CHAPTER X: Strength Based Resilience: Integrating Risk and Resources towards holistic Wellbeing

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Abstract Resilience includes attributes such as bouncing back, adapting and making sense of trauma or setbacks, and also decreasing vulnerability to environmental risks. To understand and enhance resilience, research has largely focused on risk and protective factors. Among these protective factors, one missing element is character strengths. This chapter presents an overview of resilience research and introduces a holistic model of resilience called Strength-based Resilience (SBR) which focuses on integrates risks and resources, namely, character strengths to buffer against vulnerabilities. We also present results of two pilot studies conducted with diverse samples of children and adults, demonstrating promising results. We conclude the chapter with implications to incorporate character strengths in fostering resilience.
x.1 Introduction

We begin with a story of H’Sien Hayward, a close friend of the first and second authors.

We were like a photograph and its negative – Rishi, my big brother, was tall for his age; I was short; he was athletic, I was academic; he was extroverted and social, I was shy. He was, throughout my childhood, the most important person in my life. We were only 18 months apart in age, and I wanted to be just like him. I was a tomboy, wore his hand-me-down clothes, and even had my hair cut short like his. People would often mistake us for twins (they thought I was a little boy) and I remember feeling so proud. He was my protector. He would not let older kids pick on me at recess, checked on me first if fighting broke out and, at bedtime, would listen to all of my worries and tell me that everything was okay so I could fall asleep.

And then he was gone. In one day, one afternoon really, when he was 10 and I 9, Rishi was killed in an accident and I never saw him again. I was not there when he died and I did not see his body before he was cremated. He was not there to dig trenches in the driveway with me after it rained, or to sit next to me on the school bus, and his bed remained empty at night.

My memory of the moment when I was told he was dead is so clear it seems like someone drew it on the inside of my skull with a permanent marker. In the memory I am sitting on the burgundy futon couch watching Liz, an adult friend of our family, put down the phone and walk toward me. She had been talking to my parents who were at the hospital with Rishi because he had been hurt in a tractor accident earlier that day. I knew he would be fine because he was always fine. He was rambunctious and outdoorsy and loved being around large farm machinery, and always came home with big scrapes and bruises and even bigger stories about how he got the scrapes and bruises. And then I saw the expression on Liz’s face and in the second before she spoke I remember everything in the room, and everything in the world, slowing down. It was like right before a car crash when everything around you seems to slow down and become very quiet. I didn’t know then that that was what a car crash was like, but I would find out later.

Because I was a kid, logic and causality got all twisted up; I didn’t know if something I had done, or had not done, had caused him to die. I remember feeling terribly, terribly alone in the world. It was as if a big part of me had died with him; I didn’t know who I was when I wasn’t Rishi’s little sister. I rebelled the year after his death; I dyed my hair green and then pink, hung out with the older “bad kids” at recess, shoplifted, and tried smoking cigarettes. But what I remember most clearly from that time was a deep sense of existential embarrassment; that is, I felt profoundly embarrassed to be alive because I was sure that everyone would have
preferred it to have been me that died. Accompanying this was a world-sized sense of anxiety that I somehow had to prove my worth or my right to exist – so after my rebellion phase, I got to work. I became a competitive four-sport athlete, got perfect grades, and became extroverted – I was prom queen and dated the quarterback (or the starting center, or pitcher, depending on the season).

Seven years after my brother’s death, when I was 16, I was in a near-fatal automobile accident that left me in a coma and paralyzed from the chest down. Several friends and I were driving to the beach to celebrate winning the state track championship. I was riding in the back seat as we came down a winding mountain road, and the last thing I remember is begging the driver to slow down. When I woke up from the coma, my parents, paragons of resilience, banded together and surrounded me with love and hope. Though they had divorced after my brother’s death, they had remained a unified supportive force when it came to me. The example they provided, of finding good even in things that seemed very bad, sustained me through 4 months of hospitalization, 4 more months of outpatient physical therapy, and when I returned to my senior year of high school in a wheelchair. Contrary to the recurrent bouts of depression and pernicious suicidal ideation that I was told to expect upon awakening from the coma, life had never been more beautiful, nor I more grateful. Having experienced my brother’s accident and subsequent death, made life, whether spent standing or sitting, feel precious.

Now, after almost 18 years of using a wheelchair, and 24 since my brother’s death, I maintain a deep inner commitment to helping others whose lives have been touched by severe loss or adversity to find the beauty in these challenges. As a sophomore at Stanford University I was exposed to the power of scientific inquiry to systematically challenge and offer alternatives to prevailing perceptions of life experience, and have now returned to academic study at Harvard and close to completing my doctoral degree in psychology. Resilience, in my belief, is one of the most powerful concepts I can use to understand why some rise and others fall when tragedy hits. As a doctoral student and afterwards, as a scholar and researcher, I hope to contribute to a base of knowledge that may ultimately help enhance resilience and increase well-being for people who are living with great challenges. The resources that supported me in my personal experience of growth through loss and adversity, including hope, meaning, and relationships with others, are among those that a growing body of research has identified as important for understanding the full range of potential responses to loss and adversity.

Introduction

H’Sien’s story, distills resilience poignantly and reflects its ordinary magic. In pages to follow, we unpack this magic from scientific and application perspectives and explore which strengths enabled H’Sien to not to give up and create her happiness. We begin with definition of resilience. Resilience is the ability to bounce back effectively in the face of adversities, challenges, traumas and setbacks. It is to persevere, adapt and make sense of trauma or loss (Masten, 2001; Brooks &
Goldstein, 2004). Resilience is also defined as reduced vulnerability to environmental risk experiences, the overcoming of a stress or adversity, or a relatively good outcome despite risk experience (Rutter, 2006). Resilience is not entirely fixed but is an ability that can be acquired—a central theme of this chapter. We present a brief summary of the current literature on resilience among children and adolescents and highlight a predominant focus on the role of resilience in protecting against risk factors. While the protective factors have long been explored in unpacking resilience, the role of character strengths among these protective factors has not been explored explicitly. We propose an alternative model of resilience called a Strength-Based Resilience (SBR), which incorporates character strengths in enhancing resilience.

We posit that by meaningfully incorporating the complex yet critical interplay of negative risks and positive resources, that is, character strengths, we can enrich our scientific understanding of resilience, and can make it more accessible to non-western cultures which do not fully subscribe to pathologically-oriented risk factors such as vulnerabilities, deficits, dysfunctions and disorders. Resilience, we believe is not only surviving but also thriving. H'Sien didn't only survive but she continues to strive. To make our case, we present converging lines of evidence that support this approach. We also present results of our initial studies with culturally students and teachers based on a SBR approach. We conclude the chapter with implications for future applications of a strength-based resilience.

