

**IMPORTANT FACTS ABOUT RESILIENCE: A CONSIDERATION OF
RESEARCH FINDINGS ABOUT RESILIENCE and IMPLICATIONS
FOR ASSESSMENT AND TREATMENT**

**Donald Meichenbaum, Ph.D.
Research Director Melissa Institute
Miami, Florida**

*www.melissainstitute.org
www.teachsafeschools.org*

Contact Information

E-mail: dhmeich@aol.com

Please visit The Melissa Institute Website www.melissainstitute.org for References and Additional Handouts. Go to the Subject Index on the left-side and look at Handouts by Ann Masten, Betty Pfefferbaum, Marlene Wong and Don Meichenbaum.

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THE NATURE OF THE CHALLENGE

About 1 in 8 children under the age of 17 reported some form of serious maltreatment by adults in the last year.

Approximately 3.6 million of children received an investigation by a service agency for child maltreatment.

It is estimated that 20 million children live in households with an addicted caregiver and of these approximately 675,000 are suspected of being abused and neglected.

Up to 10 million children are believed to be exposed to domestic violence annually. For example, in California it is estimated that 10%-20% of all family homicides are witnessed by children.

Such stressors are compounded by poverty. 25% of children (some 15 million) in the U.S. live below the poverty line.

Research indicates that ½ to 2/3 of children living in such extreme circumstances grow up and “overcome the odds” and go on to achieve successful and well adjusted lives.

Only about one-third of abused and neglected children in clinical settings meet diagnostic criteria for PTSD or what is being called a Developmental Trauma Disorder (van der Kolk; 2005, *Psychiatric Annals*, 35, 401-408).

This Conference is designed to explore what factors contribute to such resilience. Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress. Resilience is not a trait that individuals either have or do not have. Resilience involves behaviors, thoughts and accompanying feelings that can be nurtured, developed and learned.

WHAT IS RESILIENCE

RESILIENCE is the capacity of people to effectively cope with, adjust, or recover from stress or adversity.

RESILIENCE is the process and outcome of successfully adapting to difficult or challenging life experiences and the ability to rise above one's circumstances.

RESILIENCE reflects the ability to confront and handle stressful life events, ongoing adversities and difficulties, and traumatic experiences, both while deployed and also when reintegrating into civilian life.

RESILIENCE reflects the ability to maintain a stable equilibrium and relatively stable healthy level of psychological and physical functioning, even in the face of highly disruptive stressful and traumatic events.

RESILIENCE reflects the ability to

- bounce back
- beat the odds
- transform one's emotional and physical pain into something "positive"
- evidence a relatively stable trajectory of healthy functioning across time
- move from being a victim to being a "survivor" and even to becoming a "thriver"
- be "stress hardy" adapting to whatever life sends, and for some, even evidencing "post- traumatic growth"

As a result of experiencing traumatic events, some individuals will experience **POST-TRAUMATIC GROWTH (PTG)**. PTG is the ability to experience positive personal changes that result from the struggle to deal with trauma and its consequences. PTG highlights that strengths can emerge through suffering and struggles with adversities. Individuals may develop a renewed appreciation of life and a commitment to live life to the fullest, valuing each day; improved relationships with loved ones; a search for new possibilities and enhanced personal strengths and new spiritual changes. This **ROADMAP to RESILIENCE** project provides practical tools to increase your ability to develop Post-traumatic growth. Not only to **LEARN IT**, but **LIVE IT**.

Perhaps, the concept of **RESILIENCE** was best captured by Helen Keller who was born blind and deaf when she observed,

"Although the world is full of suffering, it is also full of overcoming it."

As one returning Vet commented:

"Resilience is moving from taking orders or completing other people's missions to creating your own missions and bringing on-line your own decision-making abilities. I have a deeper meaning of life as a result of my deployments."

As often observed:

"Man has never made a material more resilient than the human spirit."

SOME FACTS ABOUT RESILIENCE

Following a natural catastrophe or a traumatic event no one walks away unscathed by such events, but neither do most survivors succumb in the aftermath to despair. Most show remarkable levels of resilience.

The ceiling for harmful effects is about 30% of those exposed.

People are much more resilient under adverse conditions than they might have expected.

A person may be resilient in some situations and with some type of stressors, but not with other stressors.

Resilience may be available and more accessible to a person at one period of time in his/her life than at other times in his/her life. Individuals may go through periods of extreme distress, negative emotions and poor functioning and still emerge resilient.

Resilience is more accessible and available to some people than for others, but everyone can strengthen their resilience.

Resilience (positive emotions) and negative emotions can co-occur side-by-side.

Research indicates that individuals who have a ratio of 3 times as many experiences of positive emotions to 1 of negative emotions on a daily basis (3-to-1 ratio) are more likely to be resilient and have a successful reintegration.

Resilience does not come from rare and special or extraordinary qualities or processes. Resilience develops from the everyday magic of ordinary resources. Resilience is not a sign of exceptional strength, but a fundamental feature of normal, everyday coping skills.

There are many different pathways to resilience. A number of factors contribute to how well people adapt to adversities. Predominant among them are:

- a) the perceived availability of social relationships and the ability to access and use social supports;
- b) the degree of perceived personal control and the extent to which individuals focus their time and energies on tasks and situations over which they have some impact and influence;
- c) the degree to which they can experience positive emotions and self-regulate negative emotions;
- d) the ability to be cognitively flexible, using both direct-action problem-solving and emotionally-palliative acceptance skills, as the situations call for;

- e) the ability to engage in activities that are consistent with one's values and life priorities that reflect a stake in the future;

There are many roads to travel and many forks along the pathway to resilience. It is possible to change course at many points.

