



# CONTEMPORARY APPROACHES TO PSYCHOLOGICAL RESILIENCE: ACT AFTER ADVERSITY

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# IN THIS PRESENTATION – RESILIENCE

Paradigm Shift

Definitions

Aspects

The Road to Resilience

Alternative paths - ACT

Conclusions



**Acknowledgements - Maria Karekla, PhD, Associate Professor of Clinical Psychology, Department of Psychology, University of Cyprus, ACT trainer**

# FROM TRAUMA TO RESILIENCE

SOUTHWICK ET AL 2014



- Asking Questions that haven't been asked before
- Why are most people able to cope so well?
- What are the natural mechanisms that allow most people to cope successfully with adversity?  
What are they doing and how are they coping?
- From a Deficit model of psychopathology towards a Competence-based model of prevention

# EVOLVING DEFINITIONS OF RESILIENCE

“The process of 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](#)

- This definition allows for symptoms, pain, distress, “psychopathology”
- It allows for deviation from healthy functioning as long as the general trajectory is stable.

# RESILIENCE DEFINED

- It is not simply the absence of psychopathology
- “ it is different from other patterns of response to potentially traumatic events, some of which are neither pathological nor resilient (Bonanno, [2004](#), [2012](#); Bonanno, Brewin, Kaniasty, & LaGreca, [2010](#); Bonanno et al., [2011](#)).

# ASPECTS OF RESILIENCE

## RESILIENCE IS ORDINARY - NOT EXTRAORDINARY

(American Psychological Association)

A growing body of evidence suggests that:

The resilience trajectory is very common

Bonanno, 2004

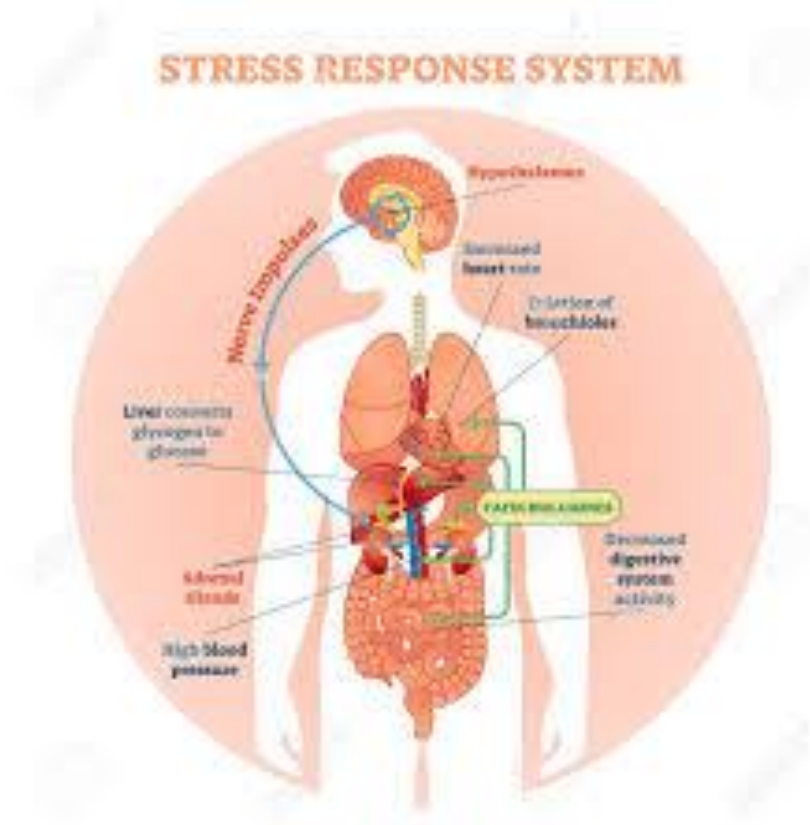
Most adults exposed to potentially traumatic events are resilient (*Bonanno et al 2007*)

Have we underestimated the human capacity to thrive after extremely aversive events? *Bonanno GA, Am Psychol. 2004 Jan; 59(1):20-8.*

# 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



# RESILIENCE LIES ON A CONTINUUM

Is resilience a binary concept?

- i.e. You are either resilient or not?
- Or is it a matter of degree?

Research suggests that “resilience more likely exists on a continuum that may be present to differing degrees across multiple domains of life” (Pietrzak & Southwick, [2011](#))



# RESILIENCE IS AN ACTIVE PROCESS

*BONANNO 2004, BONANNO ET AL 2011*

Is it a trait?