For more than three decades individual, familial, communal, and broader ecological correlates of resilience have been examined through multiple lines of research (e.g., Garmezy, 1990; Luther and Cicchetti, 2000; Masten, 2001; Liebenberg and Ungar, 2009; Rutter, 2012). These lines of research suggest that resilience maybe be protective against previously identified risk factors for psychopathology in children and adolescents. Broadly these factors can be parsed in poverty and violence. Poverty is manifested through poor nutrition, lower educational achievement, and insufficient medical care whereas violence often entails physical, sexual, emotional, psychological and financial abuse (Brackenreed, 2010).

Fortunately, not all children and adolescents develop psychopathology as a consequence of exposure to these risk factors. Instead, they encounter adversities, setbacks, risks and vulnerabilities adaptively (Masten, 2001; Cicchetti, 2010). Research, broadly construes these factors under the umbrella of resilience which enables adaptive response (Rutter, 1985; Masten, 2001; Bonanno, Westphal and Mancini, 2011). As such, an important goal is to find methods to further enhance resilience through the complex interplay of risk and protective factors that are often moderated by cultural factors.

Specific individual and social factors have been demonstrated to enhance resilience; such factors include optimism, autonomy, effective problem solving, faith, sense of meaning, self-efficacy, flexibility, impulse control, empathy, close relationships and spirituality. We believe that these protective factors, despite the presence of risk factors, help individuals negotiate and navigate stressful situations and setbacks adaptively. In doing so, individuals develop a sense of self-efficacy, which motivates them to encounter challenges positively, circumventing unhealthy
coping habits like avoidance. Importantly, we believe that a focus on enhancing these protective factors is critical in fostering resilience in children.

### x.1.2 Resilience as a Developmental Process

Resilience-enhancing protective factors have been conceptualized into two broad categories: *environmental protective factors*, like school and family, and *personal strengths* such as, social competency, autonomy, problem solving skills. Critically, these personal and environmental factors interact dynamically. For example, an easy temperament enhances social interactions which, in turn enhances social support. Contrarily, a difficult temperament requires more environmental support to be successful. In a study conducted by Hass and Graydon (2009), it was demonstrated that foster children who sought social support, interacted with their community, and had interactions with “family” members were more prone to help others, participate in activities and were also, more cognitively stable. Critically, such positive factors were associated with the development of resilience among the foster youth.

Wellness promotion and the reduction of diseases and disorders are well-studied factors demonstrated to increase resilience. Traditionally, wellness promotion has been addressed through a biological approach, with a focus on alleviating physical symptomatology. However, some researchers believe it is necessary to go beyond just the bodily alleviations; equally important are the maintenance of psychological, behavioral, and social factors that influence health (Aspinwall and Tedeshi, 2010; Veehoven, 2008). Previous studies suggest that individuals who are optimistic about life are more prone to living healthy active lives, which in turn help to buffer the effects of adversity and illness (Seligman, 2008). Even in illness, optimistic individuals are better able to seek aid and medication, with the positive belief that they shall get better. In addition, research also shown that positive emotions build resilience by “undoing” the effects of negative emotions (Fredrickson, Tugade, Waugh and Larkin, 2003) and are robustly associated with longevity, healthier relationships, friendship, income and resilience (for reviews see Fredrickson et al., 2008; Lyubomirsky, King, & Diener, 2005).

**Resilience and Culture**: Michael Unger’s research (2008) has highlighted that resilience has mostly focused on Eurocentric notions of healthy functioning (staying in school, attachment to a parent or caregiver, forming secure attachments and one partner later in life, non-delinquent forms of adaptation, etc). Unger notes that it lacks sensitivity to community and cultural factors that help in contextualizing how resilience is defined by various populations and is manifested in daily living. As a result, there is paucity of cross-cultural validation of findings. Furthermore, culturally determined outcomes that might be associated in non-western cultures and contexts are poorly understood. Therefore, we don’t know what does resilience means to someone is Syria, Haiti. Unger (2008) has studied more than 1500 youth in 14 mixed sites and has found out that culturally and contextually specific aspects facilitate resilience among youth.
x.1.3 Why focus or incorporate strengths in boosting Resilience?

Clearly, several factors that influence resilience have already been identified in the literature (Larsen, Hemenover, Norris and Cacioppo, 2003). However, we believe that one very critical factor has been not been systematically explored is that of character strengths. Reflecting back to H’Sien’s story, we would posit that despite very challenging circumstances, it was her character strengths which kept her psychological immunity robust. Acknowledging that character strengths are morally desired traits, we posit that these are, at the same time, descriptive traits open to empirical examination. In fact, emerging research demonstrates that character strengths can play a critical role, not only in the cultivation of well-being but also in boosting resilience (Peterson, Park, Pole, & D’Andrea and Seligman, 2008; Bonanno, 2004; Cacioppo, Reis and Zautra, 2011). Following are some important reasons, in our view, to keep character strengths, front and centre of any resilience intervention. Critically, these reasons are grounded on the basis that remediation or management of deficits alone will not make adolescents more resilient.

- **Building strengths is necessary:** Being symptom-free is not synonymous with fulfillment and flourishing (Seligman, 2011). Character strengths have been shown to decrease depression and increase well-being (Rust et al. 2009; Seligman et al. 2006; Proctor et al. 2009). In fact, increased use of specific character strengths are associated with fewer symptoms of depression and anxiety (Gillham et al. 2011; Park and Peterson 2008), greater life satisfaction (Antaramian, Huebner and Valois, 2008), fewer externalizing problems (Park and Peterson 2008), and a lower internalizing problems (Beaver, 2008).

- **Using strengths helps to reinterpret and reframe problems adaptively:** Using strengths increases children’s self-efficacy and confidence in ways focusing on weakness cannot. Being aware of strengths, in addition to weaknesses, helps children to reinterpret and reframe problems from strength’s perspective rather than from a deficit perspective. Specifically, Maddi, Harvey, Khosahaba and Fazel (2009) have explored patterns of attitudes and skills, which foster resilience under adverse circumstance. For example, H’Sien, it appears that reframed a very stressful situation into an opportunity to further develop her strengths and turned her stressful situation into an adaptive and advantageous one.