Individuals who are low in resilience are at risk for experiencing stress, depression, anxiety and interpersonal difficulties.

A **RESILIENCE REINTEGRATION PROGRAM** can promote subjective well-being.

CDC List of PROTECTIVE FACTORS FOR YOUTH VIOLENCE
(See www.vetoviolence.org/pop)

Protective Factors – factors that provide a buffer against risk for violence

Individual/Family/Peer/School

- High IQ
- High Grade Point Average
- Positive social orientation
- Intolerant attitude toward deviance
- Religiosity
- Connectedness to family or adults outside of the family
- Ability to discuss problems with parents
- Perceived parental expectations about school performance are high
- Frequent shared activities with parents
- Consistent presence of the parent during at least one of the following activities: when awakening; when arriving home from school; at evening mealtime; at bedtime
- Involvement in social activities with prosocial peers
- Connectedness and commitment to School
- Involvement in school activities

SOCIAL ECOLOGICAL MODEL

Illustrative Interventions at the Levels of Individual, Relationships, Community, Societal

At the Individual Level

Reduce risk exposure from conception onward

Nurture skill development - - attachment behaviors, emotional regulation, interpersonal competence, academic performance, especially reading comprehension competence, conflict resolution skills and skills needed to gain employment (Build in generalization guidelines in any training program).

Strengthen positive self-efficacy and future orientation (“I have ...”; “I can ...”; “I am ...”).

Put student in a “helper role” - - others, pet, foster child. Nurture empathy training.

Build on strengths and “islands of competence”.

Offer health care programs that provide the building blocks for resilience.

At the Relationship Level

Provide home-visiting and parent training programs (compliance-discipline procedures; monitoring; attachment-enhancing behaviors; academic supportive behaviors).

Nurture school connectedness.

Provide mentoring programs (“Guardian Angels”).

Encourage association with prosocial peers and positive role models.

At the Community Level

Encourage and reward voluntary community altruistic behaviors.

Support participation in prosocial community activities such as church attendance and other ties.

At the Societal Level

Support groups and initiate policies and that advocate for children like the Children’s Movement of Florida ala the work of David Lawrence (*See <http://childrensmovementflorida.org>*).

LEVELS OF INTERVENTION

Universal (Primary Prevention) focuses on all students in a given population.

- Reduce Risk Factors, especially those tied to poverty.
- Conduct initial screening. See Adverse Childhood Experience Scale (ACE). Assess cumulative exposure to stressors.
- Focus on schools as a critical setting. “Report Card” for Principals. Do not implement programs that will exacerbate the situation. (*See Meichenbaum “How to make a violent youth - - www.melissainstitute.org*).
- Improve school climate, school satisfaction and school connectedness and promote well-being (See reference list for illustrative programs).
- Bolster resilience-enhancing behaviors. Use “ordinary magic” procedures (*See Ann Master on resilience on www.melissainstitute.org*).

Selected (Secondary Prevention) comprised of more intensive interventions for those students who may be at risk for developing particular problems or those students who do not adequately respond to Universal strategies.

- Target at-risk students (offspring of “high-risk parents”; High ACE scoring students). For example see Cognitive-behavioral Intervention For Trauma in Schools - - CBITS. (*See Marlene Wong on www.melissainstitute.org*).
- Use peer-based intervention programs.

Indicated (Tertiary Prevention) characterized by highly individualized specialized interventions for those who exhibit clear problems and also have not adequately responded to Universal and Selected levels of prevention and intervention.

- Provide wrap-around services, where indicated.
- Maintain continuity of care across the life-span.
- Build in evaluation.

For a discussion of evidence-based interventions to bolster resilience see D. Meichenbaum *Bolstering resilience: Benefiting from lessons learned*. This is available on www.melissainstitute.org. Click on Subject Index Resilience.

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WEBSITES

www.devereauxearlychildhood.org

www.apa.org/helpcenter

<http://Resilnet.uiuc.edu/library/grotb95b.html>

www.asu.edu/resilience

**RESILIENCE IN ADULTS: LESSONS TO BE LEARNED FROM
RETURNING SERVICE MEMBERS and CIVILIAN
POPULATIONS: ROADMAP TO RESILIENCE**

**Donald Meichenbaum, Ph.D.
Research Director Melissa Institute
Miami, Florida**

*www.melissainstitute.org
www.teachsafeschools.org
www.warfighterdiaries.org*

Contact Information

E-mail: dhmeich@aol.com

**Please contact Dr. Donald Meichenbaum for information about the forthcoming book
Roadmap to Resilience: A Toolkit.**

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Appendix A: Roadmap to Resilience: A Tool Kit (Physical, Interpersonal, Emotionsl, Thinking, Behavioral, Spiritual)

See D. Meichenbaum “Understanding Resilience in Children and Adults: Implications for Prevention and Interventions. Also see Addendums I and II for discussion of:

