From Compliance to Commitment

Comparing BBS to AC4P

By E. Scott Geller and Bob Veazie

rganizations must address the behavioral side of safety to achieve an injuryfree workplace. To sustain zero injuries long term, workers must be self-motivated and self-directed to manage risk and look out for the

> safety and health of others. This is not to underestimate the necessity of effective safety engineering, OSHA compliance, continuous process and structural improvements, as well as managers and supervisors modeling values consistent with the vision of a world-class safety culture. But, human dynamics remain an issue after accomplishing the initial levels of the hierarchy of injury controls and compliance. Employees' expectations, personstates, attitudes and behaviors must be considered.

IN BRIEF

ing the initial levels of the hierarchy of injury controls and compliance. Employees' expectations, personstates, attitudes and behaviors must be considered. An actively caring for people (AC4P) mind-set helps people develop the confidence and skills to take care of each other before injuries occur and to be continuously proactive. The real purpose of behavior-based safety is to increase the frequency and improve the quality of AC4P behavior, en route to cultivating a genuine culture of interpersonal compassion and caring.

•Human dynamics remain an issue after accomplish-

The Purpose of Behavioral Observations

If managers must continually prod employees for more behavioral observation cards, something is wrong. At a company in Ohio, the authors observed managers begging their employees to turn in behavioral observation cards. Managers pleaded, "We are behind in getting the number of observation cards that should have been turned in by now, and we really need you all to turn in five to 10 more cards this week."

Managers often remind employees to perform peer-to-peer observations, then focus on the number of observation cards completed as a key success measure for behaviorbased safety (BBS). It is important to manage the behavioral component of risk through interpersonal observation and feedback, but workers must be self-directed or self-motivated to participate in this critical process component of BBS.

When asked how many observation cards they were required to complete each month employees answered, "We are supposed to do one observa-tion every 6 months." What is wrong with this answer? Does doing one interpersonal observation every 6 months help? Does completing one observation card every week or even every day help attain an injury-free workplace? If this is the operational definition of BBS, it is clear why many safety professionals have developed strong negative feelings about BBS.

When people do not understand the connection between an activity and its purpose, a small gain may be realized in the short term, but the process is destined to be yet another "been there, done that" in the graveyard of flavors of the month. But, when people understand and believe in the purpose of a recommended process, they become selfmotivated to participate (Geller, 2014c). So, what is the purpose of a formal behavioral observation and feedback process?

Actively Caring for People

It is imperative to understand the difference between caring and acting. From the authors' conversations with employees in the corporate world, it is clear that no one wants to see someone injured on the job—this is caring. Yet, when asked to approach a peer who is working at risk and could be hurt, the majority admit they do not act on their caring by giving coworkers corrective feedback. Nor are many comfortable providing personal appreciation when observing a coworker's safe behavior. Thus, these employees do not actively care. They do not go beyond their intrinsic caring to proactive action: actively care for people (AC4P).

In August 2007, at a power plant in Maryland, 31-year-old Benjamin Heron fell to his death after wearing his safety harness 150 ft above ground but

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not tying off when he moved on the platform from one tool to another. Two coworkers noticed that he had unhooked but that he did not tie back on. Yet, the coworkers said nothing, and Heron fatally fell, slipping between the platform and the first rail.

There are too many similar stories where chances to help are passed up and the ultimate price is paid. It is not that the coworkers did not care, it is that they did not act on their caring. Of course, they likely rationalized their lack of proactive behavior. It is likely, however, these men do not experience many days without thinking, "If only I had. . . ."

Behavior-Based Safety & AC4P

Many companies have implemented an AC4P process for safety called BBS (Geller, 1996, 1998; McSween, 1995) or people-based safety (Geller, 2005, 2008b). The purpose is to help people develop the confidence and skills to take care of each other before injuries occur and to be continuously proactive. Employees often use a critical behavior checklist (CBC) to pinpoint safety-related risks to look for when systematically observing each other (Geller, 1996, 1998, 2001). They observe coworkers and check "at-risk" or "safe" on the CBC, based on the behavioral definitions they previously determined with their work team.

