ABSTRACT

- Every child will experience stressors throughout their development. Rather than trying to prevent youth from experiencing adversity, it is important to support youth and to help them cultivate resilience in the face of challenges.
- Studies have demonstrated a strong correlation between resilience and overall well-being (Hu & Zhang, 2015).
- Children and adolescents who experienced trauma or suffer from internalizing disorders are at increased risk for negative outcomes related to school performance, self-esteem, and overall psychological functioning (Cook & Spinazzola, 2017)
- Research shows that individuals with anxiety, depression and OCD show lower levels of resilience. (Hjemdal et al., 2011)
- Given the vulnerabilities in individuals with mental health challenges, cultivating resilience skills is especially crucial for this population.

WHAT IS RESILIENCE?

- Resilience is defined as the ability to positively adapt despite adversity, trauma, or significant threat (Fleming & Ledogar, 2008).
- The word "resilience" originates from the Latin verb *resilire*, or, "to leap back". It is defined in the Oxford English Dictionary as "being able to withstand or recover quickly from difficult conditions".
- In the context of psychology, resilience is defined as one's ability to overcome stress or adversity, or having a relative resistance to the harmful effects of risk. (Bowes & Jaffee, 2013).
- From a broader systems perspective resilience is seen as the capacity of a dynamic system to resist or recover from challenges that threaten one's development, stability and overall well-being (Sapienza & Masten, 2011).
- Resilience is also understood as the presence of protective or positive factors which decrease maladaptive outcomes despite risk and adversity. (Greenberg, 2006).
- Results from Hu & Zhang's meta analysis demonstrate that the presence of resilient traits is positively correlated with increased positive affect and increased life satisfaction (2015)

BACKGROUND AND CHALLENGES

- Youth with mental health challenges carry a higher risk of other comorbid disorders as well as other adverse outcomes such as drop out, substance abuse and suicide (Liu, et al., 2011).
- Additionally, youth with mental health challenges are more likely to have health problems, engage in overeating and engage in lower rates of physical activity (Jamnik & DiLalla 2019).
- The cognitive, emotional, and behavioral symptoms of mental health challenges can hinder one's ability to access the internal resources necessary to bounce back after setbacks. Without the proper intervention, children struggling with mental health issues are less likely to possess resilience skills, which can decrease their sense of well-being and impact all areas of their functioning (Cook & Spinazzola, 2017).
- With the proper interventions and support children and adolescents can cultivate resilience by strengthening their abilities to cope with, adapt to and even prevent adversity in their lives (NSCDC, 2015).

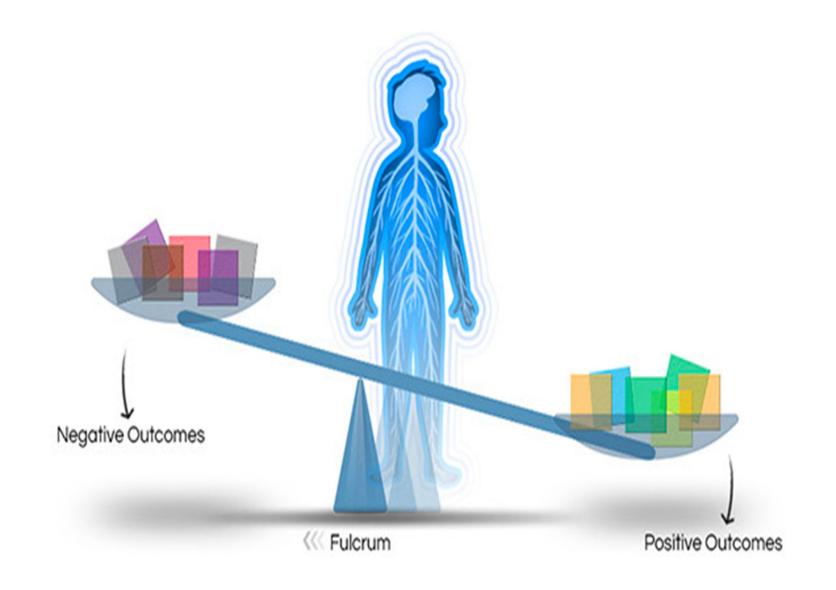
Promoting Resilience Among Youth with Mental Health Challenges

Baila Kivelevitz, B.A. and Jennifer M. Cooper, Ph.D. Ferkauf Graduate School of Psychology, Yeshiva University



Studies have shown that children and adolescents who participate in research-based resilience interventions experience a decrease in clinical symptoms and an increase in resilience and overall well-being.

