous pressure to “cover content” and stay on task when facilitating a psychoeducational curriculum. Those of us who field-tested the curriculum learned very quickly that if a process issue emerges in the group—for example, a conflict or something significant happening in the environment—it's very important to call a Process Time-Out and work through the pressing issue. Learning won't happen when there's unspoken subtext in the group. Even if you fall behind with your scheduled sessions, you can always combine sessions or assign additional homework.
- ▶ *Four Attributes of Empathy.* The four attributes of empathy, originally identified by Theresa Wiseman, are first introduced in session 4. A poster of these attributes is available on the CD-ROM for you to print out. I strongly suggest that after you introduce the topic, you hang the poster of the four attributes of empathy in the room. One of the most critical elements of shame resilience is learning how to be in mutually empathic relationships. I encourage you to constantly acknowledge the natural opportunities to practice this skill during regular group time.
- ▶ *Use of the DVD.* It's often really hard to be both a teacher and a therapist. The vast majority of facilitators use the DVD; only a few actually teach the material themselves. Just a quick funny story: I ran into a former student who was facilitating the curriculum at a local hospital. I asked how it was going and he said, “The DVD is great because all of the clients' anger and transference is aimed at you rather than us.” I think he was kidding, at least a little. Seriously though, one advantage of using the DVD is that it frees you from having to defend the material. You can use your expertise in processing while the clients disagree with me.
- ▶ *Reading Assignments.* The reading assignments for the next session should be announced at the beginning and end of the session. Participants with limited reading proficiency may struggle with the assignments, but will still benefit from the DVD. The book synopsis at the end of each session may help refresh participants' memories.
- ▶ *Active Language.* As you work through the *Connections* curriculum with clients, it's important to remember to use active language. For example, if a client responds to another client with empathy, you might say, “I heard John really *practicing empathy* with Susan when she shared her story” rather than “John is very *empathic*.” Shame resilience is about empowerment. Trying on new behaviors and new ways of feeling and thinking takes a tremendous amount of courage and practice. It really helps when we acknowledge that courage, validate how practice-oriented this work can be, and address how vulnerable “being new” at something can feel.

Assessing, Safety Planning, and Referrals

Due to the nature of this work, it is important for facilitators to assess for trauma, addiction, and domestic violence issues. It has been my experience that these issues are likely to emerge—sometimes for the first time—when clients are engaged in shame-resilience work. I recommend that you have referrals and resources in place before you start this work.

Because *Connections* is a psychoeducational curriculum, not all facilitators will be licensed clinicians or therapists. It is imperative, however, that this work falls within the scope of your training and licensure. If you are facilitating this work and you are not a licensed clinician or therapist, *it is important to maintain a list of licensed clinicians or therapists for referrals*. Clients who appear to be struggling with the material or simply need to do more work or more in-depth work need to be referred to an appropriate person. During the first session, it is helpful to set boundaries and expectations based on your training and the time and space available to the group. It is also useful to let clients know that referrals are available.

Coping Agreement

You will find a copy of a coping agreement following this section (page 17) and on the CD-ROM. I suggest you distribute this at intake or during the first session. I borrowed the format from the Houston Area Women's Center.

Coping Agreement*

.....
This agreement should be distributed before or during the first session.

I agree to take care of myself while I participate in this group. If I am feeling overwhelmed, I will slow down. I will not push myself to do things that I am not comfortable doing or sharing.

If I need to take a break and stop thinking about this work, I will

.....
.....
.....
.....

If I need to process through my feelings, I will

.....
.....
.....
.....

If I need to reach out, I will call

.....
.....
.....
.....

_____ I do not have a therapist or counselor right now, but I will ask for a referral from my group facilitator if I think that will be helpful.

_____ I have a therapist/ counselor whom I can call and meet with when I need to.

.....
Signature

.....
Date

*Adapted from an agreement used by the Houston Area Women's Center.

Test of Self-Conscious Affect, Version 3 (TOSCA-3S)*

TOSCA-3S is to be handed out at the end of session 1.

Below are situations that people are likely to encounter in day-to-day life, followed by several common reactions to those situations.

As you read each scenario, try to imagine yourself in that situation. Then indicate how likely you would be to react in each of the ways described. We ask you to rate *all* responses because people may feel or react more than one way to the same situation, or they may react different ways at different times.

For example:

A. You wake up early one Saturday morning. It is cold and rainy outside.

- | | not likely | very likely |
|--|---------------------------|-------------|
| a. You would telephone a friend to catch up on news. | 1 ··· 2 ··· 3 ··· 4 ··· 5 | |
| b. You would take the extra time to read the paper. | 1 ··· 2 ··· 3 ··· 4 ··· 5 | |
| c. You would feel disappointed that it's raining. | 1 ··· 2 ··· 3 ··· 4 ··· 5 | |
| d. You would wonder why you woke up so early. | 1 ··· 2 ··· 3 ··· 4 ··· 5 | |

In the above example, I've rated *all* of the answers by circling a number. I circled "1" for answer (a) because I wouldn't want to wake up a friend very early on a Saturday morning—so it's not at all likely that I would do that. I circled a "5" for answer (b) because I almost always read the paper if I have time in the morning (very likely). I circled a "3" for answer (c) because for me it's about half and half. Sometimes I would be disappointed about the rain and sometimes I wouldn't—it would depend on what I had planned. And I circled a "4" for answer (d) because I would probably wonder why I had awakened so early.