-Trauma, Spirituality and Recovery

- Ways to Bolster Resilience in Helpers

Visit www.melissainstitute.org and Click on Subject Index RESILIENCE

EVIDENCE OF RESILIENCE IN RETURNING SERVICE MEMBERS AND THEIR FAMILY MEMBERS

- Most returning veterans (approximately 80%), are **RESILIENT**. The typical service member today is healthier, fitter, better educated and more resilient than the typical civilian. Indeed, only 25% of the young adults in the U.S. would make the grade were they inclined to volunteer for the military.
- From the time of World War I to the present, veterans as a group have resumed “normal” lives and are well adjusted. They are more likely to get a higher education, achieve more job success as civilians, get arrested less often than their peers who never served.
- Veterans of war and peacekeeping efforts who had been deployed reported more positive than negative effects. They indicated that deployment had an overall positive meaning on their lives, contributed to better psychological adjustment and to higher levels of life satisfaction and higher occupational attainment.
- The majority of veterans (70%) judge the impact of their service on their present lives as “very meaningful” and that their service to their country was still highly important in their lives. Veterans have positive feelings of making a significant contribution. They feel part of a greater cause for their country having helped to protect their family and community.
- Veterans report that their combat experience taught them how to cope with adversity, to be self-disciplined and instilled feelings of greater independence, honor and accomplishment. For example, among aviators shot down, imprisoned and tortured for years by the North Vietnamese, 61% said that they had benefited psychologically from their ordeal. They reported that imprisonment had produced favourable changes, increasing their self-confidence and teaching them to value the truly important things in life. The more severe their imprisonment experience, the more likely the POWs were to report “posttraumatic growth.”
- Military training facilitated the veterans’ ability to establish and maintain healthy relationships both in and outside of the military. For example, the divorce rate among returning service members is lower than the divorce rate in the general population.
- Many returning soldiers report enhanced meaning and comradeship (“Band of Brothers/Sisters”) as a result of their service. They take pride in their service.
- They have learned many things while serving that they can apply positively in their civilian life.
- Currently, 71% of officers and 50% of enlisted personnel are married. 42% of all service members have children. About 10% of the Armed Forces are dual-career marriages, being married to another member of the military. A common saying in the military is that “when one person joins, the whole family serves”.

- Like returning service members, military families are generally **RESILIENT** and a healthy and robust group. Most military spouses and military children rise to the occasion and do well. This level of RESILIENCE is impressive given the recurrent separations, difficult reunions, threat of injuries or death, and for active duty military personnel multiple moves every two to three years, long and often unpredictable duty hours.
- Among the more than 700,000 members of Reserve and National Guard who have been activated since 9/11, they constitute 35% of all military children. Their families face specific challenges of living off base among civilians and as a result are less integrated into a military community with less access to military support systems and programs. Many have had to leave or put on hold their civilian careers because of their sudden military status. These challenges may put Reserve families (spouses and children) at greater risk, as they receive less support from peers and teachers than families of active duty members. Specific interventions across the full deployment cycle can help bolster resilience in Reserve families. Like returning service members, military families are generally RESILIENT and a healthy and robust group. Military families who function most effectively are active, optimistic, self-reliant and flexible. They can keep things in perspective and embrace change and adaptation as necessary. They find meaning in military life and identify with the work of their uninformed family member. They maintain good relationships with family, friends and neighbors who welcome and support them.

“If the family as a whole adjusts well to deployment, so do their children. Family and children well-being are closely connected”. (N. Park, 2011)

- Most spouses of returning service members believed that deployment has strengthened their marriages. Only 10% felt that deployment weakened their marriages.
- Deployment contributed to the development of new family skills and competencies, a sense of independence and self-reliance. The majority of military spouses reported that deployment of their mate provided them with opportunities for personal growth such as becoming more self-confident in handling problems and stressors.
- Military families were found to be comparable with civilian families in terms of physical and mental health despite having to deal with the unique demands of military life such as moving often, foreign residence and deployment.
- For Active Duty military personnel, family-specific resiliency factors include access to comprehensive health care, education, consistent employment for active duty soldiers, legal assistance and social support services such as Yellow Ribbon, Military One Source, Family resilience campaign and activities, Spouse Battlemind Training, writing projects, child supports.
- Since the start of the conflicts in Iraq and Afghanistan, over two million children have been directly affected by the deployment of a parent.

- Children in military families are also typically resilient, even after experiencing significant traumas and losses. Military children typically function as well as or even better than civilian children on most indices of health, well being and academic achievement. They have similar or lower rates of childhood mental disorders, lower rates of juvenile delinquency, lower likelihood of alcohol or drinking abuse, better grades and higher IQs than their civilian counterparts. Military children are in general healthy, have good peer relationships, are engaged in school and community activities and are satisfied with life, having high optimism and a positive self-image. They evidence more respect for authority. They are more tolerant, resourceful, adaptable, responsible and welcoming of challenges. They are more likely of befriending and knowing someone who is “different”. They show lower levels of impatience, aggression and disobedience and higher levels of competitiveness.

“Most military children are happy to embrace the term ‘military brat’ which comes to stand for being brave, adaptable, responsible, independent, proud, trustworthy, and RESILIENT” (N. Park, 2011).

These findings take on a greater significance when we learn that nearly 900,000 U.S. children have had at least one of their parents deployed since 2001. Currently, 234,000 children have one or both parents at war.

