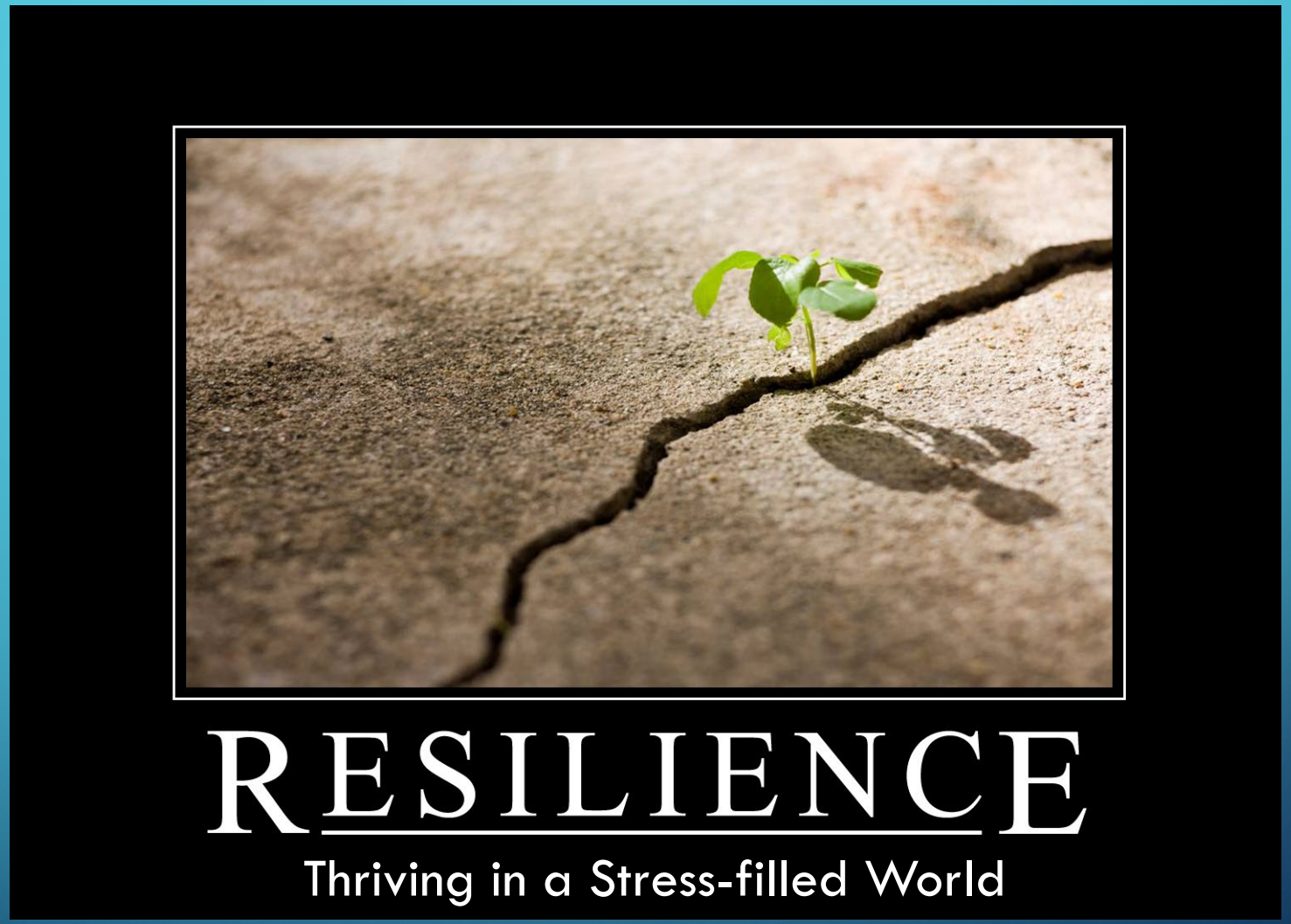

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A DEFINITION

- 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 people either have or do not have. It is an evolving approach to life stressors involving behaviors, thoughts and actions that can be learned.

MY INTEREST IN THE TOPIC

- 70% of adults experience at least one traumatic event in their lifetime.
- 20% of people who experience a traumatic event will develop PTSD.
- 29% of US combat veterans deployed to Iraq and Afghanistan have developed PTSD. (This percentage includes non-combat traumas including sexual assault within the ranks—MST).
- About 13 million people have PTSD each year (5% of US pop).
- 1 in 13 people will develop PTSD at some point in their life.