- **Using strengths to promote resilience.** Knowing and using strengths, in good times helps participants to learn strategies, which, they can use in turn, during tough times. Being aware of and using strengths not only promotes resilience but also prepares participants to encounter challenges adaptively.

- **Using of strengths to find balance in daily interactions and manage relational challenges.** A balanced approach to foster resilience, in our view, should focus equally on criticism as well on complements, on
eliciting and savouring positive memories as well as recalling resentments, on self-centeredness as well as empathy. This will likely lessen interpersonal tension and create opportunities to resiliently adjust these interactions.

- **Ubiquity of Character Strengths:** Resilience is about bringing the best out of people at times when they really need it. We believe that character strengths, not vulnerabilities, symptoms or weaknesses, are those innate and best resources which can help individual to navigate tough terrain resiliently. Character strengths are ubiquitous traits, which are better suited to promote inclusion and harmony in increasingly pluralistic cultural contexts. Character strengths are closely related to notion of flourishing (Seligman, 2011; Fower & Davidov, 2006). Character strengths such as open-minded, curiosity, perspective and love of learning can help to understand and appreciate various dimensions of cultural diversity. Like wise, the character strength of openness to others enables us to develop cultural sensitivity and competence.

**x.1.4 Strengths and their relationship with Well-being, Academic Performance and Psychopathology**

In the following section we summarize literature demonstrating that character strengths can facilitate, well-being, and academic performance as well as buffer against psychopathology among adolescents. As mentioned above, the current literature has demonstrated that character strengths are strongly correlated with several indices of well-being such as fewer symptoms of depression and anxiety (Gilham et al., 2011; Parks & Peterson, 2008), greater life satisfaction (Antaramian, Huebner, and Valois, 2008), fewer externalizing problems (Parks & Peterson, 2008) and a lower probability for mental illness (Richards and Hupport, 2011). However, two notable studies (Schmid et al 2001; Richards & Hupport 2011) with very large samples accentuate the role of character strengths and well-being. Schmid et al (2001) studied 1273 adolescents and found that character strengths were predictive of positive youth development and less depressive symptoms was predicted. Richards & Hupport (2011) analyzed data from 1964 British birth control cohort, which began with 563 teens. Children rated as “positive” by their teachers at age 13 or 14 were significantly more likely to report satisfaction with their work, midlife, and have had stronger social ties. Prosocial behavior such as volunteering, buffered against emotional exhaustion, while positive emotions increased helping and citizenship.

Researchers have demonstrated a strong correlation between character strengths and factors that influence academic performance. Studies have demonstrated that academic achievement, leadership (Bundick, 2011), well-being (Govinji& Linley, 2007), motivation (Lopez & Louis, 2009) were each strongly correlated with specific character strengths. Furthermore, even after controlling for IQ, character strengths of perseverance, fairness, honesty, hope and perspective predicted grade point average (GPA) (Park & Peterson, 2008). Furthermore,
the use of student’s inbuilt character strengths has been shown to enhance motivation, keep positive mood, broaden attention, and expand creative and flexible thinking (Fredrickson, 2009; Ouween, Le Blanc and Schaufeli, 2011; Yeager, Fisher and Shearon, 2011). Proctor and colleagues (2011) examined the impact of Strengths Gym, a character strength-based positive psychological intervention program, on adolescent life satisfaction, positive and negative affect, and character strength-based exercises in the school curriculum. Adolescents \( n=208 \) who participated in the program experienced significant increases in life satisfaction compared to adolescents \( n=101 \) who did not participate.

Researchers have also clearly demonstrated that resilience is the key to maintaining mental health. Corey Keyes (2009) posits that absence of symptoms of mental health does not necessarily mean presence of mental health. Using a categorical diagnosis, Keyes terms the presence of mental health as flourishing, and the absence of mental health as languishing. Keyes has examined the flourishing and languishing of more than 1,200 nationally representative adolescents between ages 12 to 18. Keyes found that approximately 38% of adolescents were flourishing, 56% were moderately mentally healthy, and 6% were languishing.

Critically, depressive symptoms decreased as mental health increased; on average languishing youth reported 10.9, moderately mentally healthy youth reported 3.4, while flourishing youth reported 1.4 depressive symptoms. The languishing adolescents also reported more conduct problems (arrests, skipped school, alcohol use, cigarette smoking, and marijuana use) while flourishing adolescents reported better psychosocial functioning (global self concept, self-determination, closeness to others, and school integration). Thus, the evidence clearly suggests the flourishing adolescents are well buffered against mental illness. Yet, depression interventions do not systematically and deliberately focus on flourishing. In the following section we will outline various programs which explicitly focus on positive emotions, character strengths, sense of purpose and positive relationships to undo depression. Next, we present three illustrative programs which foster well-being and resilience by tapping into positive resources: The Penn Resiliency Program, Positive Youth Development and Positive Psychotherapy.

**x.1.5. Illustrations of Well-being Interventions**

The **Penn Resiliency Program (PRP)** is an intervention designed to target cognitive and behavioral risk factors, to promote resilience, and to prevent symptoms of depression in early adolescence (Gillham et al. 1990). It is designed for children between the ages of 10 and 14 years of age. By targeting the early adolescents it is hoped to prevent the steep increase in depression that occurs just a few years later. Early adolescence is an important developmental period, at this age adolescents make important cognitive gains that may enable them to learn cognitive and problem-solving skills that can increase their resilience. Compared to children, adolescents can reflect on their beliefs and engage in hypothesis testing by examining evidence and considering alternatives (development of meta-cognitive skills) (Inheld & Piaget, 1958). The PRP has two major components: a cognitive component
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and social problem-solving component. It is comprised of twelve 90 to 120 minute group sessions. It is most often delivered by teachers and counselors in schools, but can also be delivered in clinic or other community settings. A group leader manual provides a detailed outline for each lesson and step-by-step instructions. Students receive an illustrated notebook with in-class activities and homework assignments for each lesion. It is structured in a manner intended to make abstract cognitive behavioral concepts both accessible and relevant to children between the ages of about 10 and 14. Three major steps are involved in PRP; first one is to establish a conceptual framework for each skill. Once the children have firm grasp on these concepts the group tackles hypothetical examples that demonstrate how the skills are useful to real world experiences. Finally students apply the skills to their own lives. The children are then encouraged to share personal experiences of times when they used or could have used the skills in question. Research examined PRP’s effect on depressive symptoms by comparing the intervention to control groups. In a recent meta-analyses of depression prevention and treatment programs in children and adolescence found that PRP has a significant effect; this indicates the reduction and prevention of symptoms of depression (Brunwasser, Gillham and Kim, 2009). However, not all studies showed significant improvement, some studies have failed to find positive effects. Previous studies have shown beneficial effects of PRP on automatic thoughts, explanatory style, hopelessness and self-esteem which some research suggests mediate PRP effects on depressive symptoms (Cardemil, Reivich, Beevers, Seligman and James, 2007). In the future it may appear to be a good idea to include the child’s family into the therapy since it may have a more influential effect in addressing family factors that increase children’s risk of depression. PRP effects may also be enhanced by tailoring the intervention to the subgroup of children in question (all girls format, all boys format). Girls and boys experience different stressors therefore it may be necessary to cater the program accordingly for optimal outcomes (Petersen, Sarigiani, & Kennedy, 1991; Chaplin et al. 2006).