DNA traits / genes and biological underpinnings (*Simeon et al., [2007](#); Yehuda, Flory, Southwick & Charney, [2006](#); Yehuda et al., [2013](#)*).

But.....Resilience is beyond a biological trait that people either have or do not have.

Is it an outcome?

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

It requires time and effort and engages people in taking a number of steps.

# RESILIENCE MAY CHANGE OVER TIME

“As a function of development and one's interaction with the environment” (e.g., Kim-Cohen & Turkewitz, [2012](#)).

Allows for resilience enhancement efforts at the

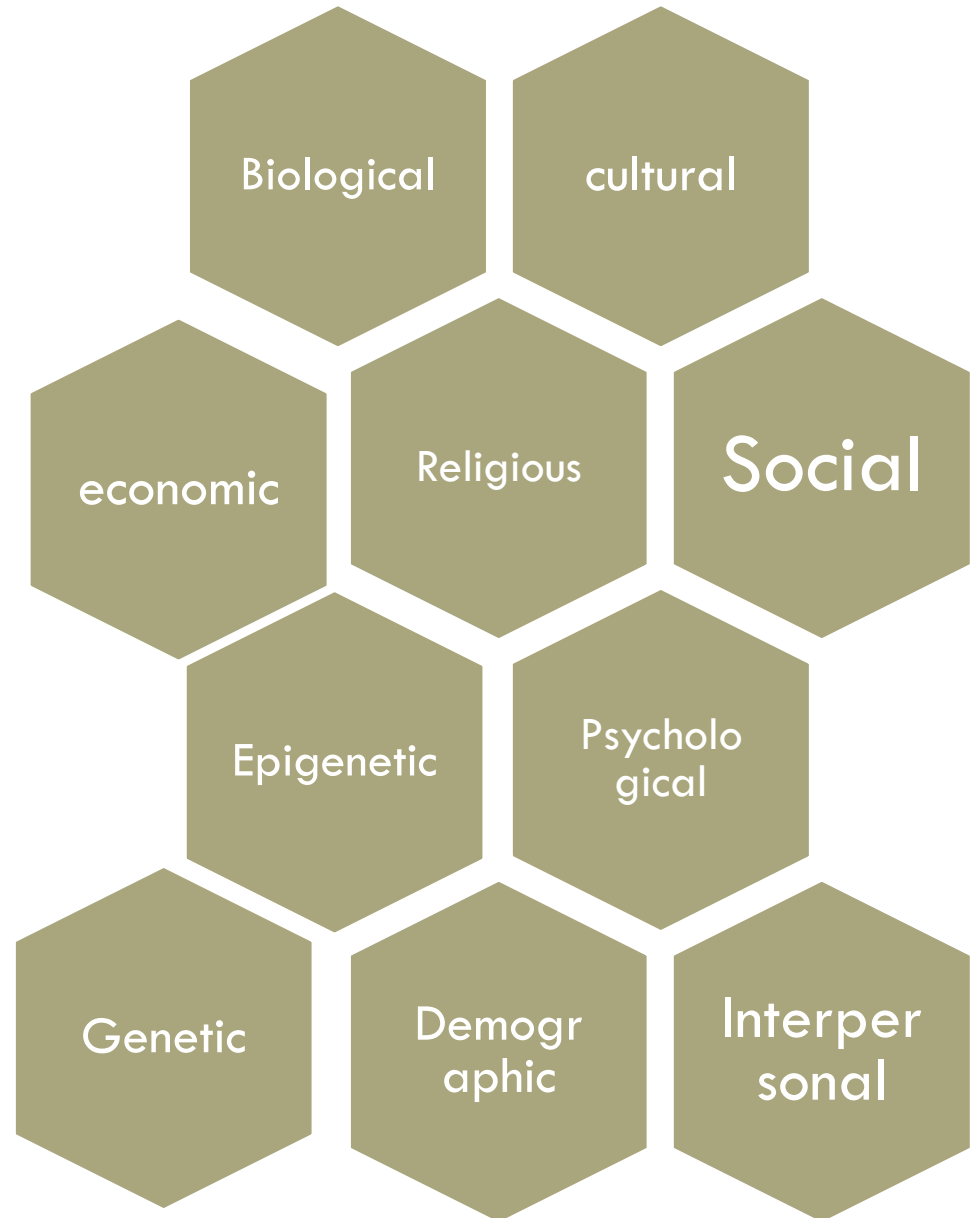
1. individual level and
2. the contextual level