PTSD

A. Exposure to actual or threatened death, serious injury, or sexual violence

1. Directly experiencing the traumatic event(s).
2. Witnessing, in person, the event(s) as it occurred to others.
3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse). **Note:** Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.

B. Presence of one (or more) of the following intrusion symptoms

1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).
2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s).
3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.)
4. Intense or prolonged psychological distress at exposure to internal or external cues that resemble the traumatic event(s).
5. Marked physiological reactions to internal or external cues that resemble the traumatic event(s).

C. Persistent avoidance of stimuli associated with the traumatic event(s), as evidenced by one or both of the following:

1. Avoidance of distressing memories, thoughts, or feelings about the traumatic event(s).
2. Avoidance of external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about the traumatic event(s).

PTSD, CONT.

A. Negative alterations in cognitions and mood associated with the traumatic event(s) as evidenced by two (or more) of the following:

1. Inability to remember an important aspect of the traumatic event(s)
2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad," "No one can be trusted," "The world is completely dangerous")
3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.
4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).
5. Markedly diminished interest or participation in significant activities.
6. Feelings of detachment or estrangement from others.
7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

B.. Marked alterations in arousal and reactivity associated with the traumatic event(s) as evidenced by two (or more) of the following:

1. Irritable behavior and angry outbursts (with little or no provocation), typically expressed as verbal or physical aggression
2. Reckless or self-destructive behavior.
3. Hypervigilance.
4. Exaggerated startle response.
5. Problems with concentration.
6. Sleep disturbance (Duration of the disturbance (Criteria B, C, D and E) is more than 1 month.

C. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D. The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.

LIFE STRESSORS

- Less lethal/physically dangerous, but still distressing

- Events can be welcomed, yet stressful. Examples?

The Social Readjustment Rating Scale (1967)

1. Death of spouse 100
2. Divorce 73
3. Marital Separation from mate 65
4. Detention in jail or other institution 63
5. Death of a close family member 63
6. Major personal injury or illness 53
7. Marriage 50
8. Being fired at work 47
9. Marital reconciliation with mate 45
10. Retirement from work 45
11. Major change in health or behavior of family member 44
12. Pregnancy 40
13. Sexual Difficulties 39
14. Gaining new family member (birth, adoption, older adult moving in, etc.) 39
15. Major business adjustment 39
16. Major change in financial state (a lot worse / better) 38
17. Death of a close friend 37
18. Changing to a different line of work 36
19. Major change in # of arguments with spouse 35
20. Taking on a mortgage (home, business, etc.) 31
21. Foreclosure on a mortgage or loan 30
22. Major change in responsibilities at work (promotion, demotion, etc.) 29
23. Son /daughter leaving home (marriage, college, military, etc.) 29
24. In-law troubles 29
25. Outstanding personal achievement 28
26. Spouse beginning or ceasing work outside the home 26
27. Beginning or ceasing formal schooling 26
28. Major change in living condition (new home, remodeling, deterioration,) 25
29. Revision of personal habits (dress, associations, smoking,) 24
30. Troubles with the boss 23
31. Major changes in working hours or conditions 20
32. Changes in residence 20
33. Changing to a new school 20
34. Major change in usual type and/or amount of recreation 19
35. Major change in church activity (a lot more or less) 19
36. Major change in social activities (clubs, movies, visiting,)18
37. Taking on a loan (e.g., car, furniture) 7
38. Major change in sleeping habits (i.e. a lot more or less) 16
39. Major change in # of family get-togethers (more or less) 15
40. Major change in eating habits (more or less, eating hours) 15
41. Vacation 13
42. Major holidays 12
43. Minor violations of law (i.e. traffic tickets, jaywalking, etc.) 11