**The Positive Youth Development (PYD) program** is a developmentally appropriate program designed to prepare children and adolescents for productive adulthood. The program provides opportunities and support to help children and adolescents gain the competencies and knowledge needed to meet the increasing challenges they will face as they mature (For reviews please see: Kia-Keating, Dowdy, Morgan & Noam, 2005 and McWhinnie, Abela, Hilmy and Ferrer, 2008). PYD programs focus on multiple targets; such multidimensional approach has been found to be associated with positive outcomes at both the broad based and depression specific levels especially in universal populations. These multiple domains include community, family, and school settings. This program tends to be conducted over several months if not years.

The program has well defined developmental goals, crafted to increase likelihood of participants being able to attain such goals. It focuses on building strengths and competencies of children and adolescents as well as focusing on the child’s interests and talents while helping children make full use of their potential. It emphasizes the development of competencies to counteract risk factors and en-
hance protective factors in order to increase the likelihood of positive outcomes. Five constructs that are focused on in PYD include: 1) building academic social and vocational competence 2) building confidence 3) strengthening connection to family community and peers 4) building character 5) strengthening caring and compassion (Roth and Brooks-guns, 2003).

PYD does not intentionally target depression or depressive symptoms. However, many of the attitudinal (self concept, self efficacy, prosocial beliefs etc.) and behavioral (i.e., problem solving, decision making, conflict resolution etc.) targets of such programs are implicated in the etiology and maintenance of depression. No formal meta analysis has been conducted however previous studies have found that programs lead to positive changes in behavior, problem solving, improved interpersonal skills, quality of peer and adult relationships, self control, problem solving, cognitive competencies, self-efficacy and commitment to school and academic achievements. These findings also included an increase in factors thought to buffer against depression. The combined findings related to PYD program outcome reveal the potentially effective nature of strength-based interventions. PYD are likely to be effective in invoking change in many psychosocial variables implicated in the development of and resistance to depression.

Positive Psychotherapy (PPT) is a strength-based intervention within positive psychology to broaden the scope of traditional deficit-oriented interventions. Its central hypothesis is that building positive emotions, strengths and meaning, in addition to undoing symptoms, is efficacious in the treatment of psychological challenges. Positive emotions and strengths are especially helpful to youth when they are challenged by depression or anxiety. Resorting to inbuilt positive resources can be very effective in managing face-to-face and virtual interpersonal challenges faced by children and adolescents.

To balance the inherent negativity bias, children and adolescents in PPT are encouraged to discuss transgressions as well as acts of kindness, competition as well as cooperation, criticism as well complements, hubris as well as humility. PPT believes that amidst obvious symptoms of psychopathology tucked somewhere are also strengths of children and adolescents. For a distressed adolescent who often finds herself enveloped in ambivalence and helplessness, an emphatic reassurance from an adult and peers about his or her strengths can be reassuring, empowering and motivating. PPT is, in this way is, a resilience boosting approach based on ‘‘build-what’s-strong’’ supplement to the traditional ‘‘fix-what’s-wrong’’ approach (Duckworth, Steen, & Seligman (2005, p. 631). Initial validation of PPT is primarily based on Seligman’s authentic happiness theory (2002), which decomposes happiness in three lives, the pleasant life, the engaged life and the meaningful life. More recently Seligman (2011) has expanded his theory adding two more elements, positive relationships and accomplishment.

PPT’s theoretical foundations are well rooted in ancient wisdom and rich psychological traditions. To begin with, much like humanistic psychotherapies (Maslow, 1968; Rogers, 1959), PPT rests on this fundamental belief that individuals have inherent capacity for growth and resilience. The window of op-
portunity for growth is wider and more flexible for children and adolescents. Psychopathology occurs when cognitive, interpersonal, or socio-cultural frames become narrow, essentially thwarting client’s capacity to respond adaptively. PPT is flexibly structured procedure and an interpersonal process to widen these frames. Relatedly, PPT, unlike traditional therapeutic paradigms, purports that problems do not necessarily reside entirely inside participants. Hence, it is not in favor of the New Age mantra: *To Change Life, Change Your Attitude*. Instead, PPT acknowledges that well-being and depression are engendered and maintained by complex interactions between individuals and their environments. PPT doesn't purport to oversimplify this complexity. It weighs symptoms and strengths, vulnerabilities and opportunities, skills and deficits realistically---without minimizing or ignoring either. In this regard, Positive Psychotherapy is a misnomer; we would prefer to call it a balanced therapy—but it is far less appetizing than PPT.

In striking the balance, PPT, equally considers positive emotions and strengths and negative symptoms and disorders. PPT regards positive emotions and strengths of children and adolescents as authentic and values them in their own right. Because, repairing weaknesses doesn’t make participants stronger but enhancing their strengths and abilities does (Govindji & Linley 2007). Therefore, the function of psychotherapy is not only to help children and adolescents eliminate or manage symptoms but also to restore and nurture courage, kindness, modesty, perseverance, and emotional and social intelligence. The former may make life less painful, but the latter are what make it fulfilling.

**x.2 Strength-based Resilience--Pilot Studies**

Over the past 5 years, we (Rashid and Anjum) along with our graduate students have devised and refined three strength-based interventions, which first assess and then systematically attempt to build strengths in children and adolescents. Next we present brief summaries of these studies.

**x.2.1 Description of the Interventions**

The study was conducted in compliance with the Research Services of the Toronto District School Board. Informational sessions (i.e., presentations during the staff meeting for teachers, and a presentation for parents at the parent evening) were conducted to inform participants. If parents were willing to participate, they completed the consent and permission forms. They were also informed about parent measures to be completed once study commenced. We later obtained assent from students.