# RESILIENCE IS COMPLEX MULTIPLE DETERMINANTS

SOUTHWICK, DOUGLAS-PALUMBERI, &  
PIETRZAK, [2014](#)

The capacity for  
resilience in  
humans is  
distributed  
across many  
interacting  
systems (Masten, [2014a](#), [2014b](#));



# THE PREVALENCE OF RESILIENCE AFTER DISASTERS CAN BE PREDICTED TO SOME EXTENT BY

## Personal and Historical INVARIABLE



- Gender, age, education, minority status
- Severity of trauma
- History of multiple trauma/negative life events

## Social, Economic, Psychological VARIABLE



- social support, Unstable family setting
- SES/ parental unemployment
- Psychological flexibility

# PROTECTIVE FACTORS RESILIENCE-ENHANCING FACTORS

## **Contextual factors**

family cohesion (DuMont, Widom, & Czaja, 2007; Veselska et al., 2009)

advantaged neighborhood (DuMont, Widom, & Czaja, 2007)

## **Interpersonal factors** - close and secure relationships with other people

authoritative parenting (Bell, Romano & Flynn, 2015; Legault, Anawati & Flynn, 2006)

the presence of a caring adult (Legault, Anawati & Flynn, 2006)

Positive/high quality friendships (Flores, Cicchetti, & Rogosch, 2005; Legault, Anawati & Flynn, 2006)

-a profound sense of emotional security and the feeling that someone has your back

# PROTECTIVE FACTORS FOR PSYCHOLOGICAL RESILIENCE

## Individual factors

approach coping strategies (Legault, Anawati & Flynn, 2006)

High self esteem, low levels of anxiety (Legault, Anawati & Flynn, 2006; Veselska et al., 2009)

Absence of depression and chronic disease (Bonanno, Galea, Bucciarelli, & Vlahov, 2007)

high (or above average) intelligence or cognitive ability (DuMont, Widom, & Czaja, 2007)

mastery motivation system is a very powerful driver of learning and resilience (Masten, [2014b](#)).

# RESILIENCE REQUIRES SCIENTISTS AND CLINICIANS TO PUT THEIR PIECES TOGETHER



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)

Collaboration across disciplines, research fields, cultures, and national borders.



# MOST EFFECTIVE WAYS TO ENHANCE RESILIENCE





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

# SUPPORT ADAPTIVE SYSTEMS THAT POWER NATURAL RESILIENCE

SOUTHWICK ET AL 2014

Set up a strong infrastructure to support individual with the resources they need and to help those who are less naturally resilient.

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

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

Caring and supportive relationships that create love and trust within and outside the family. (APA)

## A Socio-Ecological Model



# Dignity AND Hope

PANTER-BRICK & EGGEMAN, 2012

Especially in a war torn and greatly impoverished communities

Meaning making -

- a sense of hope that life does indeed make sense, despite chaos, brutality, stress, worry, or despair. *(Panter-Brick & Eggerman, 2012)*

# EFFECTIVE INTERVENTIONS FOR TRAUMATIZED PEOPLE WITH PTSD

## TRAUMA-PROCESSING

Facilitate the “working through” of traumatic experiences

- Trauma-focused
- Examples
  - Prolonged Exposure Therapy (PE; Foa, Hembree, & Rothbaum, 2007)
  - Cognitive Processing Therapy (CPT; Resick & Schnicke, 1993)
  - Eye Movement Desensitization and Reprocessing Therapy (EMDR; Shapiro, 2001)

## SKILLS-BASED TREATMENTS

- Teach strategies for managing individual symptoms of PTSD
- Present-focused (v. trauma-focused)
- Examples
  - Stress Inoculation Training (Meichenbaum, 1985)

# TRAUMA PROCESSING INTERVENTIONS FROM PORTLAND VA CENTER & NATIONAL CENTER FOR PTSD

## ■ Recommended if:

- Reasonable emotion regulation abilities
- Motivated for treatment
- Willing to focus on trauma and reprocess it

## ■ Not recommended if:

- Active substance dependence
- significant emotion dysregulation

# BUT...IT IS IMPORTANT TO ALSO CONSIDER DIFFERENT APPROACHES

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

# PERHAPS.....BEING RESILIENT IS NOT THE SAME AS LOW DISTRESS/SYMPTOM .

Emotional pain and sadness are common in people who have suffered major adversity or trauma in their lives.

Someone can be resilient and still experience high distress or have lots of symptoms .