After completing a CBC, the observer provides supportive feedback to the worker for the safe behaviors recorded and corrective feedback for any at-risk behavior noted. This behavioral feedback is not given to direct behavior change, rather it is meant to empower personal acceptance and self-accountability. A nondirective or humanistic approach to feedback delivery is most likely to be appreciated and considered (Geller, 2014a).

The CBCs are given to a data processor who tallies the information and distributes a summary to all employees. At-risk behaviors that occur at the highest frequencies are identified, specifying targets for further improvement. This information is shared with all employees so that together they can learn where more mindful focus is needed for injury prevention. The purpose is to cultivate a culture in which 100% of the time any worker seeing another worker at risk (including breaking a safety rule) speaks up to prevent the possibility of injury.

The real value of using a CBC is to help people develop and grow in confidence and competency, so that they will provide feedback every time they see someone at risk. The formal observation-and-feedback process, which can be completed as practice, helps participants become more skilled and comfortable at providing and receiving interpersonal feedback regarding safe and at-risk behaviors in the workplace.

From Formal to Informal Observations

Consider a winning athletic team where rigorous long-term practice with behavioral feedback occurs before the first game. With BBS, the practice is for-

mally using a CBC to improve behavior. As with athletics, practice is important but the purpose of practice is preparation for the actual game.

The intent of the formal BBS process is to enable employees to play their best game. Do not assume that the number of formal observations completed will lead to fewer on-the-job injuries. Only when the observations occur voluntarily, beyond the formal practice sessions, will the connection between the observation-and-feedback process and injury rate most likely occur. The ultimate leading indicator is: How often do workers give informal feedback to sincerely commend ongoing safe behavior or warn a coworker of a hazard or an at-risk behavior they observe?

Many organizations assume that having a formal BBS process in place ensures that employees will always speak up when observing a coworker at risk for an injury. This is simply not true. Yes, there is value in performing formal observations. CBCs should be collected, safe behavior acknowledged, and risks taken on the job should be highlighted and shared for useful informing, learning and warning. However, the process should be more about the actively caring spirit than the mechanics. The formal system for observation and feedback is more about developing an AC4P mind-set and increasing people's propensity to step up wherever safety-related feedback is called for and less about completing and turning in CBCs. The process is intended to be developmental—people growing into becoming each other's keeper.

Figure 1 (p. 46) depicts a hypothetical, ideal comparison of the number of formal versus informal observations occurring over consecutive weeks. It would be informative for an organization to track the frequency of formal versus informal observations among its employees. A BBS process begins with employees practicing (i.e., completing formal observations with a CBC) three to four times per month, per employee. After several months, the number of informal observations should grow steadily and the frequency of formal observations (i.e., practice) should decline. Reports of employees providing informal feedback to one another at the moment of noticing commendable and/or undesirable safety-related behavior should systematically increase. This reflects a successful formal observation-and-feedback process.

Figure 1 (p. 46) shows that the number of realtime acts of caring for others is increasing prominently and justifies a decrease in the frequency of required formal observations. The hypothetical data indicate less need for practice because the volume of practice is not the ultimate score on the safety scoreboard. Rather, how often workers provide on-the-spot supportive and corrective feedback is the ultimate score.

In many companies, employees do not realize the primary purpose of the formal observation and feedback process. They lose interest or pencil whip Many organizations assume that having a formal BBS process in place ensures that employees will always speak up when observing a coworker at risk for an injury. This is simply not true.

Hypothetical Comparison of the Frequency of Formal vs. Informal BBS Observations

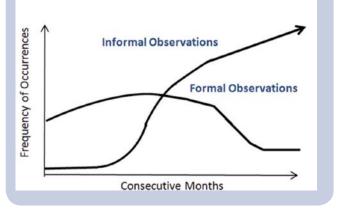


Figure 1 depicts a hypothetical, ideal comparison of the number of formal versus informal observations occurring over consecutive months.

their formal process. Some organizations react when the number of formal observations decreases, along with the quality of the reports, by having supervisors conduct the observations, just to keep the process going. This becomes a management-driven behavioral audit and defeats the real value of the process, which is to cultivate an actively caring safety culture.