The PPT included following exercises: Positive Introduction, Using Signature Strengths, Three Blessings, Savoring, and Family Tree of Strengths. (See Table 1 for brief description of exercises). PPT was an 8-week, 1½ hour per week intervention administered first two authors of the present paper. After the first orientation session, the children completed online the Values in Action Inventory of Strengths (VIA-Youth) in a group format. Each was then asked to imagine him- or
herself to be a better person at the end of the intervention by undertaking a signature strength project. In the following three sessions, the children were extensively coached about ways of using their top strengths, also known as *signature strengths* to devise a practical behavioral project. Legends, real-life narratives, and popular films such as *Pay It Forward, Billy Elliot, Forest Gump, Life Is Beautiful, and My Left Foot* illustrated the use of strengths. Parents and teachers in both groups were requested to complete the SSIS before and after the treatment. From session three to seven, participants were extensively taught about a strength-based problem solving approach which entailed understanding and appreciating the context and fit between situation and intended use of the character strength.

In the final session, each of 11 participants described their experience of using their signature strengths. One participant, who had experienced bullying, utilized her social intelligence to team up with a friend and performed a small skit illustrating impact of bullying. The skit was done well to an extent that school principal requested the student to do the skit at a school assembly. Another student who constantly argued with her mother, utilized her gratitude and started expressing her thanks towards her mother—even for small favors. Another student whose signature strength wasn’t self-regulation, nonetheless, used it to stop saying impolite and unkind words towards his younger sibling. As children discussed their use of signature strengths within the group, we noticed a synergistic contagion, which motivated other group members.

Table 1.X
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<tr>
<th>Session # &amp; Topic</th>
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| **1** | **Your Story of Resilience** | Ground rules, roles and responsibilities are discussed, along with the importance of completing homework.  
Homework: Participants write a positive, real life story about themselves about their resilience. The story has a beginning, middle, and conclusion, and has an uplifting end. |
| **2** | **Positive Emotions** | The role of positive emotion as buffers is discussed.  
Character strengths are introduced.  
Homework: Participants start a Gratitude Journal to record three good things every night (big or small).  
Participants complete the on-line *Values in Action* (VIA) questionnaire |
| **3** | **Signature strengths** | Signature strengths are discussed.  
Homework: Participants are coached to devise specific, measurable and achievable goals targeting specific problems which undermine their resilience |
| **4** | **Good vs. bad memories** | The role of bad memories is discussed in terms of how they undermine one’s resilience. The role of good memories is also highlighted  
Homework: Participants write about feelings of anger and bitterness and their impact in perpetuating depression |
| **5** | **Grudge/Forgiveness** | The consequences of holding on to a grudge are discussed.  
Forgiveness is introduced as a tool to transform anger and bitterness and to cultivate neutral or positive emotions  
Homework: Grudge Exercise  
Forgiveness Letter. Participants describe a transgression, its related emotions and pledges to forgive the transgressor. Do not deliver the letter. |
| **6** | **Gratitude** | Gratitude is discussed as an enduring thankfulness. The roles of good and bad memories are discussed again, with an emphasis on Gratitude  
Homework: Participants write and deliver in person a Gratitude letter to someone they never properly thanked |
| **7** | **Mid-intervention check** | The Grudge/forgiveness and gratitude assignments are followed up. Experiences related to the signature strengths and Blessing Journal activities discussed. Check in with client about any therapeutic gains. Participants discuss their progress and experience of completing the Grudge/Forgiveness & Gratitude assignments |
| **8** | **Satisficing vs. maximizing** | Concepts of satisficing (good enough) and maximizing are discussed.  
Homework: Participants review ways to increase satisficing. Devises personal action plan. |
| **9** | **Hope and optimism** | Optimism and hope are discussed in detail. Participants are helped to think of times when important things were lost but other opportunities opened up.  
Homework: Participants reflect and write about three doors that closed and then reflect and write, what doors opened? |
x.2.3 Outcome Measures

Both our pilot studies used the following outcome measures to assess well-being, life satisfaction, depression, character strengths and social skills:

- **Depression:** Children’s depression was measured by Children Depression Inventory (CDI; Kovacs, 1981). The CDI is a 27-item self-report measure that assesses the affective, cognitive and behavioral symptoms of depression with a score range of 0-52. The psychometric properties of CDI have been well-established (Nelson & Politano, 1990; Saylor, Finch, Spirito & Bennett, 1984). Adult depression was measured by Beck Depression Inventory-II (BDI; Beck & Steer, 1992). With a score range of 0-63, BDI is the one of the most widely used, reliable, and valid self-report measure of depression for both psychiatrically diagnosed clients and normal populations (Nezu, Nezu, McClure & Zwick, 2002).

- **Social Skills:** For Study 1 Social skills were assessed by the Social Skills Rating System (SSRS; Gresham & Elliott, 1990). We used the composite Social Skills which includes scales cooperation, assertion, responsibility & self-control and Problem Behavior Composite which includes subscales of externalizing, internalizing and hyperactivity.

- **Life Satisfaction:** Children’s life satisfaction was measured by Student Life Satisfaction Scale (SLSS; Huebner, 1991), a 7 item,
six point Likert scale, with one item reverse scored. Items are summed to create a total score with a range X-XX. The SLSS has demonstrated good internal consistency and test-retest reliability and correlates highly with other subjective well-being measures (Huebner, 1991). Adult life satisfaction was measured by the Satisfaction With Life Scale (SWLS; Diener, Emmons, Larsen & Griffin, 1985), a 5-item, seven point Likert scale with a range of 5-35. It is one of the most widely used of well-being with excellent psychometric properties (Pavot & Diener, 1993).

- **Well-being:** Positive Psychotherapy (PPTI; Seligman, Rashid & Parks, 2006): PPTI is a 21-item measure with scoring range 0-63. It assesses positive emotions, engagement, relationships, meaning and accomplishment. PPTI was validated designed to be an outcome measure of PPT (Seligman, Rashid, Parks, 2006). A recent study with 908 adults individuals found that PPTI has good internal consistency, test-retest reliability, factor analysis and correlations with good convergent validity (Guney, 2011). There is also an 18-item children’s version (Rashid & Anjum, 2008).