- a relatively brief period of disequilibrium is normal with otherwise continued health (Bonanno, [2004](#); Bonanno et al., [2011](#))

# RESILIENCE IS ABOUT MOVING FORWARD DESPITE THE PAIN AND WITH THE SYMPTOMS

*YEHUDA, BIERER, PRATCHETT, & PELCOVITZ, [2010](#); YEHUDA & FLORY, [2007](#); YEHUDA ET AL., [2013](#))*

Perhaps it's the bouncing back process from PTSD that is most crucial for researchers and clinicians

Longitudinal studies with Cambodian war refugees suggest that remarkably resilient people continue to experience PTSD symptoms.

(Masten, [2014b](#); Masten & Tellegen, [2012](#))





# PARADIGM SHIFT

## ALLOW THE EMOTIONAL HARDSHIP AND PAIN TO BE

What if the solution we were proposing to those hurting the most is the problem?

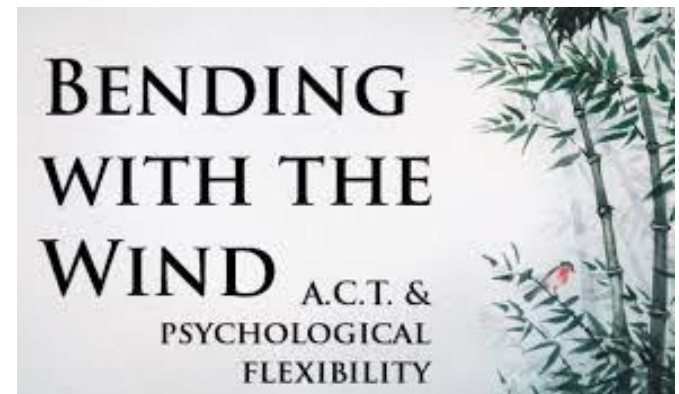
Perhaps it is not just about feeling better ...or not having a lot of symptoms

Perhaps 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.

Perhaps we need to search for additional solutions .

# THE ROAD TO RESILIENCE GOES THROUGH PSYCHOLOGICAL FLEXIBILITY -

Full acceptance of the present experience and committed action to keep moving forward in the service of one's values despite the pain and the adversity