		OLITO ONE O	EMPIDIOAL OUDDODT
PROGRAM	OVERVIEW	OUTCOMES	EMPIRICAL SUPPORT
FRIENDS	Cognitive-behavioral program that teaches social and emotional learning and builds strengths by developing protective factors	After completing the FRIENDS program, adolescents reported an increase in self-esteem, improvements for expectations for the future, and a decrease in anxiety symptoms (when comparing pre and post-assessment).	Barrett, P. M., Sonderegger, R., & Xenos, S. (2003). Using FRIENDS to combat anxiety and adjustment problems among young migrants to Australia: A national trial. <i>Clinical Child Psychology and Psychiatry</i> , 8(2), 241-260.
PENN RESILIENCY PROGRAM (PRP)	School-based program rooted in positive psychology that increases students' ability to problem solve, adapt, and thrive in various circumstances	The PRP was delivered to a group of Latino adolescents (5th and 6th graders). Participants showed a decrease in depressive symptoms directly following the intervention. They maintained benefits for up to 6 months following this program.	Cardemil, E. V., Reivich, K. J., & Seligman, M. E. (2002). The prevention of depressive symptoms in low-income minority middle school students. <i>Prevention & Treatment</i> , <i>5</i> (1), 8a.
SPARK	Universal school-based program built from concepts of cognitive-behavioral therapy and positive psychology. The Spark Resilience Program is designed to foster resilience skills and prevent depression	According to analyses, depression symptoms were significantly lower directly after treatment. In contrast, resilience scores were significantly higher in the treatment group than the control group directly after treatment and a year later at the follow-up.	Pluess, M., Boniwell, I., Hefferon, K., & Tunariu, A. (2017). Preliminary evaluation of a school-based resilience-promoting intervention in a high-risk population: Application of an exploratory two-cohort treatment/control design. <i>PloS one</i> , <i>12</i> (5), e0177191.
TRAUMA-FOCUSED COGNITIVE BEHAVIOR THERAPY (TF-CBT)	A well-established, evidence-based treatment intended to support individuals who have experienced trauma. TF-CBT has demonstrated significant improvements in children's levels of PTSD symptoms, depression, levels of shame.	After completing Trauma-Focused CBT, youth impacted by child sexual abuse showed significant improvement in personal resiliency. They also showed significant improvements in their Sense of Mastery (MAS), Sense of Relatedness (REL), and Emotional Reactivity all of which decrease levels of hypervigilance and depression.	Deblinger, E., Pollio, E., Runyon, M. K., & Steer, R. A. (2017). Improvements in personal resiliency among youth who have completed trauma-focused cognitive behavioral therapy: A preliminary examination. <i>Child Abuse & Neglect</i> , <i>65</i> , 132-139.
HEALTH PROMOTING SCHOOL FRAMEWORK	A health-promoting school intervention to promote resilience to decrease subclinical depressive symptoms in students in China	This program helped facilitate positive teacher-student relationships and incorporated social and emotional learning into the academic curriculum. This intervention reduced sub-clinical depressive symptoms and increased resilience among students.	Stewart, D., & Sun, J. (2007). Resilience and depression in children: mental health promotion in primary schools in China. <i>International Journal of Mental Health Promotion</i> , 9(4), 37-46.



"Over time, the cumulative impact of positive life experiences and coping skills can shift the fulcrum's position, making it easier to achieve positive outcomes." (Center on the Developing Child, Harvard University, n.d.).

SUMMARY AND FUTURE DIRECTIONS

- Youth with mental health challenges are more vulnerable to adverse health, psychological, and academic outcomes.
- Moreover, children and adolescents with mental health challenges tend to have lower levels of resilience along with their other vulnerabilities.
- With the proper support and interventions, youth with mental health challenges can cultivate resilience, more effective coping strategies, and overall life satisfaction.
- The FRIENDS program, Penn Resiliency Program, Spark Resilience Program, and TF-CBT show promise in helping youth become more resilient.
- Through further research and study on promoting resilience in children and adolescents, educators and mental health professionals can equip youth with the skills to become happier, more adaptive, and more resilient in the face of life's challenges.
- It is crucial for future researchers to examine the utility of culturally sensitive resilience interventions and for professionals to engage in ongoing professional development in this area to better support diverse communities.

REFERENCES

Cardemil, E. V., Reivich, K. J., & Seligman, M. E. (2002). The prevention of depressive symptoms in low-income minority middle school students. *Prevention & Treatment*, 5(1), 8a.

Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., ... & van der Kolk, B. (2017). Complex trauma in children and adolescents. *Psychiatric annals*, *35*(5), 390-398.

Deblinger, E., Pollio, E., Runyon, M. K., & Steer, R. A. (2017). Improvements in personal resiliency among youth who have completed trauma-focused cognitive behavioral therapy: A preliminary examination. *Child Abuse & Neglect*, *65*, 132-139.

Fleming, J., & Ledogar, R. J. (2008). Resilience, an evolving concept: A review of literature relevant to Aboriginal research. *Pimatisiwin*, 6(2), 7.

Hu, T., Zhang, D., & Wang, J. (2015). A meta-analysis of the trait resilience and mental health. *Personality and Individual differences*, 76, 18-27.

Hjemdal, O., Vogel, P. A., Solem, S., Hagen, K., & Stiles, T. C. (2011). The relationship between resilience and levels of anxiety, depression, and obsessive—compulsive symptoms in adolescents. *Clinical psychology & psychotherapy*, 18(4), 314-321.

Jamnik, M. R., & DiLalla, L. F. (2019). Health outcomes associated with internalizing problems in early childhood and adolescence. *Frontiers in psychology*, 10, 60.

Pluess, M., Boniwell, I., Hefferon, K., & Tunariu, A. (2017). Preliminary evaluation of a school-based resilience-promoting intervention in a high-risk population: Application of an exploratory two-cohort treatment/control design. *PloS one*, *12*(5), e0177191.

Liu, J., Chen, X., & Lewis, G. (2011). Childhood internalizing behaviour: analysis and implications. *Journal of psychiatric and mental health nursing*, 18(10), 884-894.

CONTACT INFORMATION

Baila Kivelevitz

<u>Baila.kivelevitz@mail.yu.edu</u>

Jennifer Cooper jennifer.cooper@yu.edu