- **Values in Action - Inventory of Strengths: (VIA-IS):**
  - **Youth Version** (VIA Youth Survey; Park and Peterson 2006a) is a 198-item self-report inventory of strengths that measures the 24 VIA strengths on a Likert Scale ranging from 1 (“Not like me at all”) to 5 (“Very much like me”). The VIA-Youth scales have demonstrated good internal consistency (with alpha’s ranging from 0.72 to 0.91).
  - **Adult Version:** Values in Action Inventory of Strengths (VIA-IS); Peterson and Seligman 2004). VIA-IS measures 24 core strengths (See Table 2) through 240 items. Satisfactory psychometrics of VIA-IS has been developed (Peterson & Seligman, 2004).

<table>
<thead>
<tr>
<th>Table 2. VIA Classification of Character Strengths</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wisdom and Knowledge</strong> – strengths which involve acquiring and using knowledge.</td>
</tr>
<tr>
<td><strong>Creativity</strong> [Ingenuity; Originality]: Thinking of novel and productive ways to do things.</td>
</tr>
<tr>
<td><strong>Curiosity</strong> [Interest; Novelty-seeking; Openness to Experience]: Taking an interest in all of ongoing experience.</td>
</tr>
<tr>
<td><strong>Judgment</strong> [Critical Thinking]: Thinking things through and examining them from all sides.</td>
</tr>
<tr>
<td><strong>Love of learning:</strong> Mastering new skills, topics, and bodies of knowledge.</td>
</tr>
<tr>
<td><strong>Perspective</strong> [Wisdom]: Being able to provide wise counsel to others; taking the “big picture” view.</td>
</tr>
<tr>
<td><strong>Courage</strong> – emotional strengths which involve exercise of will to accomplish goals in the face of opposition, external or internal.</td>
</tr>
</tbody>
</table>
Bravery [Valor]: Not shrinking from threat, challenge, or pain.
Perseverance [Persistence; Industry; Diligence]: Finishing what one starts, completing a course of action in spite of obstacles.
Honesty [Authenticity and Integrity]: Speaking the truth and presenting oneself in a genuine way.
Zest [Vitality]: Approaching life with excitement and energy; not doing things half-way or halfheartedly, living life as an adventure, feeling alive and activated.

Humanity – interpersonal strengths that involve tending and befriending others.
Love [Capacity to Give/Receive Love]: Valuing close relations with others, in particular those in which sharing and caring are reciprocated; being close to people.
Kindness [Compassion; Altruism; Generosity; Care]: Doing favors and good deeds for others; helping them; taking care of them.
Social Intelligence: Being aware of the motives and feelings of self and others; knowing what to do to fit into different social situations; knowing what makes other people tick.

Justice – strengths that underlie healthy community life.
Teamwork [Citizenship; Social Responsibility; Loyalty]: Working well as member of a group or team; being loyal to the group; doing one’s share.
Fairness [Equity]: Treating all people the same according to notions of fairness and justice; not letting personal feelings bias decisions about others; giving everyone a fair chance.
Leadership: Encouraging a group of which one is a member to get things done and at the same time maintain good relations within the group; organizing group activities and seeing that they happen.

Temperance – strengths that protect against excess and vices.
Forgiveness [Mercy]: Forgiving those who have done wrong; accepting the shortcomings of others; giving people a second chance; not being vengeful.
Humility [Modesty]: Letting one’s accomplishments speak for themselves; not seeking the spotlight; not regarding oneself as more special than one is.
Prudence: Being careful about one’s choices; not taking undue risks; not saying or doing things that might later be regretted.
Self-Regulation [Self-Control]: Regulating what one feels and does; being disciplined; controlling one’s appetites and emotions.

Transcendence – Strengths that forge connections to the larger universe and provide meaning.
Appreciation of Beauty and Excellence [Awe; Wonder; Elevation]: Noticing and appreciating beauty, excellence, and/or skilled performance in all domains of life, from nature to arts to mathematics to science.
Gratitude: Being aware of and thankful for the good things; taking time to express thanks.
Hope [Optimism; Future-Mindedness]: Expecting the best in the future and working to achieve it; believing that a good future is something that can be brought about.
Humor [Playfulness]: Liking to laugh and tease; bringing smiles to other people, seeing the light side; making (not necessarily telling) jokes.
Spirituality [Sense of Purpose; Faith; Meaning; Religiousness]: Knowing where one fits within the larger scheme; having coherent beliefs about the higher purpose and meaning of life that shape conduct and provide comfort.

(C. Peterson and Seligman 2004)

2.3 Pilot Results

The two groups differed significantly on PPTI, but not on SLSS (Table 3), with the intervention group demonstrating a significant increase, with a large effect size ($d = 0.90$). This is consistent with the results of the individualized PPT pilot (Seligman et al., 2006). About half of the PPT sessions focused on using character strengths to solve problems, to assess the impact, we administered the 18-item Problem Behavior Scale of the SSRS (Table 3). These items assess behaviors such as fighting, fidgeting, getting angry, being impulsive or getting distracted. From pre to post, compared to the control group.

Our second study involved a much longer and more comprehensive implementation of PPT. It ran for six months. It was conducted with teachers, in weekly after school sessions of 60 minutes each at two schools. One group was facilitated by first author and another doctoral level licensed psychologist, who was trained by the first author and provided with detailed, well-scripted manual. Initially a total of 21 participants consented to participate in the study, which was approved by research board of the school board. However, a total of 9 participants from both sites dropped out. Most of them cited inability to complete weekly homework as the primary reason for dropping out. Our final sample with at least 75% attendance, was 63% females, 58% Caucasian, with average age of 34.54 year (SD 9.69).

We failed to find statistically significant differences between the SBR and control groups in all three outcome measures (Table 5). However, we believe this to be a consequence of our small sample size. Indeed, the effects sizes suggests that teachers who undergone SBR were associated with higher scores of well-being, life satisfaction and few depressive symptoms. Though the pilot results are promising, further study into the efficacy of the SBR is necessary.