- **Following combat exposure, somewhere between 10% and 30% of returning soldiers may evidence PTSD, (or symptoms of PTSD), depression, anxiety and related readjustment problems. But, the majority (over 70%) do not.**
- There are effective, short-term treatments to help those who have readjustment problems.
- *“Overall, military experience is a positive experience for most who serve. Time spent in the military allows many individuals to develop deep bonds with others who serve beside them, fosters feelings of pride and fulfillment in serving one’s country, and it may also provide a broader perspective on life.” (Selby et al. 2010, p. 304)*
- Finally, if you want to understand what Resilient Service Members do, consider the research findings of Drs. Dennis Charney and Steven Southwick. They studied 250 American Prisoners of War during the Vietnam War who were held captive for up to eight years and subjected to torture and solitary confinement. Remarkably years after their release, they had lower-than-expected incidence of depression and PTSD. To determine how these men handled such a dire experience, yet in many cases came out stronger than before, they studied them intensely and came up with the following prescription for a **RESILIENT LIFE**. As you consider this list of attributes, research has indicated that the same markers were found in women who had suffered severe trauma, especially sexual and physical abuse and combat exposure.
 - **Establish and nurture a supportive social network** - - Emotional strength comes from close meaningful supportive relationships.

- **Be optimistic** - - Optimism is strongly related to resilience.
- **Develop cognitive flexibility** - - ability to reframe stressful events. Resilient POWs regard their years in captivity as horrendous, but they learned valuable things about themselves that they would not have learned in any other way.
- **Develop a personal “moral compass” or shatterproof set of beliefs.** Use one’s faith or sense of spirituality as a guiding force. Many POWs never lost their faith and prayed every day of their captivity.
- **Be altruistic-** helping others and being part of a group who survived together aided their coping abilities with extreme stressors. The belief in a survivor’s mission can be a lifesaver to traumatized people.
- **Find a resilient model in a mentor or heroic figure.** Role models can be inspiring and provide valuable coping tips.
- **Learn to be adaptive in facing your fears.** Recognize that fear and other intense emotions like sadness, grief, anger are “normal” and can act as a guide. It is not that one has such intense feelings, but it is what one does with these emotions that is critical to adjustment.
- **Develop active coping skills.** Resilient individuals have a broad repertoire of coping skills that they can call upon to meet the demands of the situation. Sometimes they use direct action problem-solving coping skills and sometimes they use emotionally palliative acceptance coping strategies. Resilient Service Members also express confidence in their abilities to adapt to stressful situations.
- **Have a sense of humor and laugh frequently.** Positive emotions fuel resilience.
- **Keep fit.** Exercise is good for physical and psychological well-being and also enhances brain health and plasticity.

This **ROADMAP TO RESILIENCE** Handbook takes a page out of the playbook of Resilient Service Members and spells out in detail what they do to bolster their Resilience and deal with post-deployment stress effects. Resilience can be developed through focused training and by stress-inoculation training procedures. You can learn to recognize your own strengths and engage them to deal with challenging situations. We all have things we can do very well. The idea is to build on them when you are faced with stressful situations. You can learn to leverage your **RESILIENCE** into life changes.

QUOTABLE QUOTES

“The number one thing you should know about OIF/OEF Veterans is that they are not the same people they were before they were deployed. But do not assume that is a bad thing. The Service Member may come home more confident, with better problem-solving skills. He or she may return with a deeper sense of gratitude for the comforts he used to take for granted or she may have

found a greater sense of purpose or direction than she ever had before. Yes, there are maybe many unseen wounds of the soul and spirit, but there are tremendous resources to help heal these wounds, both for the Service Member and the Service Member's Family, and an ever growing number of people who truly care and want to help."

*Alison Lightfield, Former Captain, US Army Nurse Corps
www.hand2handcontact.org*

"Veterans returning from Iraq and Afghanistan often show amazing courage and survival skills, not only in war, but also at home."

*Armstrong, Best and Domenici
(Courage after fire, 2006)*

EVIDENCE OF RESILIENCE IN CIVILIAN POPULATIONS

- Following a major natural disaster or as a result of intentional human-designed violent acts such as a terrorist attack, most individuals will be upset immediately following the trauma and may experience a variety of symptoms; but they will recover within a matter of days to weeks.
- 50% to 60% of the adult population in North America are exposed to traumatic events, but only 5% to 10% go on to develop psychiatric problems such as Post Traumatic Stress Disorders (PTSD) and related problems.
- There are approximately 110 million women in the United States. Epidemiological data indicates that some 68 million of whom will be victimized over the course of their lives. One in four females will experience some form of sexual and physical abuse and/or emotional neglect. 12% will be raped. Domestic violence occurs every 15 seconds. Some 38% of women will be repeatedly victimized. Yet, of those 68 million women, only 10% (about 7 million) will develop clinical problems that require professional assistance. While impacted by such victimization experiences, most women show remarkable resilience.
- Following the terrorist attack in New York City on 9/11, a survey 5 to 8 weeks post-incident found that only 7.5% of adults living in the vicinity of the attack developed Post Traumatic Stress Disorder (PTSD). A follow-up study in February, 2002 found that only 1.7% met the criteria of PTSD. These findings indicate that PTSD can resolve, allowing individuals to live healthy, normal lives.
- In London, England, following the subway bombing in July 7, 2005, less than 1% sought professional help. 71% had been able to turn to friends or relatives for help.
- Up to 75% of people who are confronted with irrevocable loss do not show intense distress.
- Holocaust survivors, bereaved individuals, cancer and HIV/AIDS survivors, torture victims, victims of sexual abuse, rape, survivors of terrorist attacks, wars and natural disasters evidence remarkable resilience.
- Such resilience is not confined to adults. It is estimated that 25% of American youth experience serious traumatic events by their 16th birthday. These traumatic events include living in high risk crime-saturated poverty areas, witnessing violence at home, or experiencing neglect and abuse. Such risk factors often co-occur and pile-up over time and it is the cumulative number of risk factors that determine the mental and physical consequences. In spite of the widespread exposure to traumatic events, research indicates that ½ to 2/3 of such children evidence resilience and do not develop clinical problems, nor get into trouble with the law.
- Following the natural disaster of the 2004 Asian tsunami that was responsible for 280,000 deaths and more than one million displacements, researchers found that the prevalence rate for PTSD was only 6.4% among those from devastated Indian coastal villages. Coping