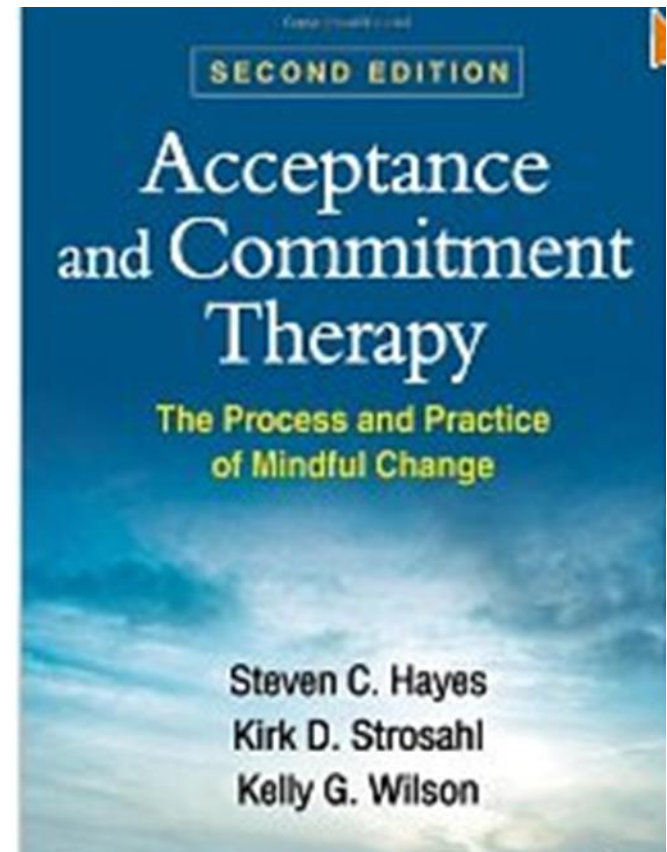


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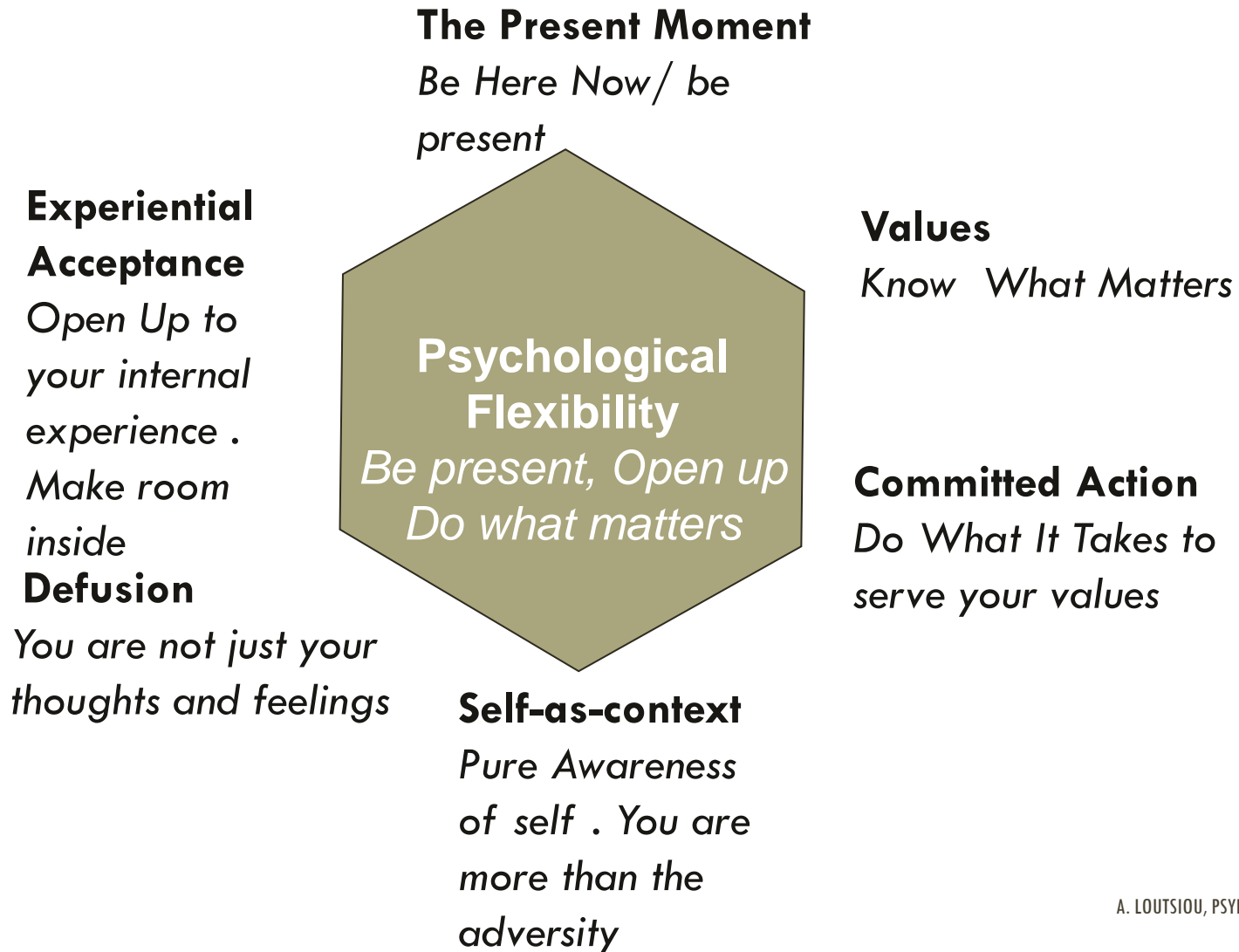
# AFTER 2 DECADES OF RESEARCH

APA Division 12  
approves ACT as  
Empirically Based  
Practice (EBP) for  
several disorders  
including PTSD

<http://www.div12.org/PsychologicalTreatments/treatments.html>



# THE HEXAFLEX ACT MODEL OF PSYCHOLOGICAL FLEXIBILITY



# THE ROAD TO RESILIENCE DOES NOT GO THROUGH EXPERIENTIAL AVOIDANCE (EA)

Experiential avoidance, is the tendency to rigidly escape or avoid contact with distressing private psychological experiences, (i.e. thoughts, feelings, physiological events, and memories) and the situations that occasion them” (Hayes, 1994).

“It is a behavioral pattern implicated in a wide range of problems in order to avoid difficult thoughts and feelings” (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996).