Table 3. Total, Means, Standard Deviations, Significance Levels and Effect Sizes on Outcome Measures for Group Positive Psychotherapy (PPT) and Control Group with Middle School Students

<table>
<thead>
<tr>
<th></th>
<th>PPT (n=11)</th>
<th>Control (n=11)</th>
<th>Effect size</th>
</tr>
</thead>
<tbody>
<tr>
<td>M/Total (SD)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M/Total (SD)</td>
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</tbody>
</table>
Tayyab Rashid, Afroze Anjum, Suzanna Stevanovski, Ron Chu, Anosha Zanjani, & Alexandra Love

### Depressive Symptoms
**CDI-II (Higher is more depressed)**

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDI-II</td>
<td>8.91 (7.62)</td>
<td>6.22 (6.72)</td>
</tr>
</tbody>
</table>

**Pre**

<table>
<thead>
<tr>
<th></th>
<th>8.45 (6.92)</th>
<th>8.73 (9.85)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDI-II</td>
<td>Post</td>
<td>n.s</td>
</tr>
</tbody>
</table>

### Well-being
(Higher is more satisfaction)

**SSLS**

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSLS</td>
<td>4.17 (0.91)</td>
<td>4.34 (0.89)</td>
</tr>
</tbody>
</table>

**Pre**

<table>
<thead>
<tr>
<th></th>
<th>4.15 (0.89)</th>
<th>4.29 (0.67)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSLS</td>
<td>Post</td>
<td>n.s</td>
</tr>
</tbody>
</table>

### PPTI (Higher is more well-being)

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPTI</td>
<td>20.27 (6.93)</td>
<td>27.09 (3.65)</td>
</tr>
</tbody>
</table>

**Pre**

<table>
<thead>
<tr>
<th></th>
<th>21.18 (5.67)</th>
<th>23.28 (5.02)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPTI</td>
<td>Post</td>
<td>4.42* 0.45</td>
</tr>
</tbody>
</table>

### Social Skills Functioning
**SSRS (Higher is better functioning)**

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSRS</td>
<td>53.07 (6.09)</td>
<td>55.12 (4.97)</td>
</tr>
</tbody>
</table>

**Parents**

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSRS</td>
<td>53.07 (6.09)</td>
<td>55.12 (4.97)</td>
</tr>
</tbody>
</table>

**Post**

<table>
<thead>
<tr>
<th></th>
<th>55.12 (4.97)</th>
<th>57.44 (6.34)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSRS</td>
<td>13.32** 1.88</td>
<td></td>
</tr>
</tbody>
</table>

**Teachers**

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSRS</td>
<td>46.55 (7.40)</td>
<td>49.89 (6.13)</td>
</tr>
</tbody>
</table>

**Post**

<table>
<thead>
<tr>
<th></th>
<th>43.51 (5.30)</th>
<th>44.37 (5.77)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSRS</td>
<td>3.4 0.08</td>
<td></td>
</tr>
</tbody>
</table>

**Note.** *p <.05; *df* = 1, 19; CDI-II= Mean Score on Children Depression Inventory (CDI); SLSS=Student Life Satisfaction Scale (SLSS)

Positive Psychotherapy Inventory (PPTI)-Children Version; Composite Score; Social Skills Rating System (SSRS)-Overall composite score, Parent& Teacher Version

Post-treatment significant differences adjusted for pre-treatment scores.

Due to exploratory nature of the study and small sample size, pairwise correction was not applied.

*d* = Effect Size (Cohen’s *d*); n.s= not statistically significant

**Table 4. Using strengths in challenges and in solving problems—Some illustrations**

<table>
<thead>
<tr>
<th>Character Strength</th>
<th>Challenge</th>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zest, Vitality, Enthusiasm: Student is energetic, cheerful, and full of life</td>
<td>Student does not show interest with other students (e.g., does not talk much, share or participate much in group activities, has few friends).</td>
<td>Encourage student to do at least one outdoor activity weekly such as hiking, biking, mountain biking, mountain climbing, brisk walking or jogging.</td>
</tr>
</tbody>
</table>
Persistence, Industry, Diligence and Perseverance: Student finishes most things, even when distracted, and is able to refocus to complete task. Help student identify factors that diminish their interest in the assignment, and help students monitor their progress to incrementally overcome difficulties.

Self-regulation and Self-control: Students gladly follows rules and routines. Help student be aware of the time of day when they are most productive. Ask them to remove distractions and utilize this time in tasks requiring mental and physical organization rather than mundane tasks.

Forgiveness and Mercy: Student does not hold a grudge and forgives easily those who offend him/her. Identify how holding a grudge affects student emotionally. Help student picture themself as offender and remember times when they offended someone and were forgiven.

Hope and Optimism: Student hopes and believes that more good things will happen than bad ones. Coach student to focus on their strengths, and find positive aspects of bad things that have happened to them.

Humor and Playfulness: Students is playful, funny, and uses humor to connect with others. Encourage student to engage in light-hearted gestures and playful activities with a good natured attitude.

Social and Emotional Intelligence: Student manages themselves well in social situations and has good interpersonal skills. Encourage student to watch others how they make and maintain connections, rather than seeking friends, student can seek experience which bring together like-minded people together.

Teamwork and Citizenship: Student relates well with teammates or group members and contributes to the success of the group. Help student identify their motivation for completion and help create a motivational climate focused on doing their best, not to achieve external rewards. Coach student to cultivate reciprocity and to promote cooperation.

Open-Mindedness: Student thinks through and examines all sides before making a decision. Is not reluctant to change mind. Ask student to adopt the perspective of the “other side” in an argument in which they are inflexible or have strong opinions.

Gratitude: Student expresses thankfulness for good things through words.
and actions.

**Modesty and Humility:**
Student does not like to be the center of attention and prefers others to shine.

- Student lacks modesty, draws attention unnecessarily, and overrates one’s qualities and achievements.

- Encourage student to reflect on the positive things that have happened throughout their day before going to bed. Discuss with student some of the things they are most grateful for.

**Perspective/Wisdom:**
Student often is the source of advice for peers and often settles disputes among peers.

- Student does not learn from mistakes and often repeats them. Lacks deeper understanding of moral and ethical issues. Is unable to apply knowledge to practical problems.

- Coach student to an accurate, realistic estimate of their abilities and achievements. Have student write statements acknowledging their imperfections and how they make them human.

**Capacity to Love and Be Loved:**
Student shows genuine love and affection through actions.

- Student withdraws by isolating himself or herself or appearing uninterested. Other student do not accept student.

- Help student become open to experience. Encourage students to be adventurous, curious and inquisitive about different things. Encourage students to find the purpose and motivations of their past decisions.

**Fairness, Equity and Justice:**
Student stands up for others when they are treated unfairly, bullied or ridiculed.

- Help student communicate care in small ways to those who are interested in them and to be honest and transparent with their friends.

- Encourage student to reflect how she/he would like to be treated, in situations he treats others unfairly.