mechanisms existed at both the individual and community levels that enhanced resilience in the face of adversity and enabled normal functioning in the majority of those affected.

- In Thailand after the 2004 tsunami, the rate of PTSD in displaced people was only 12% two months post-incident. At 9 months post-incident, this rate dropped to 7%. In addition, the rates of depression and anxiety also decreased significantly.
- On May 12, 2008 in Sichuan Province in Western China, a 7.9 earthquake killed approximately 70,000 people. Despite horrific devastation, the New York Times columnist David Brooks observed that the local villagers were generally upbeat and optimistic, displaying few signs of mental disorders. He noted that

“These people have stripped down, pragmatic mentality. Move on or go crazy. Don’t dwell, look to the positive. Fix what needs fixing. Work together.”

The survivors quickly set about burying the dead, clearing rubble and reconstructing schools and other communal buildings. Such community-building efforts helped survivors cope and thrive.

SUMMARY

Psychological Characteristics of Resilient Individuals

Experience Positive Emotions and Regulate Strong Negative Emotions

Be realistically optimistic, hopeful, ability to laugh at oneself, humor, courage, face one's fears and manage emotions. Positive expectations about the future. Positive self-image. Build on existing strengths, talents and social supports.

Adapt a Task-Oriented Coping Style

Ability to match one's coping skills, namely direct action present-focused and emotionally-palliative acceptance with the demands of the situation. Actively seek help and garner social supports. Have a resilient role model, even a heroic figure who can act as a mentor. Have self-efficacy and a belief that one can control one's environment effectively. Self confidence. Seek out new and challenging experiences out of one's "comfort zone" and evidence "GRIT" or the perseverance and passion to pursue long-term goals.

Be Cognitively Flexible

Ability to reframe, redefine, restory, find benefits, engage in social problem-solving and alternative thinking to adaptively meet changing demands and handle transitional stressors.

Undertake a Meaning-Making Mission

Create meaning and a purpose in life; survivor's mission. Use one's faith, spirituality and values as a "moral compass". Be altruistic and make a "gift" of one's experience. Share one's story. General sense of trust in others.

Keep Fit and Safe

Exercise, follow a routine, reduce risks, avoid unsafe high-risk behaviors (substance abuse, chasing "adrenaline rush" activities).

“HOW TO” DEVELOP PERSISTENT PTSD and RELATED ADJUSTMENT PROBLEMS

At the Thinking Level

Engage in self-focused, “mental defeating” type of thinking. Perception that one has lost autonomy as a human being, lost the will to exert control and maintain identity, lose the belief that one has a “free will”. See self as a “victim”, controlled by uninvited thoughts, feelings and circumstances, continually vulnerable, unlovable, undesirable, unworthy. Use dramatic metaphors that reinforce this style of thinking. “I am a prisoner of the past”, “Entrapped”, “Contaminated”, “Damaged goods”, “A doormat”, “An outsider”. Experience a form of Mental exhaustion, mental weariness.

Hold erroneous beliefs that changes are permanent, the world is unsafe, unpredictable and that people are untrustworthy. Hold a negative, foreshortened view of the future and the belief that life has lost its meaning.

Engage in self-berating, self-condemnation, self-derogatory “story-telling” to oneself and to others (i.e., self blame, guilt-engendering hindsight, biased thinking; anger-engendering thoughts of viewing provocations as being done “on purpose”).

Engage in upward social comparisons, so one compares poorly in one’s coping abilities. Be preoccupied with what others think of you. Engage in comparison of self versus others; before versus now; now versus what might have been.

Ruminate repeatedly, dwell on, focus upon, brood, pine over losses, “near miss” experiences. Replay over and over your concerns about the causes, consequences and symptoms related to negative affect and losses. Use repetitive thinking cycles (“loss spiral”).

Engage in contra-factual thinking, repeatedly asking “Why me” and “Only if” questions for which there are no satisfactory answers.

Engage in avoidant thinking processes of deliberately suppressing thoughts, using distracting behaviors, using substances; avoidant coping behaviors and dissociation.

Have an overgeneralized memory and recall style which intensifies hopelessness and impairs problem-solving. Difficulty remembering specific positive experiences. Memories are fragmented, sensory driven and fail to integrate traumatic events into autobiographical memory or narrative.

Engage in “thinking traps”. For example, tunnel vision as evidenced in the failure to believe anything positive could result from trauma experience; confirmatory bias as evident in the failure to retrieve anything positive about one’s self-identity; or recall any positive coping memories of what one did to survive, or what one is still able to accomplish “in spite of” victimization; do mind-reading, overgeneralizing, personalizing, jumping to conclusions, catastrophizing; “sweating the small stuff”, and emotional reasoning such as viewing failures and lapses as “end points”.