Please do not skip any items—rate all responses.

1. You make plans to meet a friend for lunch. At five o'clock, you realize you have stood your friend up.

- | | not likely | very likely |
|--|---------------------------|-------------|
| a. You would think, "I'm inconsiderate." | 1 ··· 2 ··· 3 ··· 4 ··· 5 | |
| b. You'd think you should make it up to your friend as soon as possible. | 1 ··· 2 ··· 3 ··· 4 ··· 5 | |
| c. You would think, "My boss distracted me just before lunch." | 1 ··· 2 ··· 3 ··· 4 ··· 5 | |

*Developed by June Price Tangney and others, *The Test of Self-Conscious Affect (TOSCA-3S)* (Fairfax, VA: George Mason University, 2000).

2. You break something at work and then hide it.

- | | not likely | very likely |
|--|---------------------------|-------------|
| a. You would think, “This is making me anxious. I need to either fix it or get someone else to.” | 1 ··· 2 ··· 3 ··· 4 ··· 5 | |
| b. You would think about quitting. | 1 ··· 2 ··· 3 ··· 4 ··· 5 | |
| c. You would think, “A lot of things aren’t made very well these days.” | 1 ··· 2 ··· 3 ··· 4 ··· 5 | |

3. At work, you wait until the last minute to plan a project, and it turns out badly.

- | | not likely | very likely |
|---|---------------------------|-------------|
| a. You would feel incompetent. | 1 ··· 2 ··· 3 ··· 4 ··· 5 | |
| b. You would think, “There are never enough hours in the day.” | 1 ··· 2 ··· 3 ··· 4 ··· 5 | |
| c. You would feel, “I deserve to be reprimanded for mismanaging the project.” | 1 ··· 2 ··· 3 ··· 4 ··· 5 | |

4. You make a mistake at work and find out a co-worker is blamed for the error.

- | | not likely | very likely |
|---|---------------------------|-------------|
| a. You would think the company did not like the co-worker. | 1 ··· 2 ··· 3 ··· 4 ··· 5 | |
| b. You would keep quiet and avoid the co-worker. | 1 ··· 2 ··· 3 ··· 4 ··· 5 | |
| c. You would feel unhappy and eager to correct the situation. | 1 ··· 2 ··· 3 ··· 4 ··· 5 | |

5. While playing around, you throw a ball, and it hits your friend in the face.

- | | not likely | very likely |
|---|---------------------------|-------------|
| a. You would feel inadequate that you can’t even throw a ball. | 1 ··· 2 ··· 3 ··· 4 ··· 5 | |
| b. You would think maybe your friend needs more practice at catching. | 1 ··· 2 ··· 3 ··· 4 ··· 5 | |
| c. You would apologize and make sure your friend feels better. | 1 ··· 2 ··· 3 ··· 4 ··· 5 | |

6. You are driving down the road, and you hit a small animal.

- | | not likely | very likely |
|---|-------------------|-------------|
| a. You would think the animal shouldn't have been on the road. | 1...2...3...4...5 | |
| b. You would think, "I'm terrible." | 1...2...3...4...5 | |
| c. You'd feel bad you hadn't been more alert [while] driving down the road. | 1...2...3...4...5 | |

7. You walk out of an exam thinking you did extremely well; then you find out you did poorly.

- | | not likely | very likely |
|---|-------------------|-------------|
| a. You would think, "The instructor doesn't like me." | 1...2...3...4...5 | |
| b. You would think, "I should have studied harder." | 1...2...3...4...5 | |
| c. You would feel stupid. | 1...2...3...4...5 | |

8. While out with a group of friends, you make fun of a friend who's not there.

- | | not likely | very likely |
|---|-------------------|-------------|
| a. You would feel small . . . like a rat. | 1...2...3...4...5 | |
| b. You would think that perhaps that friend should have been there to defend himself/herself. | 1...2...3...4...5 | |
| c. You would apologize and talk about that person's good points. | 1...2...3...4...5 | |

9. You make a big mistake on an important project at work. People were depending on you, and your boss criticizes you.

- | | not likely | very likely |
|--|-------------------|-------------|
| a. You would think your boss should have been more clear about what was expected of you. | 1...2...3...4...5 | |
| b. You would feel as though you want to hide. | 1...2...3...4...5 | |
| c. You would think, "I should have recognized the problem and done a better job." | 1...2...3...4...5 | |

10. You are taking care of your friend's dog while she is on vacation and the dog runs away.

- | | not likely | very likely | | | |
|--|------------|-------------|---|---|---|
| a. You would think, "I am irresponsible and incompetent." | 1 | 2 | 3 | 4 | 5 |
| b. You would think your friend must not take very good care of her dog or it wouldn't have run away. | 1 | 2 | 3 | 4 | 5 |
| c. You would vow to be more careful next time. | 1 | 2 | 3 | 4 | 5 |

11. You attend your co-worker's housewarming party, and you spill red wine on a new cream-colored carpet, but you think no one notices.

