BEYOND VULNERABILITY:
PATHWAYS TO STRENGTHENING PSYCHOLOGICAL RESILIENCE

ANTHI LOUTSIOU, PsyD, EuroPsy Certified
Licensed Clinical Psychologist and Psychotherapist
Director of Clinical Training, University of Cyprus
anthi.loutsiou@gmail.com.cy

Cyprus Psychological Association
University of Cyprus Department of Psychology

MONDAY 3 JULY 2021, - MOUNTAINOUS REGION OF THE LARNACA DISTRICT, CYPRUS
WILDFIRES BROKE OUT AND SPREAD QUICKLY - MANY COMMUNITIES EVACUATED - THE WORST TRAGEDY ON NATIONAL GROUNDS IN THE LAST 60 YEARS

AFTERMATH - 4 HUMANS AND MANY ANIMALS BURNED TO DEATH, 66KM SQ BURNED, MANY FAMILIES LOST THEIR HOMES AND FARM LAND
A TRAGIC STORY…BUT ALSO A STORY OF RESILIENCE

WHAT PSYCHOLOGICAL RESILIENCE IS NOT

- It is not simply the absence of a pathological response to an adverse or potentially traumatic event
- It is not just getting over it
- *(Bonanno, 2004, 2012; Bonanno, Brewin, Kaniasty, & LaGreca, 2010; Bonanno et al., 2011).*

CONTEMPORARY DEFINITIONS OF RESILIENCE

"Adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress ." *American Psychological Association (2014)*

"A stable trajectory of healthy functioning after a highly adverse event." *Bonanno, 2004*

"A reintegration of self that includes a conscious effort to move forward in an insightful integrated positive manner as a result of lessons learned from an adverse experience." Dr. Rachel Yehuda studied trauma survivors

Such definitions allow for

- the pain, the struggle, and the emotional distress to be part of the adaptation process
- a sustainable deviation in functioning

FROM VULNERABILITY TO RESILIENCE

SOUTHWICK ET AL 2014

- Early on researchers and clinicians learned a lot from examining the negative consequences of trauma on people and trying to describe the trauma reaction.
- Gradually they are asking different kinds of questions
  - Why are most people able to cope so well?
  - What are the natural mechanisms that allow most people to cope successfully with adversity?
- A notable shift from a Deficit model of psychopathology towards a Competence-based model of prevention

THE STUDY OF PSYCHOLOGICAL RESILIENCE GOES BACK ABOUT 60 YEARS

Major developments especially in the last 20 with the 3rd wave of resilience researchers

Resilience is complex - Multiple Determinants *Southwick, Douglas-Palumberi, & Pietrzak, 2014*

Myriads of variables that come into play

- individual, genetic, historical, environmental within families, schools, work, communities, epigenetic, situational etc that may contribute to, mediate, and moderate outcomes after adversity.

Each specific determinant is a weak predictor of resilience by its own and explains a relatively small piece of the puzzle. (*Southwick et al 2014*)

Despite all the studies, even the best models still cannot predict which individual will fare well and which not so well under adversity and under what circumstances.

ASPECTS OF RESILIENCE

FROM SCIENCE TO PRACTICE

1.RESILIENCE IS ORDINARY - NOT EXTRAORDINARY

(American Psychological Association)

A paradigm shift in how we understand the human reaction to trauma and adversity.

A growing body of evidence *(Bonanno & Diminich, 2013)*

suggests that:

The experience of trauma does not only yield pathology

The resilience trajectory is very common.

Perhaps the human capacity to thrive after extremely aversive events has been underestimated

Most humans have a natural and great potential to deal with trauma and adversity and to adapt effectively when necessary

THE STRESS RESPONSE EQUIPMENT IN HUMANS IS QUITE EXTRAORDINARY

The system has at least two built in components

1. immediate response to deal with acute and life-threatening situations and
2. A longer term response to deal with an enduring stressor

It's s whole integrated system and it works amazingly well.

TIPS FOR PRACTICE
GET OUT OF PEOPLE'S NATURAL WAY TO ADAPT

If resilience is common and natural "we have to make sure that we are not undermining people's natural resilience" *(Bonanno, 2004;)*

Assess individual needs

Facilitate people's own coping and adjustment processes

Consider getting out of their way and not bombard them with unnecessary or ineffective interventions

2. RESILIENCE IS AN ACTIVE PROCESS

BONANNO 2004, BONANNO ET AL 2011

There are some identified DNA traits /genes and biological underpinnings to psychological resilience *(Simeon et al., 2007; Yehuda, Flory, Southwick & Charney, 2006; Yehuda et al., 2013)*

BUT Resilience is not just a temperamental or personality trait

Message of hope - "The ability to cope with and overcome life's difficulties – is a quality that can potentially be nurtured in all (young) people." *Goldstein and Brookes (2013)*

Resilience involves behaviors and actions that can be learned and developed to an extent in anyone.

TIPS FOR PRACTICE

Give psychology of resilience away for all to use

Make evidence-based resilience training widely available

1. In the schools - **Perhaps our greatest duty is to children and youth**

Offer prevention with empirically validated programs that have been shown to increase the psychological resilience in all *children* (*see Goldstein and Brookes, 2013 for a review)*

2. At the workplace – resilience training may play a pivotal role in the realm of public health *(See Robertson IT, Cooper CI, Sarkar M, Curran T. (2015) for a review)*

Resilience skills in one domain have the ability to be generalized to another life domain.