Evidence “stuckiness” in one’s thinking processes and behavior. Respond to new situations in post-deployment settings “as if” one was still in combat (misperceive threats).

At the Emotional Level

Engage in emotional avoidance strategies (“Pine over losses”, deny or shift your feelings, Clam up, bury your emotions and do not consider the possible consequences of doing so).

Magnify and intensify your fears and anger.

Experience guilt (hindsight bias), shame, complicated grief, demoralization.

Fail to engage in grief work that honors and memorializes loved ones or buddies who were lost.

Fail to share or disclose feelings, process traumatic memories. Focus on “hot spots” and “stuck points”.

At the Behavioral Level

Engage in avoidant behaviors of trauma-related feelings, thoughts, reminders, activities and situations; dissociating behaviors.

Be continually hypervigilant, overestimating the likelihood and severity of danger. Act as if you are on “sentry duty” all the time; Act like a faulty smoke detector that goes off at the slightest signal.

Engage in safety behaviors that interfere with the disconfirmation of emotional beliefs and the processing (‘restorying’) of trauma-related memories and beliefs.

Engage in delay seeking behaviors. Avoid seeking help. Keep secrets and “clam up”.

Engage in high risk-taking behaviors; chasing the “adrenaline rush” in an unsafe fashion; Put self at risk for revictimization.

Engage in health-compromising behaviors (smoking, substance abuse as a form of self-medication, lack of exercise, sleep disturbance that goes untreated, poor diet, dependence on energy drinks, abandonment of healthy behavioral routines).

Engagement in self-handicapping behaviors (“excuse-making”), avoidance behaviors.

Use passive, disengaged coping behaviors, social withdrawal, resigned acceptance, wishful thinking and emotional distancing.

At the Social Level

Withdraw, isolate oneself, detach from others.

Perceive yourself as being unwanted, a “burden”, thwarted belongingness, distrusting others. (“No one cares”, “No one understands”. “No one can be trusted”).

Associate with peers and family members who reinforce and support maladaptive behaviors. Put yourself in high-risk situations.

Experience an unsupportive and indifferent social environment (i.e., critical, intrusive, unsympathetic- - offering “moving on” statements).

Fail to seek social support or help, such as peer-related groups, chaplain services, or professional assistance.

At the Spiritual Level

Fail to use your faith or religion as a means of coping.

Have a “spiritual struggle” and view God as having punished and abandoned you.

Use negative spiritual coping responses. Relinquish actions to a higher power, plead for miracles, or divine intervention; Become angry with God; Be demanding.

Experience “moral injuries” that compromise values. Lose your “moral compass” and “shatter” your deeply held belief in safety, trust, self-worth; experience a “soul wound”.

Avoid contact with religious members who can be supportive.

HOW TO CREATE A “HEALING STORY”
 (“Beware of the stories you tell, you will be lived by them.”)

*Every year of our lives, we add well over half a million minutes to our banks of experience. How we organize, chronicle, interpret, imbue them with meaning, share these experiences and weave them together into “stories” will influence how **RESILIENT** we become.*

We don’t just tell stories, stories tell us. The tales we tell hold powerful sway over our memories, behaviors and even identities. Stories are fundamental to our being. Once you tell a story, it is hard to get out of that story’s framework. Over time, the stories we tell tend to get more dramatic. The stories we tell others and to ourselves grip our imagination, impregnate our hearts and animate our spirit.

1. Following exposure to traumatic events, up to 30% of individuals may evidence chronic distress, and even develop Post-traumatic Stress Disorder and related problems. For such distressed individuals, their memories are over-generalized (lacking in detail) that intensify their sense of hopelessness and impairs their problem-solving abilities. Their traumatic narrative is inadequately integrated into their autobiographical memories. Their stories have an inflated sense of responsibility with accompanying excessive guilt and shame. They misperceive their distressing reactions as signs that they are “going crazy” and that they are “worthless” and that they are a burden on others. Their stories convey the belief that the world is unsafe and unpredictable, unjust, and that people are unappreciative of their sacrifices, untrustworthy and unsympathetic. They may feel marginalized, isolated and rejected.

For those who are struggling, their stories are filled with “hot spots” and “stuck points” and their thoughts and accompanying feelings are viewed as unwanted, uninvited and involuntary, poorly controlled, nor accepted.

In their attempt to stop or suppress such thoughts and feelings, and in their efforts to avoid reminders, they may paradoxically experience even more intrusive distressing thoughts, images and intense feelings and urges. Their coping efforts actually **BACKFIRE** and act like a **BOOMERANG**. They may try to cope by self-medicating (using alcohol, drugs), by trying distraction or engaging in high-risk reckless behaviors (withdrawing, isolating themselves, being hypervigilant, on “sentry duty” all the time) that inadvertently, unwittingly and perhaps unknowingly, make their level of distress even worse.

2. **In contrast, RESILIENT** individuals and Service Members are psychologically agile and flexible in how they tell their stories. They include in their story-telling examples of what they did and how they coped and survived. They tell the “rest of their story.” They weave into their story-telling the upside of what happened, as well. They view any traumatic events that they experienced as a “turning point”, a “fork in the road”, a “temporary detour” on their personal journey. Their stories are rich with healing metaphors, mottos, and examples of pain, but also survival.