Compliance vs. Commitment

A safety committee leader at a Fortune-500 company told one of the authors that he had completed 20 formal BBS observations of coworkers that month. He walked up to the employees on the plant floor, watched them for 6 to 7 minutes and completed an employee-designed CBC. He used the CBCs to provide feedback on their safety-related behaviors. If an unsafe behavior was observed, the performer was given one-to-one corrective feedback. The employee's name was never recorded; the process was fact finding, not fault finding. The 20 CBCs were entered into a database, along with all the other BBS observations completed by other employees.

This particular safety leader had set a monthly record for the number of formal CBCs completed. He was publicly recognized as the "BBS Leader of the Month." Indeed, his 20 CBCs were 13 more than the next highest employee, and all others averaged two to three CBCs that month. Most of his CBCs indicated 100% safety, and only two of the observations needed correction. His quantity of behavioral observations and interpersonal coaching was certainly impressive. Yet, is this exemplary participation?

When one of the authors and this safety leader toured the plant, the author observed his host walk by a worker who was not wearing safety glasses. He said nothing but, "Hi." A little later, an employee driving a company vehicle pulled over to say hello. The driver was not buckled. The safety leader said nothing.

When asked "Why didn't you say something to that employee about buckling up and your company's safety policy?" he replied, "Those moments happened so fast that I didn't think to speak up for safety." In both cases, he had noticed at-risk behavior, yet he failed to intervene to prevent personal injury.

The formal audit process is not the bottom line for BBS. The focus is on self-development of safety competencies and the courage to confront. Keeping workers safe requires proactive observation and feedback whenever an opportunity occurs, whether or not a CBC is available. If people do not make a personal commitment to actively care for the safety of others on an informal level, we are not

authentic keepers. When people lose the emotional connection to the process, it fails.

An AC4P Lifestyle

An AC4P mind-set can become a way of life for those committed to the concept and who act on that commitment. Yet for many reasons, it is not always human nature to actively care. The previously mentioned safety leader cared. He voiced strong commitment to safety, but he did not consistently act on his verbal commitment. He may have had caring intentions, but he did not actively care beyond the formal process that he was held accountable to complete.

Self-motivated action for safety can be rare even in a work environment where safety is professed as a cultural value. Caring comes easily. The safety leader found it easy to care enough for others to complete formal CBCs, which was anticipated by workers, and required minimal or no corrective feedback about risky behavior. Yet, he seemed to lack the genuine commitment and moral courage (Geller & Veazie, 2009) to provide critical corrective feedback to others when they were not following safety rules and risked personal injury.

People sometimes hold back proactive behavioral feedback because they fear the possibility of a negative interpersonal confrontation. People should be grateful when someone gives them information that can prevent a personal injury. This is indeed the case in an actively caring culture. However, in too many cultures it is considered interruptive meddling when corrective feedback is offered for risky behavior. "Mind your own business,"

people think or may actually say aloud. That is even the case in a workplace where people are accustomed to receiving formal BBS feedback, and the employees know one another. What about offering safety-related feedback to a stranger?

Many people care and have good intentions. But good intentions are not enough; they only make a difference if they result in relevant behavior. To pursue an actively caring lifestyle, people must act whenever such action can help. They must go beyond convenient and comfortable acts of kindness. To make a large-scale beneficial difference in the world, AC4P must become a way of life-a selfdirected lifestyle, fueled by purposeful commitment.

Actively Caring Behavior Self-Efficacy "I can do it" **Optimism Personal Control** "I expect the best" "I am in control" AC4P **Behavior** Self-Esteem Belongingness "I care about myself" "I care about my team"

Person-States That Influence

One's Propensity to Perform

Figure 2 illustrates the five personstates that change as a function of various situational and interpersonal factors.