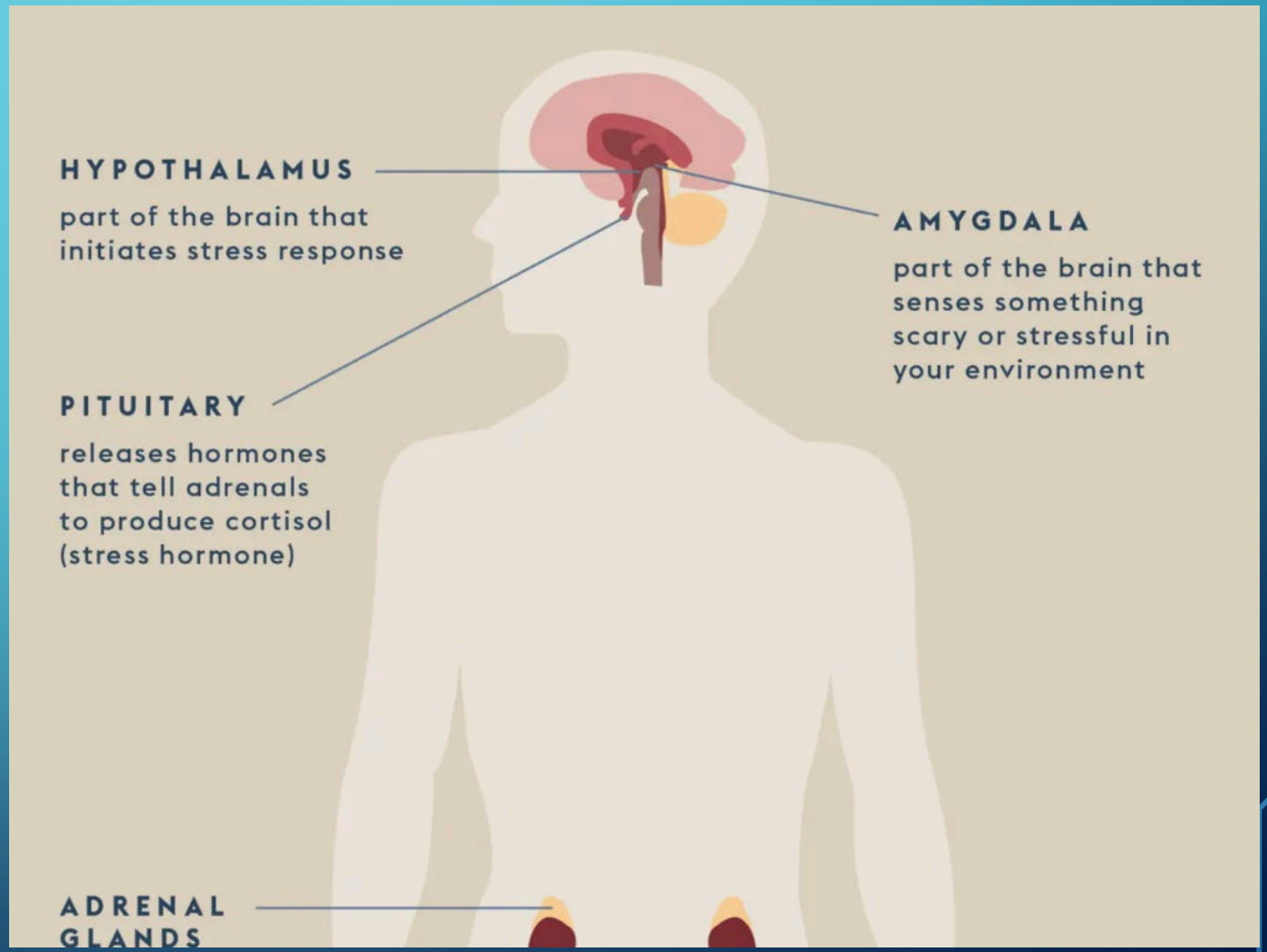
PERCEIVED STRESS SCALE

0 - Never, 1 - Almost Never, 2 – Sometimes, 3 – Fairly Often, 5 = Very Often

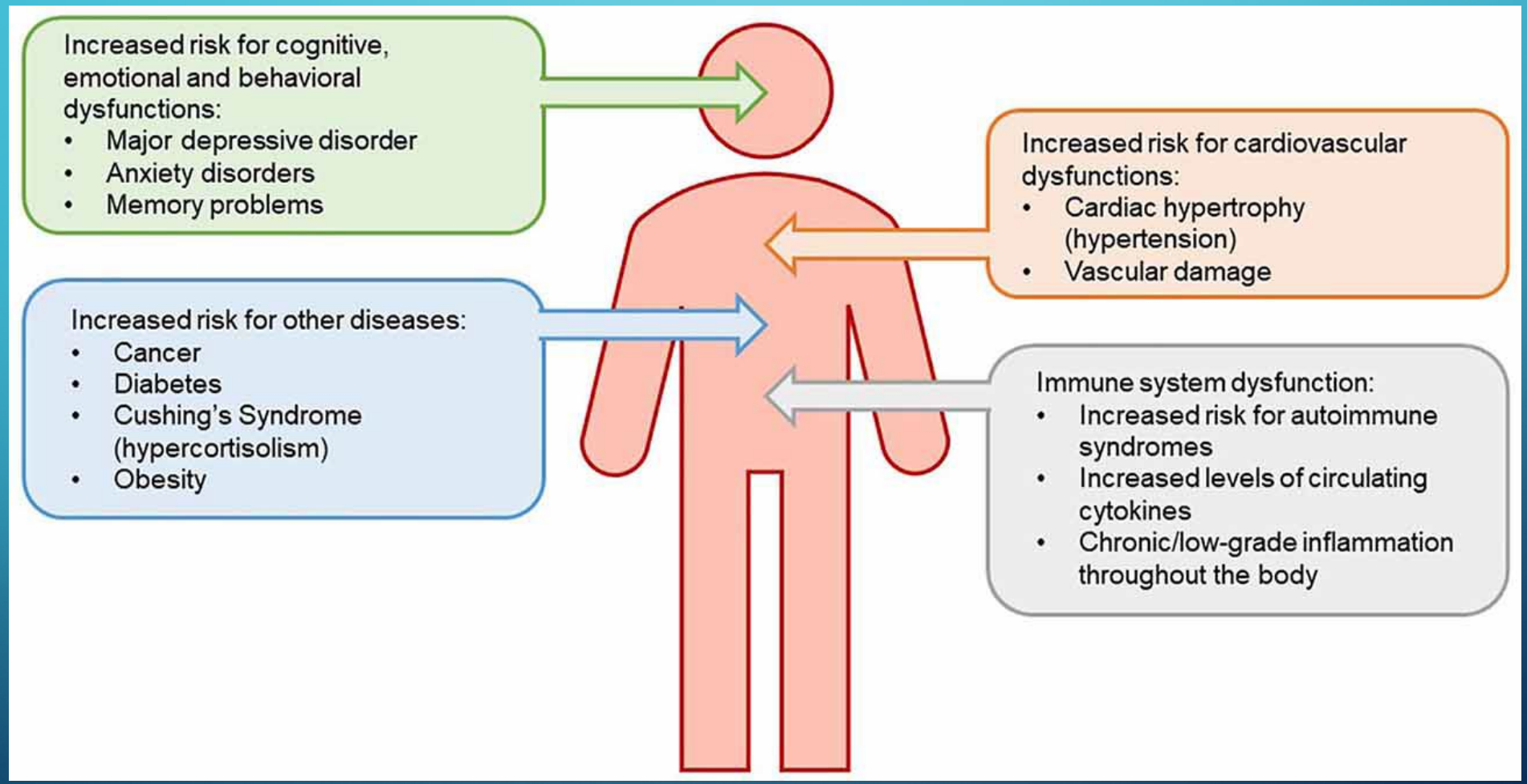
In the past month, how often have you . . .

1. been upset because of something that happened unexpectedly?
2. felt that you were unable to control the important things in your life?
3. felt nervous and stressed?
4. felt confident about your ability to handle your personal problems?
5 felt that things were going your way?
6. found you could not cope with all the things you had to do?
7. been able to control irritations in your life?
8. felt you were on top of things?
9. been angered because of things that happened that were outside of your control?
10. felt difficulties were piling up so high that you could not overcome them?

DETRIMENTAL NATURE OF STRESS



DETRIMENTAL NATURE OF STRESS, CONT.



Deep Breathing Exercise

POSITIVE VALUE OF RESILIENCE

- Protective variable against physical and mental health issues caused by stress
- Resource to deal with challenges, set-backs, stressors, traumas
- Helps avoid the “victim” persepective
- Helps avoid unhealthy coping strategies
- Doesn’t make the stressor (or its memory) go away, but helps you think past the stressor to the future

RESILIANCE: GENETICS VS. ENVIRONMENT (INNATE OR LEARNED)

Genetics: (Twin studies)

1. exposure to assaultive trauma is moderately heritable (but exposure to non-assaultive trauma is not)

2. PTSD symptoms are moderately heritable

3. PTSD twin: smaller hippocampal volume, larger cavum septum pellucidum, lower general intelligence, poorer performance in specific abilities of executive function, attention, memory of facts and events, and processing of contextual cues.