3. Resilient individuals may take some time to experience grief or unhappiness, distress, anger and loss, sadness and anxiety which improves their abilities to better appreciate the world in all of its complexity and richness.
4. Resilient individuals tend to tell stories that have redemptive sequences in which bad events have good outcomes, as compared to contamination sequences when the reverse happens.
5. Resilient individuals slow down how they tell their stories and break their experiences into pieces. They examine the pieces in terms of all the complexities and then they connect the dots. They do not act like a “Monday morning quarterback,” who has hindsight bias, blaming themselves for things they did not know at the time.
6. Resilient individuals are on the lookout for unexplored “open spaces” in their narrative that act as a guide to new goals and alternatives. Redemption stories bolster hope, strengthen self-confidence that their efforts will bear fruit. They strengthen the belief in the possibility of positive outcomes. Changes in story-telling provide access to new solutions.
7. Resilient individuals tend to tell **COHERENT STORIES** that create meaning out of their stressful life experiences and in which they see themselves as “personal agents” often with the assistance of others, of the positive changes that they have been able to bring about. These **COHERENT NARRATIVES** are clearly articulated, detailed, logical and well organized. Such **COHERENT** stories are salutary and help reduce distress. They increase the survivor’s sense of control over his or her experiences, reduce feelings of chaos and increase the sense that the world is predictable, orderly and beneficent. Coherent story-telling can provide a degree of “closure” by helping make sense of what happened and how people responded. Narrative coherence conveys feelings of personal self-efficacy and points a direction to the future. It is not enough to help individuals create a trauma narrative, but it is also essential to help individuals integrate such thoughts and feelings into a consistent coherent meaningful experience and story. Trauma is only one part of an individual’s life, rather than the defining aspect.
8. Resilient individuals have the ability and penchant to tell their fragmented stories in a chronological narrative with before, middle and post-trauma exposure or post-deployment parts. They are able to integrate what happened during deployment into their autobiographical memory and let the “past be the past.” As one Resilient individual stated: “I have no interest in going back to the past and getting stuck again.” Resilient individuals refuse to allow the “trauma stories and images” to become dominant in their narrative and take away their sense of identity. They can disentangle themselves from the influence and lingering impact of traumatic events. They engage in a narrative healing process.
9. Resilient individuals avoid “thinking traps” that can derail their story-telling (**See item 64**). Instead they incorporate in their story-telling “cherished recollections”, “fond memories”, a “heritage of remembrances”, “change talk” (**See item 65**), “RE-verbs”, (**See item 62**). Resilient individuals tell stories that enrich their lives and help them get past their personal challenges. They tell stories that they can pass onto the next generation, as “lessons learned.”

10. Resilient individuals tell their stories first and then they live their way into them. They may act “as if” they are characters in the stories that they tell. There may be a certain amount of “fake it, until you make it.”

11. **Listen to the stories you tell others and that you tell yourself. Do your stories include:**

- a) **Redemptive (positive ending) sequences;**
- b) **RE-words and change talk action verbs;**
- c) **Goal statements and “how to” pathways thinking;**
- d) **Problem-solving strategies, Action Plan with “if...then” statements and expressions of self-confidence and “GRIT” (dogged persistence);**
- e) **Expressions of optimism, including statements of benefit finding and benefit remembering (“Silver lining” thinking), downward comparisons (“Could have been worse”) statements;**
- f) **Meaning-making statements (“Making a gift”, “Sharing lessons learned” statements)?**

Ask yourself and others, if the stories you tell are elaborate, organized, coherent (having a beginning, middle and end) that are now integrated as part of your autobiographical memory? Does your story open up new possibilities for change and provide a positive blueprint for the future? If not, how can you begin to change your story? How can you develop a **RESILIENT MINDSET**?

APPENDIX A**RESILIENCE CHECKLIST****MY PERSONAL RESILIENCE PLAN****Creating A Vision of the Future**

In each of the following **FITNESS** areas, identify the specific things you plan to do in order to improve your level of **RESILIENCE**. How much confidence do you have that you will be able to follow through on each Resilience-bolstering Behavior?

P - - PHYSICAL FITNESS

- ___ 1. Take care of my body.
- ___ 2. Exercise regularly.
- ___ 3. Get good sleep.
- ___ 4. Eat healthy.
- ___ 5. Avoid mood-altering drugs, overuse of alcohol.
- ___ 6. Manage pain (physical and emotional).
- ___ 7. Avoid high-risk dangerous behaviors.
- ___ 8. Other examples of ways I can **KEEP PHYSICALLY FIT**.

I - - INTERPERSONAL FITNESS

- ___ 9. Recognize deployment changes everyone and that readjustment takes time.
- ___ 10. Reconnect with social supports.
- ___ 11. Lean on others and seek and accept help.
- ___ 12. Give back and help others. Share my “islands of competence” with others.
- ___ 13. Participate in a social network.
- ___ 14. Share my emotions with someone I trust.
- ___ 15. Strike a balance between my war buddies and my loved ones.

- _____ 16. Overcome barriers to seeking help.
- _____ 17. Renegotiate my role at home.
- _____ 18. Use my communication (speaker/listener) skills and my social problem-solving skills.
- _____ 19. Use my cultural or ethnic traditions, rituals and identity as a support aide.
- _____ 20. Find a role model or mentor.
- _____ 21. Use community resources such as Websites, telephone hotlines.
- _____ 22. Be proud of the mission that I served with my “Band of Brothers/Sisters”.
- _____ 23. Use pets to maintain and develop relationships.
- _____ 24. Other examples of ways to **DEVELOP AND USE RELATIONSHIPS**.