Commitment & Actively Caring

One of the authors recently asked 220 employees if they were committed to ensuring that no one was injured at their plant. They all aswered yes. But, when asked to define their commitment, most did not know what to say. They all had good intentions, but none had a genuine commitment. To commit to AC4P, these four criteria must be addressed (Cialdini, 2001; Furrow & Geller, 2014):

- 1) Define the commitment as an intention to perform a particular behavior.
 - 2) The commitment to act is a voluntary choice.
- 3) A commitment without a process goal can stagnate and go nowhere. Progress toward honoring the commitment is measured and tracked, reflecting behavior-based goal setting.
- 4) On a daily basis, share with others the commitment to achieve a certain goal, thereby benefiting from social support and mutual accountability.

The Psychological Science of Actively Caring

Consistent proactive AC4P behavior for safety can be difficult. It is usually inconvenient, and it is not always well-received. The science of psychology explains a great deal with regard to why we might choose to act on behalf of someone's wellbeing, or why we might avoid an opportunity to actively care. Research findings from psychological science reveal that five person-states influence one's propensity to perform AC4P behavior (Geller, 1996, 2001, 2014b). These five evidencebased person-states (Figure 2) are called "states" rather than "traits" because they change as a function of various situational and interpersonal factors. Connections between these person-states and actively caring behavior are as follows:

- •Self-esteem. The better I feel about myself, the more likely will I serve others.
- •**Self-efficacy.** The more perceived competence I have to intervene effectively, the more likely will I actively care.
- •Personal control. The more choice and personal control I perceive in a certain situation, the more likely I will intervene on behalf of another person's welfare.
- •Optimism. The more optimistic I am that my AC4P behavior will be helpful, the more likely will I intervene.
- •Belongingness. The greater the personal connection I feel with the person whom I perceive could benefit from my actively caring behavior, the more likely will I intervene.

As noted, these person-states change as a function of situational factors, especially interpersonal conversations (Geller, 2014a). If a supervisor builds relationship connections by appreciating or asking about an employee's weekend, the leader enhances one or more of these person-states and increases the likelihood the individual will perform actively caring behavior.

Many managers know the power of management by walking around (Packard, 2006), but it is not the walking around that is important, it is the oneon-one conversations with employees. An AC4P manager converses to boost one or more of the five person-states. If all s/he does is walk around, tell people what to do and point out shortcomings, s/he can deflate rather than boost these person-states.

Leaders with an actively caring mind-set understand the importance of building constructive relationships with employees.

Leaders with an actively caring mind-set understand the importance of building constructive relationships with employees. They are sensitive to the five person-states and realize how the nature of their conversations can impact these states in positive or negative directions, helping or hindering the cultivation of an AC4P culture. AC4P is not just about making noise around people or getting in their space. It is a matter of showing genuine concern for them, their five person-states and their work culture. This leadership generates self-motivation and fuels an AC4P workplace.

During workshops on how to cultivate an AC4P safety culture, participants have offered many practical suggestions on how they enhance each of these person-states in others. Some suggestions are reviewed here, selected from more comprehensive and detailed presentations (Geller, 1996, 2001, 2014b). Please note the special value of soliciting strategies from work teams by asking three questions about each person-state:

- 1) What happens around here that lowers the person-state?
- 2) What happens around here that enhances the particular person-state?
- 3) What can we do in this workplace to boost this person-state in others?

Self-Esteem

Participants have suggested several ways to build self-esteem, including: a) provide opportunities for personal learning and peer mentoring; b) increase one-on-one recognition for desirable behaviors and individual accomplishments; and c) solicit and follow up on safety suggestions.

It is important to give more positive (supportive) than negative (corrective) feedback. It is essential to focus on the act, not the actor, when offering corrective feedback. An error only reflects behavior that can be corrected, not some deeper character flaw. Do not come off as a judge of character, implying that a mistake suggests a subjective personal attribute similar to carelessness, apathy, bad attitude or poor motivation.

Be a patient, active listener. Allow people to explain their error or poor judgment. Do not argue about these explanations. It is just a way to protect one's self-esteem, and it is generally a healthy response. Remember, you already made your point by showing the error and suggesting ways to avoid the mistake in the future. Leave it at that.

It might help to explore feelings if a person does not react constructively to corrective feedback. For example, ask "How do you feel about this?" you might ask. Listen with empathy to assess whether self-esteem has taken a hit. This will indicate whether some additional communication is needed to focus squarely on what is external and objective, rather than internal and subjective.