Table 5. Total, Means, Standard Deviations, Significance Levels and Effect Sizes on Outcome Measures for Group Positive Psychotherapy (PPT) and Control Group with Teachers

<table>
<thead>
<tr>
<th></th>
<th>SBR (n=12)</th>
<th>Control (n=10)</th>
<th>Effect size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressive Symptoms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BDI (Higher is more depressed)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre</td>
<td>8.71 (7.32)</td>
<td>7.69 (5.30)</td>
<td>0.159</td>
</tr>
<tr>
<td>Post</td>
<td>5.71 (5.46)</td>
<td>7.81 (5.37)</td>
<td>-0.388 n.s</td>
</tr>
<tr>
<td>Follow-up</td>
<td>4.58 (3.37)</td>
<td>6.92 (4.29)</td>
<td>-0.606 n.s</td>
</tr>
</tbody>
</table>
Chapter X Strength Based Resilience

Life Satisfaction
SLSS (Higher is more satisfaction)

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>22.29 (6.50)</td>
<td>25.12 (7.04)</td>
<td>25.17 (7.41)</td>
</tr>
<tr>
<td>SD</td>
<td>6.50</td>
<td>5.30</td>
<td>3.28</td>
</tr>
<tr>
<td>Effect Size</td>
<td>-0.523</td>
<td>-0.257 n.s</td>
<td>0.147 n.s</td>
</tr>
</tbody>
</table>

Well-Being
PPTI (Higher is more well-being)

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>31.59 (10.45)</td>
<td>38.94 (10.15)</td>
<td>42.58 (9.93)</td>
</tr>
<tr>
<td>SD</td>
<td>10.45</td>
<td>12.50</td>
<td>10.18</td>
</tr>
<tr>
<td>Effect Size</td>
<td>-0.112</td>
<td>0.300 n.s</td>
<td>0.364 n.s</td>
</tr>
</tbody>
</table>

BDI= Mean Score on Beck’s Depression Inventory; SLSS=Student Life Satisfaction Scale (SLSS)
Positive Psychotherapy Inventory (PPTI)-Children Version; Composite Score
$d = Effect Size (Cohen’s d); n.s= not statistically significant

x.3 Implications

Helping individuals to identify their strengths and teaching them ways to use strengths in problem solving not only makes them efficient problem solvers but also enhances their well-being, which in turn, we hope is likely to raise their resilience. We conclude with implications for future strength-based initiatives, these are:

- To understand risk and protective factors, integrating measures of psychopathology and strengths is perhaps the most efficient strategy that yields a holistic and balanced way. Resilience, especially strength-based resilience should not only rely on standardized measures. Structured or semi-structured interviews can also be used to assess. For example, asking questions such as “Tell me about a challenge you handled adaptively?” or “What have you done to overcome a serious difficulty?” or “Tell me about a setback from which you learned a lot about yourself.” These lines of inquiry can be customized to adapt to the cognitive and academic level of children and adolescents. Standardized questionnaires, which assess resilience, can be adapted to an interview format and critical items can be used to initiate discussion. This will also help to conceptualize the cultural context of strengths, which is difficult to capture within standardized measures.

Furthermore, Collateral information from family members, teachers, and peers about the strengths of the child or adolescent can be very useful, as we found in our interventions. It is particularly helpful to assess
and identify social and communal buffers for children and adolescents living in neighborhoods ridden with social problems. For example, in addition to inquiring about problems with family members, professionals can also assess attachment, love, and nurturance from the primary support group. Instead of looking for problems related to the social environment, a children or adolescent can be asked to describe humor and playful interactions, connectedness, and empathetic relationships at work.

• The professional should assess whether children and adolescents are able to translate abstract strengths into concrete actions, behaviors, and habits. This assessment is important because in real life challenges rarely come in neat packages with labeled instructions such as, “When feeling down, use zest and vitality.” Challenges and hassles often occur amidst a dizzying jumble of emotions, actions and their effects. The role of the strengths-based professional is to gently guide the student to use strengths adaptively – to solve their problems adaptively and to come to know themselves better.

• Some children and adolescents, especially those with behavioral concerns may be reluctant to explore or believe their strengths because they have been conditioned to associate negatives about themselves. In such cases, the professional may first work on building the self-efficacy of children and adolescents by using evidence-based strategies such as cognitive-behavioral programs that can help them to believe that they have the ability to change. Once they focus and spend more time on what they are capable off, they will automatically spend less time in thinking about their shortcomings.

• If adults in lives of children are not aware of strengths of children and adolescents, they would not able to coalesce resources to build strengths and skills which would enable resilience. Therefore, it is critically important that strengths are also build within the family context. As observed by Seligman and Csikszentmihalyi (2000), "promoting competence in children is more than fixing what is wrong with them. It is about identifying and nurturing their strongest qualities, what they own and are best at, and helping them find niches in which they can best live out these strengths" (p.6). Another way to assess strengths in children and adolescents is to explore how they spend time with their immediate and extended family, including time doing recreation (indoor and outdoor games; art and sports activities), household chores, caregiving to a sibling or grandparent, play with neighborhood peers, and time with volunteering. Having knowledge of these activities offers professional a better leverage to find ways to cope with a challenge or adversity.
• In addition to family, equally important is the role of teacher. If the teacher’s focus is primarily remedial, on correcting weakness, he/she will have a mindset that looks for and discovers problems, not resilience. Therefore, we trained both students and teachers in our pilot studies. Teachers serve as role models, if they don’t demonstrate acknowledgement and cultivation of strengths, students are unlikely to do so. Working from a strength-based perspective can help teachers to have a huge impact on students, in inspiring them and motivating them because teachers not only teach curriculum but also implicitly teach emotional and psychological well-being and teach ways to respond to a challenge. Furthermore, enhancing strengths of students will help teachers to refine their own.

• Finally, the role of culture in understanding resilience is crucial. In most respects, resilience is not a singular construct. It essentially is a process which entails interplay between individual and environment in complex ways. Professionals need to be sensitive to the cultural context and social ecologies, which may have significant impact on both strengths and strength-based resilience. One should evaluate the influence each element of this complex interplay and intervene with elements that have the greatest positive impact (Ungar, 2008). Increasing cultural diversity in most urban centres requires that we intervene at multiple points (e.g., family, school, individual, community) and in through multiple modalities (e.g., counselling, arts, sports, vocations…etc.).

References


Chapter X Strength Based Resilience