3. NOT ALL INTERVENTIONS ARE EQUALLY EFFECTIVE AFTER TRAUMA

Trauma Processing interventions have been shown to be effective and include the following (*From Portland VA Center & National Center for PTSD*)

1. Prolonged Exposure Therapy (PE; Foa, Hembree, & Rothbaum, 2007)
2. Cognitive Processing Therapy (CPT; Resick & Schnicke, 1993)
3. Eye Movement Desensitization and Reprocessing Therapy (EMDR; Shapiro, 2001)

- Trauma Processing Interventions are Recommended if the person:
  - has reasonable emotion regulation abilities
  - Motivated for treatment
  - Willing to focus on the trauma and reprocess it

  BUT
- Not recommended if:
  - Active substance dependence
  - significant emotion dysregulation

BUT CONTINUED . . . .

- Substantial drop-out among trauma-focused treatments (about 20-50%)
  - Treatment Effectiveness data is usually calculated based on completers (vs Intend to Treat analysis)
- many do not respond to specialized PTSD psychotherapy
- Barriers to engagement in trauma-focused treatments
- Barriers exist to implementation of trauma-focused treatments
- Some populations (Veterans, adolescents) show preferences for present-focused/skill-based interventions

Chard et al. (2011), Tuerk et al. (2011) , Seal et al. (2011); Stigma (Hoge et al., 2004): Trusz et al. (2011): (Rosen, 2011)

TIPS FOR PRACTICE

PROGRESSIVE SCIENCE

New evidence suggests that resilience can be enhanced by going through the reality of the pain and the aftermath of the trauma rather than processing trauma symptoms with the purpose of decreasing them.

Allow the emotional hardship and pain to be without processing it

Match intervention to individual needs

Perhaps we need to search for additional solutions .

ALTERNATIVE APPROACHES TO TRAUMA

After 3 decades of research on Acceptance and Commitment Therapy (ACT) *(Hayes, Stephen C.; Strosahl, Kirk D.; Wilson, Kelly G.)*

APA Division 12 approves ACT as Empirically Based Practice (EBP) for several disorders including PTSD
http://www.div12.org/PsychologicalTreatments/treatments.html

It is an empirically based psychological intervention based on clinical behavior analysis that uses acceptance and mindfulness strategies mixed in different ways with commitment and behavior-change strategies, to increase psychological flexibility.

4. RESILIENCE LIES ON A CONTINUUM AND IS A DYNAMIC VARIABLE

"Resilience more likely exists on a continuum that may be present to differing degrees across multiple domains of life" *(Pietrzak & Southwick, 2011)*

An individual can be both vulnerable and resilient

Individuals can be adaptive and resilient in one context but very vulnerable in another (Dougherty Wright and Masten 2006)

Resilience can change over time "As a function of development and one's interaction with the environment" *(e.g., Kim-Cohen & Turkewitz, 2012)*.

TIPS FOR PRACTICE

Screen for individuals who have appeared resilient in the past but might be struggling in the current adaptation process

Keep in mind that multiple stressors and intensity of adversity place resilience at risk

5.THERE ARE MULTIPLE PATHWAYS TO STRENGTHEN PSYCHOLOGICAL RESILIENCE (GOLDSTEIN &BROOKES, 2013)

"There is a lot of science about what variables within the individual (child), immediate family, schools, and extended community may interact to offset the negative effects of adversity, thereby increasing the probability of positive development rather than dysfunction" (*Goldstein and Brookes, 2013*)

We have a great opportunity to make a difference in building resilience in people (see Goldstein & Brookes, 2013 for a review)

Resilience is a dynamic process (Egeland 1993, masten & Garmezy

The capacity for resilience in humans is distributed across many interacting systems (Masten, 2014a, 2014b;) and highly dependent on multiple layers of society

We have the science to do it

SUPPORT SYSTEMS THAT POWER NATURAL RESILIENCE SOUTHWICK ET AL 2014

Set up a strong infrastructure to support an individual and provide the resources they need to power their own adaptation.

Different people are going to need different things to actualize their resilience.

Caring and supportive relationships that create love and trust within and outside the family

(Norris, Steven, Pfefferbaum, Wyche, & Pfefferbaum, 2008; Norris et al., 2009 (Becvar, 2013; Masten, 2014b; Mas

SET UP STRONG AND STRATEGICALLY PLACED **SAFETY NETS (BASED ON SCIENCE)** TO CATCH MANY FALLS AND TO SUPPORT THOSE WHO FALL TO BOUNCE BACK AND FIND THEIR WAY TO A NEW NORMAL

TIPS FOR PRACTICE

HARNESS ALL AVAILABLE RESOURCES TO SUSTAIN WELL-BEING AND POWER RESILIENCE *(PANTER-BRICK & LECKMAN, 2013)*.

Harness the power within the

1. Family – *(Robert B. Brooks, Susan M. Sheridan, Tara M. Sjuts, and Michael J. Coutts)*
2. Schools
   1. are a natural safe base for children – can provide continuity, a sense of normality, resources and support.
3. Community
   1. Train volunteers, leverage the resources, make levelled services available, clarify processes etc
4. Policy making system

RESILIENCE REQUIRES SCIENTISTS, PRACTITIONERS, EDUCATORS, EMPLOYERS, NGO, LEGISLATORS, AND POLICY MAKERS TO PUT THEIR PIECES TOGETHER

Collaboration across disciplines, research fields, cultures, national borders, policy making, and practice.

Resilience capacity in communities "is a sound investment in society's future" *Weissberg, Kumpfer, and Seligman (2003)*

THANK YOU FOR YOUR ATTENTION

aloutsiou@ucy.ac.cy