4. Recent research: 3 susceptibility genes: DCLK2, KLHL36, and SLC15A5.

5. COMT (catechol-O-methyltransferase) gene, the serotonin transporter gene (SLC6A4), and neuropeptide Y (NPY) genetic variances

6. Better functioning HPA axis

Environment

1. Acquired through life

2. A dynamic or gradual trait , vs. a stable personality traits such as extraversion, conscientiousness or agreeableness

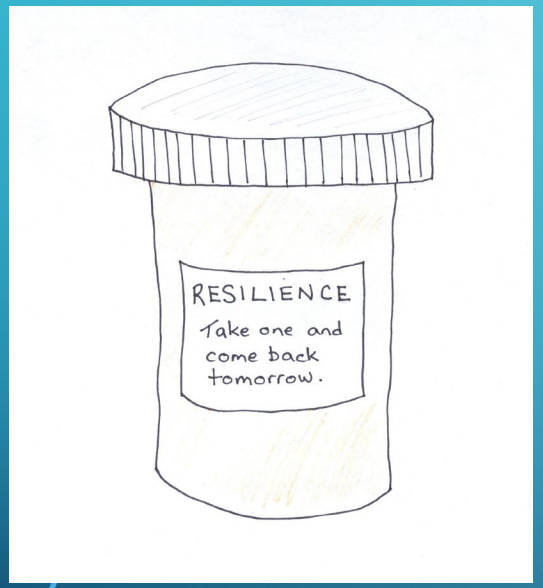
3. One important relationship increases R

4. Childhood adversity decreases R

HOW TO PROMOTE/EXPAND RESILIENCE

1. Make connections
2. Avoid seeing crises as insurmountable problems.
3. Accept that change is a part of living

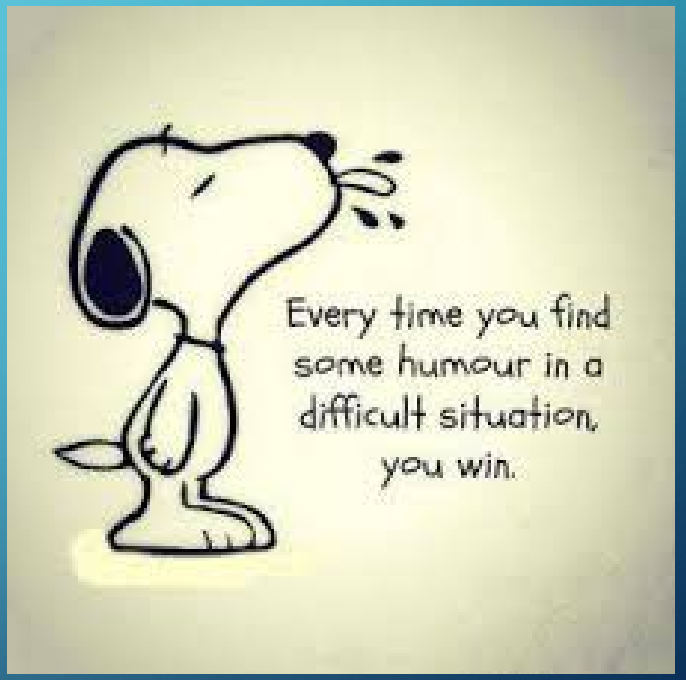
HOW TO PROMOTE/EXPAND RESILIENCE



4. Move toward your goals.

5. Take decisive actions.

6. Find positive ways to reduce stress and negative feelings.



The Power of ~~Positive~~ Realistic Thinking

Mastery Oriented

Attributions for outcomes	View of ability	Achievement expectancies	Reactions to failure
Success due to high ability; failure due to low effort	**Incremental** (can be improved by effort or practice)	High	Persistence; trying harder will pay off

Learned Helplessness

Success due to luck or high effort; failure due to low ability	**Entity** (cannot be changed through practice or effort)	Low	Giving up; trying harder will not help

HOW TO PROMOTE/EXPAND RESILIENCE

7. Look for opportunities for self-discovery.

8. Nurture a positive view of yourself.

9. Take care of yourself.

HOW TO PROMOTE/EXPAND RESILIENCE

Take care of yourself.