- Pre-event EA acted as a risk factor for elevations in posttraumatic stress symptoms at both one and eight months post-event. Kumpula, Orcutt, Bardeen, and Varkovitzky (2011)

# EXPERIENTIAL AVOIDANCE- EXAMPLE OF CHRONIC PAIN

What do we usually do when we experience pain?

- “Its important to keep fighting this pain.”
  - Endorsed as “Always True” or “Almost Always True” by 92% of patients

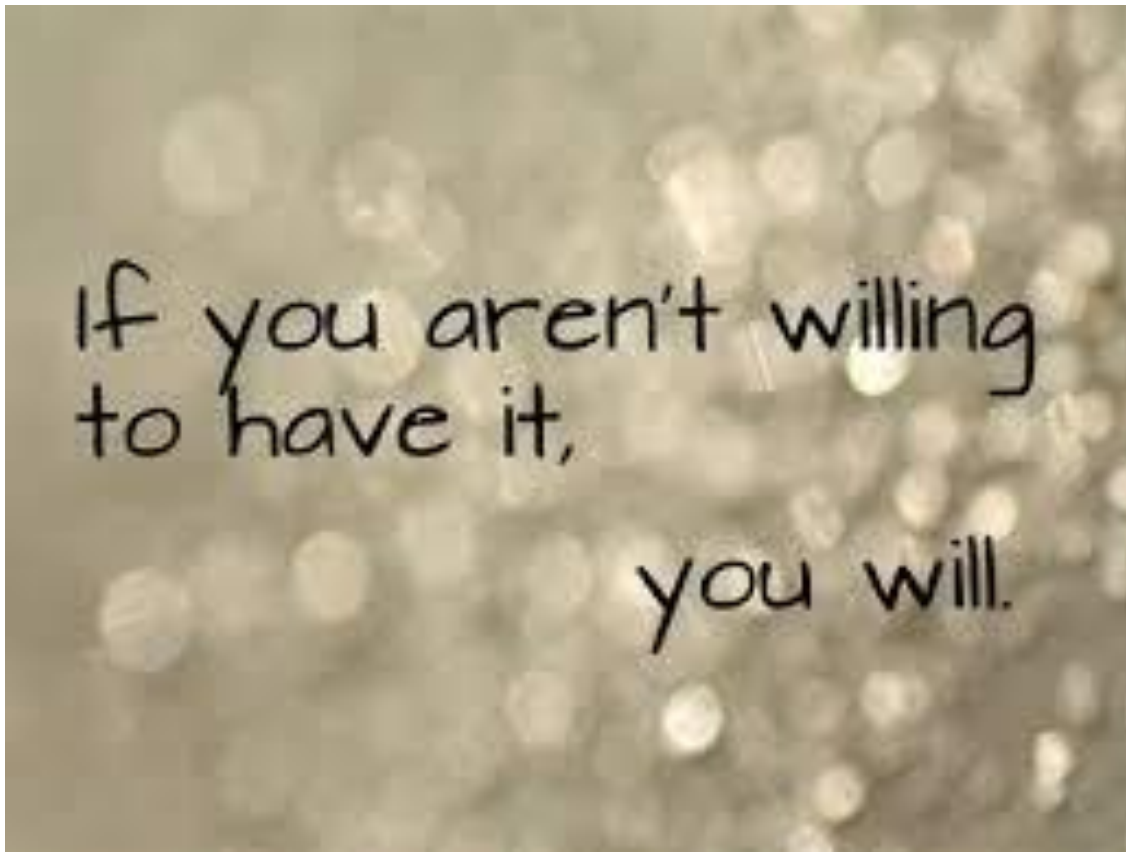
And the consequences of this struggling?

- Single best predictor of:
  - Worse Pain
  - Poorer Activity
  - Greater Disability
  - Worse Depression
  - Greater Avoidance

Pain

McCracken, Vowles, & Eccleston, 2004, *Pain*

# PARADOXICAL EFFECT OF EXPERIENTIAL AVOIDANCE



# CONCLUSIONS - PEOPLE CAN BE FACILITATED ON THEIR OWN ROAD TO RESILIENCE

We need a toolkit with methods that are:

1. Theory driven
2. Empirically validated
3. Clinically supported
4. Potent
5. Culturally valid
6. Minimize the risk factors
7. Build/strengthen the protective factors
8. Target aspects that are malleable and learnable
9. Match interventions to individual needs



# META-MESSAGE



- The experience of trauma does not only yield pathology
- Humans have a natural and great potential to deal with adversity and to change, or adapt when necessary
- The real story is not the trauma! It is that of resilience

THANK YOU

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