Avoiding conflict assignment

Avoiding Conflict Style Uncomfortable with conflict regardless of the condition which exist inside the organization. Tend to prefer working in subordinate role or to be focused on a specific skill. Very accomplished at their task, can be counted upon to complete what is required of them. Do not like having responsibility for making decisions, but will make sure decisions are carried out. Professions that fit well into this class are accountants, salespeople, fund raisers.

Skill Set QualitiesGood Support Staff for More Competitive Personalities; Understand Responsibilities and Very Reliable; Loyal to the Agenda of a Client, Customer, Superior or Institution Belief-Just Want To Do My Job Team-Player Ability – Participants on a team must be able to demonstrate their ability to be a team player. Individuals who may not be positively predisposed to working on teams are oftentimes the reason for team failure. Having identified this in her research, Kline (1999) developed a Team Player Inventory (Appendix D).

This tool has proven effective in identifying individual attributes that will/will not contribute to the effective team performance. ' RESILIENCE IS LINKED TO ILLNESS SEVERITY IN ANXIETY DISORDERS TORONTO??? In patients with anxiety disorders, resilience appears to be highly related to illness severity. " While there is no universally accepted definition of resilience, it is often broadly conceptualized as resistance to psychopathology, but not a total invulnerability to psychiatric disorder.

It is usually discussed on a continuum with vulnerability," said Catherine Mancini, MD, at the 159th Annual Meeting of the American Psychiatric

Association. Resilience, generally defined as the personal qualities that enable one to thrive in the face of adversity, has been shown to be modifiable and to improve with treatment. In the literature, there are three general areas of research in resilience: the unique characteristics of individuals who cope well with stress or trauma, the processes by which resilience is attained through developmental and life experiences, and the dentification of different cognitive mechanisms that govern resilience or resilient adaptation. TRAITS OF RESILIENT PEOPLE Current theory views resilience as a multidimensional construct that includes critical factors that are associated with successful adaptation to stressful events, according to Dr. Mancini, an Associate Professor in the Department of Psychiatry and Behavioral Neurosciences at McMaster University in Hamilton, Ontario. Some of these critical factors include temperament, personality traits, cognitive factors, genetic traits, and other attributes, such as sense of humor and social support.

Dennis S. Charney, MD, during his keynote address at the Anxiety Disorders Association of America's 26th Annual Conference, noted that resilient patients possess the following: ??? A positive attitude ??? Cognitive flexibility ??? A personal moral compass (a set of core beliefs from which they cannot be shaken) ??? A role model to whom they can look up ??? An ability to face their fears ??? Active coping skills ??? A good social network Neuropsychiatry Review http://www. neuropsychiatryreviews. com/aug06/anxious. html (below) Dr.

Charney, a Professor at Mount Sinai School of Medicine in New York City, also discussed the psychobiology of resilience, noting that an interaction between

neurotransmitters, neuropeptides, and hormones is known to be involved in the acute psychobiological responses to trauma. This model encompasses the psychobiologic underpinnings of fear, conditioning, reward, social behavior, reconsolidation, and extinction. DEVELOPMENT OF A RESILIENCE SCALE Because there has been an interest in resilience in adult populations, there was a push to develop a measure of resilience in adults.

The Connor-Davidson Resilience Scale (CD-RISC) is a self-report measure that includes 25 items that measure personal competence, tolerance of negative affect, and social support. The scores range from 0 to 100, with higher scores meaning greater resilience. The resilience score shows improvement when there is clinical improvement in psychiatric symptoms. Dr. Mancini used this scale as part of a recent study. She and her colleagues studied 108 patients with anxiety disorders.

All were diagnosed using the Structured Clinical Interview for DSM-IV, and all were evaluated using the CD-RISC to determine whether their symptoms improved with treatment over time. RESILIENCE RELATED TO ILLNESS SEVERITY The demographics of the study cohort reflected a typical anxiety disorder population. The study included more women than men, and their average age was in the mid-30s. Most study participants were employed. " When the demographics were reviewed after giving the CD-RISC, there was no association among the demographics, apart from the fact that employed individuals had higher resilience scores," she said.

In Dr. Mancini's clinic, the three major anxiety disorders diagnosed are obsessive-compulsive disorder (OCD), social phobia, and panic disorder with

agoraphobia. These three disorders represented the bulk of diagnoses in the study cohort. When the CD-RISC scores were reviewed according to primary diagnosis, patients who had a primary diagnosis of social phobia had significantly lower CD-RISC scores than did patients with with primary diagnoses of panic disorder or OCD.

Additionally, the study found that individuals with lifetime diagnoses of OCD, generalized anxiety disorder, and social phobia had significantly lower resilience scores. Significant negative correlations were observed with almost all of the severity scores, including the Padua Inventory for Obsessive-Compulsive Disorder??? Revised, the Social Phobia Inventory, the Panic and Agoraphobia Scale, the Beck Anxiety Inventory, the Montgomery-Asberg Depression Rating Scale, the Sheehan Disability Scale, and the number of comorbid diagnoses.

The only exceptions were the Alcohol Frequency Scale and the Impact of Event Scale. Patients who had a CD-RISC score 1 standard deviation or more above the mean were classified as " high resilient," and those who had a CD-RISC score 1 standard deviation or more below the mean were classified as " low resilient. " These groups were further divided according to whether patients had a history of childhood abuse or maltreatment. The study found that individuals with high CD-RISC scores even in the face of childhood altreatment had lower scores in terms of symptom severity on all of the other measures. " There were many limitations to this study, including lack of patients with acute stress or posttraumatic stress disorder. Also, we didn't include any personality measures or measures of coping style, which are both important when looking at the issue of resilience," Dr. Mancini said.

Patients with a diagnosis of social phobia had lower resilience scores, and resilience scores negatively correlated with a number of severity measures.

Patients who had high resilience scores and were abused as children had significantly lower symptom severity scores. " Given the multifacets of resilience, it may be important in the future to also include some psychobiological measures when looking at the whole construct," she said. In addition, future research should examine whether premorbid levels of resilience influence the development or course of the anxiety disorder or whether the development of the anxiety disorder changes resilience.