Self-Efficacy

Self-efficacy is more situation-specific than selfesteem, so it fluctuates more readily. Job-specific feedback should be directed only at one's perception of what is needed to complete a task successfully. It should not veer off in the direction of general self-worth, as repeated negative feedback can have a cumulative effect, chipping away at an individual's perception of self-worth. Then, it takes only one remark, perhaps an innocuous and insignificant one, to activate an overreaction.

Interpersonal communication may not be received as intended. Despite striving to come across as positive and constructive, communication might be misperceived. Indeed, one's person-state can dramatically bias the impact of interpersonal feedback. Note that self-efficacy reflects the perception of competence, and when people receive sincere, supportive feedback about their exemplary safety-related behavior, their perceived competence is enhanced, which in turn fuels their self-motivation (Geller, 2014c).

Personal Control

Employees at one seminar listed ways to increase perceptions of personal control:

- •Set short-term goals and track progress toward long-term accomplishment.
- Offer frequent rewarding and correcting feedback for process activities rather than only for outcomes
- •Provide opportunities to set personal goals, teach others, and chart "small wins" (Weick, 1984).
- •Teach employees basic behavior-change intervention strategies (especially feedback and recognition procedures).
- •Provide time and resources for people to develop, implement and evaluate intervention programs.
- •Show employees how to graph daily records of baseline, intervention and follow-up data.
- •Use postresponse-feedback graphs of group performance.

The perception of personal control is analogous to the perception of personal choice or autonomy. When people believe they are in control of a situation or challenge, they generally feel a sense of personal choice. "I choose to take charge of the mission which is within my domain of influence." Appreciate the similarity between these personstates. People are more self-motivated when they perceive choice or a sense of autonomy (Deci, 1995; Deci & Ryan, 1995).

Optimism

Optimism flows from thinking positively, avoiding negative thoughts and expecting the best to happen. Anything that increases self-efficacy should increase optimism. Also, when personal control is strengthened, people perceive more influence over their consequences. This gives them more reason to expect the best. Note how the person-states of self-efficacy, personal control and optimism are clearly intertwined. A change in one will likely influence the other two. Note also how these person-states relate to perceptions of choice and competence, which are determinants of self-motivation.

Belonging

Consider these common proposals for creating and sustaining an atmosphere of belonging among employees, as suggested by one discussion group:

- a) decrease the frequency of top-down directives and quick-fix programs;
- b) increase team-building discussions, group goal-setting and feedback, and group celebrations for both process and outcome achievements;

c) use self-managed or self-directed work teams. Feelings of empowerment and belonging can be enhanced when groups are given control over important matters like developing a behavior-improvement observation-and-feedback process or a particular safety initiative. When resources, opportunities and talents enable team members to assert themselves, we-can-make-a-difference feelings of belonging occur naturally. This leads to synergy, with the group achieving more than could be possible from participants working independently.

Personal Impact

Each individual can affect his/her own personstates. Take self-esteem, for example. When you help another person, you feel better about yourself. You feel more valuable because you helped another person do better and/or feel better. Plus, helping others can boost other person-states, as well, from optimism to belongingness. But what if you have an opportunity to perform an act of kindness for someone, but do not come through with the obvious actively caring behavior. Would you feel guilty? Could any of your person-states be lowered, such as your sense of personal control, self-efficacy, optimism and/or your sense of belonging? Understanding these possibilities indicates you are on your way to becoming an AC4P leader.

Bottom line: When we act to serve others, the victory is not just theirs, it is ours as well—we create a win-win relationship. Their win is obvious; they get our help. Our win is a boost to one or more of the five actively caring person-states, which in turn increases the likelihood that we will continue to serve others. However, when we choose not to actively care for another person's safety, we not only lose an opportunity to enhance our own person-state levels, we likely lower one or more of these positive dispositions for ourselves.

People have a potential self-reinforcing actively caring cycle. When people act on caring, they enhance their own five beneficial person-states. The higher these person-states, the greater the probability employees will perform another AC4P behavior and augment those critical person-states again.