THREE EXAMPLES OF WAYS TO IMPROVE RESILIENCE

- Cognitive and Behavioral strategies put into action

FIRST EXAMPLE: COMBAT

Requires a change in Army culture— from a culture in which behavioral health issues were once stigmatized to a culture in which psychological fitness is recognized as every bit as important as physical fitness

Goal is to develop soldiers' understanding of the positive dimension of psychological fitness much like professional athletes do.

COMBAT, CONT.

Positive psychology

(e.g., Peterson, 2006; Seligman & Csikszentmihalyi, 2000)

"Health is not simply the absence of pathology: It is flourishing and excellence in all aspects of the human condition."

Emphasizes human strengths and potential. Areas of focus include positive emotion, positive traits, positive institutions, and positive social relationships.

In contrast to traditional psychology, (which emphasizes the repair of pathology), positive psychology is the science of understanding and promoting behavioral, cognitive, and emotional health.

Consistent with the US Army's seven core values: loyalty, duty, respect, selfless service, honor, integrity, and personal courage.

E.g., "three blessings" exercise completed for 7 days was associated with increased happiness and decreased depression for up to six months.

COMBAT, CONT.

US Army's Comprehensive Soldier Fitness (CSF) program

"Soldiers will "be" better before combat so they will not have to "get" better after it."

- Preventive program
- Soldiers, family members, and Department of the Army civilians.
- Focus on prevention via enhancement of the psychological strengths already present, vs. treatment-centric" approach

A) online self-assessment to identify resiliency strengths---GAT (Global Assessment Tool)

B) online self-help modules tailored to the results of the assessment.

C) training of master resilience trainers.

D) mandatory resilience training at every Army leader development school.

SECOND EXAMPLE: HOUSEFIRE

1. Loss
2. Common Emotional Responses
3. Strategies to increase resilience:

A) Stress-reduction techniques (e.g., deep breathing, PMR, soothing music, prayer)
B) Allow yourself to feel bad
C) Give yourself permission to feel good.
D) Make small decisions daily
E) Put off major life decisions
F) Lower your expectations
G. Avoid social isolation
H) Talk about your ordeal
I) Take advantage of community support.
J) Focus on what you are thankful for
K) Stay away from mood-altering substances
L) Get plenty of rest; maintain a normal sleep/wake cycle.
M) Eat well-balanced meals.

THIRD EXAMPLE: WIDOWHOOD

- **Bereavement** is the normal and healthy response to the universal event of death and typically includes psychological and social, and sometimes physical and financial, adaptations, over time.
- Conversely, 10-15% of bereaved individuals develop complicated reactions including clinical depression, bereavement-related post-traumatic stress disorder, and prolonged grief disorder
- **Infurna & Luthar (2017):** Longitudinal study of protective (resilience) factors to spousal loss:

a) 5-years' post-loss, the widow/ers reported life satisfaction (66%), high positive affect (26%), low negative affect (19%), positive perception of general health (37%) and positive physical functioning (28%).

Resilience implication: Majority of widowers have + mental health traits over time.

b) Being able to maintain social connectedness, the anticipation that they would receive solace or comfort at times of distress, and continued engagement in everyday life-role activities were strongly associated with resilience. Resilience was not associated with age or education level but in the 20% of people that did not manifest resilience in any of the above (a) domain areas, females outnumbered males 3:1

WIDOWHOOD, CONT.

- "Centrality of loss" to one's identity: the degree to which the memory of the death is fundamental to one's everyday inferences, life-story, and identity. Danish widow/ers assessed at 2-months, 6-months and 5-years after the death. Results: higher levels of loss-centrality significantly predicted higher levels of prolonged grief symptoms, post-traumatic stress symptoms, and depression at 4 years. Higher feelings of distress associated with the loss and elevated levels of emotional loneliness at two months also predicted symptoms of prolonged grief and depression at 4 years.

- **Resilience implication--updating one's self-identity, including emphasizing memories of important life events that have occurred after the loss, may be helpful.**

- Tx = teaching pt. to a) modify dysfunctional thoughts including maladaptive self-blame and b) facilitate healing by revitalizing social connections and promoting self-compassion. Results: reductions in guilt or self-blame, negative thoughts about the future, and (especially) avoidance behaviors (e.g., avoiding thinking about the loss) each contributed to positive tx. outcomes for CG group.

- **Resilience implication: watch for unrealistic negative thinking and don't avoid thinking about the loss.**

CONCLUSION, QUESTIONS AND COMMENTS