- | | not likely | very likely | | | |
|---|------------|-------------|---|---|---|
| a. You would stay late to help clean up the stain after the party. | 1 | 2 | 3 | 4 | 5 |
| b. You would wish you were anywhere but at the party. | 1 | 2 | 3 | 4 | 5 |
| c. You would wonder why your co-worker chose to serve red wine with the new light carpet. | 1 | 2 | 3 | 4 | 5 |

Scoring Sheet for the TOSCA-3S

The TOSCA-3S scenarios that you just responded to were created from the personal experiences of several hundred college students and non-college adults. Your responses can now be used to calculate your scores for Shame Self-Talk, Guilt Self-Talk and Blaming Others.

Transfer your circled answers from the TOSCA-3S to the lines below. For example, if you answered a “4” for item 1a, enter a 4 under the column labeled “Shame Self-Talk” on the line next to 1a. If you entered a “1” for item 1b, enter a 1 under the column labeled “Guilt Self-Talk” on the line next to 1b, and so on. Carefully transfer your responses, because the order for a, b and c will be different for each question.

When you have finished transferring your answers, add up your score for each column. For example, your “Shame Self-Talk Total” score will be the total of all of the numbers written in the first column. Compare your total scores to the scoring interpretation on page 24.

Shame Self-Talk	Guilt Self-Talk	Blaming Others
1a _____	1b _____	1c _____
2b _____	2a _____	2c _____
3a _____	3c _____	3b _____
4b _____	4c _____	4a _____
5a _____	5c _____	5b _____
6b _____	6c _____	6a _____
7c _____	7b _____	7a _____
8a _____	8c _____	8b _____
9b _____	9c _____	9a _____
10a _____	10c _____	10b _____
11b _____	11a _____	11c _____
= _____	= _____	= _____
Shame Self-Talk Total	Guilt Self-Talk Total	Blaming Others Total

Scoring for the TOSCA-3S

For Men

If your score on “Shame Self-Talk” is:

- 0–24 you seldom use shame self-talk.
- 25–32 you use shame self-talk an average amount.
- 33–55 you often use shame self-talk.

If your score on “Guilt Self-Talk” is:

- 0–38 you seldom use guilt self-talk.
- 39–45 you use guilt self-talk an average amount.
- 46–55 you often use guilt self-talk.

If your score on “Blaming Others” is:

- 0–21 you seldom blame others.
- 22–28 you blame others an average amount.
- 29–55 you often blame others.

For Women

If your score on “Shame Self-Talk” is:

- 0–26 you seldom use shame self-talk.
- 27–35 you use shame self-talk an average amount.
- 36–55 you often use shame self-talk.

If your score on “Guilt Self-Talk” is:

- 0–42 you seldom use guilt self-talk.
- 43–48 you use guilt self-talk an average amount.
- 49–55 you often use guilt self-talk.

If your score on “Blaming Others” is:

- 0–20 you seldom blame others.
- 21–28 you blame others an average amount.
- 29–55 you often blame others.

This revised and expanded edition of *Connections*,

now published by Hazelden, draws on empirically based strategies to help your clients recognize shame as a universal experience and embrace authentic living as a foundation for shame resilience. Topics include

- ▶ defining shame
- ▶ practicing empathy
- ▶ exploring triggers and vulnerabilities
- ▶ practicing critical awareness
- ▶ reaching out to others
- ▶ creating, embracing, and inspiring change

Connections engages clients on a cognitive, behavioral, and interpersonal level. Clients learn via group and personal exercises, handouts, and reading assignments from Brown's best-selling book *I Thought It Was Just Me (but it isn't): Telling the Truth About Perfectionism, Inadequacy, and Power*.

The *Connections* curriculum includes a three-ring binder with facilitator information and lesson plans for twelve sessions, a 114-minute DVD, and a CD-ROM containing reproducible client handouts. The DVD features talks with the author that are keyed to the sessions as well as an introduction to the curriculum. Summaries of the assigned readings and DVD sessions are now included with the client reproducible handouts on the CD-ROM.



Dr. Brené Brown is a writer, researcher, educator, and activist. She is an award-winning member of the research faculty at the University of Houston Graduate College of Social Work, where she has spent the past ten years studying authenticity, belonging, and shame, and the effect these powerful emotions have on the way we live, love, parent, work, and build relationships.

Dr. Brown lives in Houston with her husband, Steve, and their two children, Ellen and Charlie.

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