E- - EMOTIONAL FITNESS

- _____ 25. Cultivate positive emotions (hobbies and pleasurable activities).
- _____ 26. Engage in an **UPWARD SPIRAL** of my positive emotions, thoughts and behaviors.
- _____ 27. Make a “**BUCKET LIST**” of emotional uplifting activities and then **JUST DO IT!**
- _____ 28. Show “**GRIT**”- - ability to pursue with determination long-term goals. (“Choose hard right, over easy wrong.”)
- _____ 29. Use positive humor.
- _____ 30. Cope with intense emotions by using opposite actions.
- _____ 31. Give myself permission to experience and share emotions (feel sad, cry, grieve, become angry).
- _____ 32. Face my fears.
- _____ 33. Engage in constructive grieving (memorialize and honor those who have been lost).
- _____ 34. Share my story and the “rest of my story” of what led me to survive (share lessons learned).
- _____ 35. Allow myself to share my “emotional pain” with someone I trust.

- _____ 36. Journal - - use “writing cure.”
- _____ 37. Use creative and expressive activities to work through my feelings.
- _____ 38. Enjoy the benefits of self-disclosure.
- _____ 39. RESTORY my life and share evidence of my RESILIENCE.
- _____ 40. Take specific steps to EMOTIONAL FITNESS.
- _____ 41. Change my self-talk.
- _____ 42. Engage in non-negative thinking and become more STRESS-HARDY.
- _____ 43. Show gratitude.
- _____ 44. Other examples to improve my **EMOTIONAL FITNESS**.

T - - THINKING FITNESS

- _____ 45. Be psychologically flexible.
- _____ 46. Use constructive thinking and consider alternative solutions/pathways.
- _____ 47. Establish achievable goals.
- _____ 48. Establish realistic expectations.
- _____ 49. Look at things differently.
- _____ 50. Use hope to achieve goals.
- _____ 51. Be realistically optimistic.
- _____ 52. Bolster a sense of self- confidence and self-efficacy.
- _____ 53. Engage in benefit-finding. (Search for the silver lining.)
- _____ 54. Engage in benefit-remembering.
- _____ 55. Engage in downward comparison. (Consider those less fortunate.)
- _____ 56. Go on a meaning making mission. List and share positive military experiences with others.

- _____ 57. Engage in altruistic (helping) behaviors.
- _____ 58. Find meaning in my suffering and move toward “post-traumatic growth.”
- _____ 59. Consider lessons learned from my deployment that I can share with others.
- _____ 60. Be mindful- - stay in the present.
- _____ 61. Maintain my “moral compass.” Stick to my key values.
- _____ 62. Use my Change Talk.
- _____ 63. Control my self-talk.
- _____ 64. Avoid “**THINKING TRAPS**”.
- _____ 65. Nurture a positive view of myself, others and the future.
- _____ 66. Create a “**HEALING STORY**.”
- _____ 67. Other examples of ways to improve my **THINKING FITNESS**.

B- BEHAVIORAL FITNESS

- _____ 68. Develop safe regular routines.
- _____ 69. Stay calm under pressure. Keep my cool.
- _____ 70. Prepare for possible high-risk situations.
- _____ 71. Break tasks into doable subtasks.
- _____ 72. Get unstuck from the past.
- _____ 73. Improve my “people-picking” skills. Avoid people, places and things that get me into trouble.
- _____ 74. Take a “news holiday.”
- _____ 75. Co-exist with my difficult memories and use positive emotions to UNDO negative memories.
- _____ 76. Self-disclose to a trusted person.
- _____ 77. Join a social group that gives my life a sense of purpose.

- _____ 78. Renegotiate my role and responsibilities.
- _____ 79. Adopt a **CAN DO** attitude.
- _____ 80. Read to find comfort.
- _____ 81. Gather information (visit websites).
- _____ 82. Avoid making things “worse.”
- _____ 83. Continue my “journey of healing” and view setbacks as “learning opportunities”.
- _____ 84. Use my **ACTION PLANS and BACK-UP PLANS**.
- _____ 85. Other examples of ways to improve my **BEHAVIORAL FITNESS**.

S- SPIRITUAL FITNESS

- _____ 86. Use **POSITIVE** religious/spiritual ways of coping.
- _____ 87. Avoid using **NEGATIVE** religious/spiritual ways of coping.
- _____ 88. Maintain **HOPE**.
- _____ 89. Visit the Chaplain or some other Clergy person for assistance.
- _____ 90. Use some form of spiritual/religious/devotional activities.
- _____ 91. Participate in a spiritual and religious group.
- _____ 92. Engage in spiritual/religious rituals.
- _____ 93. Engage in commemorative services.
- _____ 94. Forgive others and also forgive myself.
- _____ 95. Address my “moral injuries” and “soul wounds”.
- _____ 96. Use my religious beliefs and traditions.
- _____ 97. Share the spiritual lessons learned from my deployment.
- _____ 98. Reset my “moral compass” and refocus on my core values and attributes that I brought home from my deployment.

- _____99. Walk away from HATE and the desire for REVENGE and use Compassion Meditation.
- _____100. Recognize that life is short and make the most of every moment.
- _____ 101. Other examples of ways to improve my **SPIRITUAL FITNESS**.

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