Road Map to Resilience: Ways to Bolster and Well-being

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POLL 1

How many of you have seen or heard of Dr. Meichenbaum before?
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.
WHAT IS RESILIENCE?

**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”

**POST-TRAUMATIC GROWTH (PTG)** - positive personal changes

**ROADMAP to RESILIENCE**

**LEARN IT,** but **LIVE IT.**
POLL 2

Do you see yourself as a resilient person?
- Yes
- Most of the time
- Not particularly
WHAT IS RESILIENCE?

“Although the world is full of suffering, it is also full of overcoming it.” -Helen Keller

“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.” - Returning Veteran

“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.
SOME FACTS ABOUT RESILIENCE

- 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.
SOME FACTS ABOUT RESILIENCE

- 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.
SOME FACTS ABOUT RESILIENCE

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.
When you’re stressed, what helps you the most?

- Being with friends
- Having a sense of personal control
- Thinking of creative solutions
- Setting and achieving goals
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.
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.
EVIDENCE OF RESILIENCE IN CIVILIAN POPULATIONS

- 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.
EVIDENCE OF RESILIENCE IN CIVILIAN POPULATIONS


- Such resilience is not confined to adults. It is estimated that 25% of American youth experience serious traumatic events by their 16th birthday. 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. 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%.

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%.

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.”
POLL 4

Would you like to be more resilient?

- Yes, I want to know how
- Yes, but it seems difficult
- No, I am fine the way I am
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).
POLL 5

Do you or anyone you know have PTSD?

- Yes, a family member
  - Yes, a friend
  - Yes, me
- No
“HOW TO” DEVELOP PERSISTENT PTSD and RELATED ADJUSTMENT PROBLEMS

At the Thinking Level

- Engage in self-focused, “mental defeating” type of thinking. See self as a “victim”, controlled by uninvited thoughts, feelings and circumstances, continually vulnerable, unlovable, undesirable, unworthy - “Contaminated,” “Damaged goods”

- 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
“HOW TO” DEVELOP PERSISTENT PTSD and RELATED ADJUSTMENT PROBLEMS

At the Thinking Level

- 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

- Ruminate repeatedly
“HOW TO” DEVELOP PERSISTENT PTSD and RELATED ADJUSTMENT PROBLEMS

At the Thinking Level

- Engage in contra-factual thinking - “Why me” and “Only if”

- 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.

- Engage in “thinking traps”. For example, tunnel vision as evident 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

- 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).
“HOW TO” DEVELOP PERSISTENT PTSD and RELATED ADJUSTMENT PROBLEMS

At the Emotional Level

- Engage in emotional avoidance strategies
- 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
“HOW TO” DEVELOP PERSISTENT PTSD and RELATED ADJUSTMENT PROBLEMS

At the Behavioral Level

- Engage in avoidant behaviors of trauma-related feelings, thoughts, reminders, activities and situations; dissociating behaviors
- Be continually hypervigilant
- Engage in safety behaviors that interfere with the disconfirmation of emotional beliefs
- Engage in delay seeking behaviors. Avoid seeking help. Keep secrets and “clam up”
“HOW TO” DEVELOP PERSISTENT PTSD and RELATED ADJUSTMENT PROBLEMS

At the Behavioral Level

- Engage in high risk-taking behaviors
- Engage in health-compromising behaviors
- Engagement in self-handicapping behaviors
- Use passive, disengaged coping behaviors
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.”)
“HOW TO” DEVELOP PERSISTENT PTSD and RELATED ADJUSTMENT PROBLEMS

At the Social Level

- 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.

- Fail to seek social support or help, such as peer-related groups or professional assistance.
“HOW TO” DEVELOP PERSISTENT PTSD and RELATED ADJUSTMENT PROBLEMS

At the Spiritual Level

- Fail to use your faith or religion as a means of coping
- Have a “spiritual struggle”
- Use negative spiritual coping responses
- Experience “moral injuries” that compromise values
- Avoid contact with religious members who can be supportive
POLL 6

Do you know anyone who has experienced a traumatic event and been fine?

- Yes
- No
“Beware of the stories you tell, you will be lived by them.”

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.
HOW TO CREATE A “HEALING STORY”

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.

- Stories are filled with “hot spots” and “stuck points” and their thoughts and accompanying feelings are viewed as unwanted.
- Suppress such thoughts and feelings - BACKFIRE and BOOMERANG. They may try to cope by self-medicating (using alcohol, drugs), by trying distraction of engaging in high-risk reckless behaviors (withdrawing, isolating themselves, being hypervigilant.
POLL 7

Have you heard of healing stories?
- Yes
- No
2. **In contrast, RESILIENT** individuals 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 versus contamination sequences.

5. Resilient individuals slow down how they tell their stories and break their experiences into pieces versus “Monday morning quarterback.”

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. 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, reduce feelings of chaos and increase the sense that the world is predictable, orderly and beneficent, provide a degree of “closure” by helping make sense of what happened and how people responded, self-efficacy and points a direction to the future. 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.”

9. Resilient individuals avoid “thinking traps” that can derail their story-telling. Instead they incorporate in their story-telling “cherished recollections”, “fond memories”, a “heritage of remembrances”, “change talk,” “RE-verbs.” 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.”
HOW TO CREATE A “HEALING STORY”

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. Do your stories include:
   - Redemptive (positive ending) sequences;
   - RE-words and change talk action verbs;
   - Goal statements and “how to” pathways thinking;
   - Problem-solving strategies
   - Expressions of optimism
   - Meaning-making statements (“Making a gift”, “Sharing lessons learned” statements)?
HOW TO CREATE A “HEALING STORY”

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?
Archived CE Webinars

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  Dr. Daniel Siegel (1.5 CE Credits – $35)

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Recommended Books

BOOK AVAILABLE from Dr. Meichenbaum
Clinical Handbook
*Treating Individuals with Anger Control Problems and Aggressive Behaviors*
Price $65
Send check directly to Dr. Meichenbaum

FORTHCOMING BOOK from Dr. Meichenbaum
Roadmap to Resilience
Book details will be emailed to you upon availability
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