Abraham Maslow concluded near the end of his life that satisfying the need for self-actualization is not the ultimate. Rather, self-transcendence or authentic service to others is the highest need to satisfy to be the best we can be (Maslow, 1971). People reach the highest level of Maslow's hierarchy of needs when actively caring behavior becomes part of their lifestyle.



AC4P Website

Since the mid-1990s, E. Scott Geller has promoted the AC4P concept by distributing green silicon wristbands embossed with the words, "Actively Caring for People." Following the Virginia Tech campus shooting rampage on April 16, 2007, which took the lives of 33 people and injured 17 others (Geller, 2008b), the mission took on a new focus and prominence. In a time of great uncertainty and reflection, those most affected by the tragedy were not thinking about themselves. They acted to help classmates, friends and even strangers. This collective effort was manifested in a movement for culture change.

The wristbands were redesigned so that each featured a unique identification number. The website, **www.ac4p.org**, was improved so people could a) share their stories (with the number of the wristband they gave or received); b) track worldwide where a particular wristband has been; and c) order more wristbands to reward others. To date, more than 3,000 stories have been shared, and nearly 100,000 wristbands have been purchased, with proceeds going to the Actively Caring for People Foundation Inc.

Thinking Fast or Slow

The way minds work makes it natural to avoid AC4P behavior (Kahneman, 2011). Kahneman explains minds operate at two different levels: System 1 and System 2. At the System 1 level, the cognitive processing is reflexive, occurring quickly with minimal thinking. People usually get by at the System 1 level, but this level of thinking can lead to mindless mistakes and habitual behavior contrary to beliefs, values and/or commitments.

System 2 thinking requires more energy and a deeper thought level. This is self-motivated thinking, occurring when people are mindful of the choice to actively care and help cultivate an interdependent community of people applying their competencies to keep each other safe. Here is where people reflect and determine whether they have honored the commitment to act on behalf of the safety, health and well-being of peers. Still it is easier and more efficient to operate at System 1, and the commitment to actively care can be readily bypassed.

Consistent actively caring behavior requires more frequent reflective thinking (i.e., System 2).

The ultimate goal is for more people to keep their eyes open for opportunities to help others, then hold themselves accountable for taking action that helps make the world a better place.



This is far different from natural reflexive thinking (i.e., System 1). Kahneman's (2011) research illustrates people's resistance to using reflective thinking, because this level of cognitive processing takes more time and effort. However, Kahneman also demonstrates that people can choose to live a life of more reflective thinking, and people can operate intentionally at the System 2 level needed for actively caring behavior.

Thus, AC4P is easier said than done. Most people are running at a fast clip, with so much information coming in that it is difficult to just relax and reflect on core values and ways to bring these to life. To keep up, people multitask and resort to efficient reactive thinking. A commitment to actively care for the safety of others requires slow reflective thinking, looking daily for opportunities to prevent a possible injury and then acting effectively to make a beneficial difference. This takes slow, System 2 thinking that is readily subdued by easy, habitual and efficient System 1 thinking.

Conclusion

It takes personal commitment to help cultivate an AC4P culture. The ultimate goal is for more people to keep their eyes open for opportunities to help others, then hold themselves accountable for taking action that contributes to making the world a better place—whether that action is an intervention to ensure another person's safety or simply an act of kindness to make a better day for someone. This should not be that difficult, yet it is more difficult than it sounds.

Honoring such a critical but challenging commitment takes courage and competence. This commitment goes beyond performing AC4P behaviors. It includes activating and supporting such behaviors of others. People need to learn how to intervene effectively to actively care and have the moral courage to act whenever such an opportunity is observed. Plus, it takes slow System 2 thinking to reflect and anticipate feeling good after displaying AC4P behavior. When a person connects with others for interpersonal accountability and shares AC4P stories, that person helps cultivate an actively caring safety culture.

People must go well beyond card-counting mechanics and focus on truly helping coworkers avoid personal injury every day and in every way. Everyone understands that the real purpose of BBS is to increase the frequency and improve the quality of actively caring behavior, en route to cultivating a genuine keepers' culture of interpersonal compassion and actively caring. **PS**

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