

Tayyab Rashid Jane Gillham Afroze Anjum

Strengths-Based Resilience

A Practitioner's Manual for the SBR Program

"Masterful. This is the #1 resilience manual!" Ryan M. Niemiec, Author of Character Strengths Interventions



Strengths-Based Resilience

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From T. Rashid, Jane Gillham, & Afroze Anjum: Strengths-Based Resilience: A Practitioner's Manual for the SBR Program (ISBN 9781616765644) © 2025 Hogrefe Publishing.

About the Authors

Tayyab Rashid, PhD, C. Psych., is a licensed school and clinical psychologist and lives in Toronto, Canada. Dr. Rashid has worked with the Toronto District School Board for 5 years as a school psychologist. He has also worked 12 years at the Health and Wellness Centre, University of Toronto Scarborough (UTSC). Dr. Rashid is also a faculty associate with the Human Flourishing Program and a visiting scientist at Chan School of Public Health, Harvard. He completed his doctoral studies at Farleigh Dickinson University and clinical internship and postdoctoral fellowship with Dr. Martin Seligman at the University of Pennsylvania. His expertise includes strength-based clinical psychotherapy focusing on complex mental health challenges, resilience, and posttraumatic growth. He has also worked with individuals experiencing severe trauma, including survivors of the Asian Tsunami of 2004, journalists who have worked in high conflict zones, and survivors of mass shootings. Dr. Rashid has delivered over fifty invited talks and keynotes; trained mental health professionals and educators internationally; and published widely in academic journals. His book *Positive Psychotherapy Clinician Manual* (2018), cowritten with Martin Seligman, is considered one of the most comprehensive clinical resources in the field and has been translated into several languages. Dr. Rashid won the Chancellor Award (2018) from University of Toronto and the Outstanding Practitioner Award (2017) from the International Positive Psychology Association (IPPA).

Jane Gillham, PhD, is a licensed clinical psychologist, educator, and researcher at Swarthmore College in the United States. Dr. Gillham also conducted research at the University of Pennsylvania's Positive Psychology Center for many years. Dr. Gillham's research focuses on promoting resilience and well-being in youth, with a particular focus on how schools, families, and communities can promote children's and adolescents' social and emotional development and help them to thrive. Dr. Gillham completed her BA in psychology at Princeton University, her PhD in psychology at the University of Pennsylvania (under the guidance of Dr. Martin Seligman), and her internship in child clinical psychology at the Yale University Child Study Center. Dr. Gillham is cocreator of the Penn Resilience Program (PRP), a curriculum designed to teach adolescents cognitive and behavioral skills for handling everyday challenges and stressors. PRP has been evaluated in more than 15 randomized controlled studies completed across the world. Dr. Gillham is an author of several other well-being programs for youth, including the Girls' Strengths and Resilience Program and a high school positive psychology curriculum. She has led several large program evaluation studies of these and other curricula designed to promote resilience, strengths, and well-being in youth. Dr. Gillham also serves as a scientific advisor to WorldBeing, a nonprofit organization devoted to promoting resilience and well-being in young people, especially those living in poor communities in low and middle income countries. Dr. Gillham's research has been published in top tier peer-reviewed journals. She previously served as an associate editor for the Journal of Positive Psychology (from 2010 to 2020) and has served on editorial boards of several academic journals.

Afroze Anjum, PsyD, C. Psych., is a licensed school psychologist at the Toronto District School Board. Dr. Anjum's expertise includes strengths-based, school-based interventions that incorporate character strengths, resilience, mindfulness, and adaptive problem-solving, to help students cope with challenges such as depression, anxiety, bullying, and lack of motivation. Dr. Anjum obtained her doctoral degree from Fairleigh Dickinson University, New Jersey. She completed her postdoctoral training with Dr. Jane Gillham at Swarthmore College and the University of Pennsylvania where she worked as a researcher and training facilitator for the Penn Resilience Program and the Positive Psychology for Youth Project, a positive psychology curriculum study with high school participants. Dr. Anjum has taught and trained numerous professionals in positive interventions. Her work has been published in peer-reviewed journals and in edited volumes. Dr. Anjum is currently part of the Toronto District School Board's Well-Being Committee in the wake of COVID-19.

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Tayyab Rashid Jane Gillham Afroze Anjum



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Dedication

To Diane and Robert Ostermann, who believed in us more than we in ourselves.

Т.R. & А.А.

In loving memory of Chris Peterson, who nurtured and celebrated the best in others, and whose work on character strengths inspired this program.

J.G.

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Preface

Stressors and setbacks are inevitable in our contemporary world where we face global pandemics, a climate crisis, racial injustice, and social inequities as well as global unrest. Despite having more money and material goods, living longer, and having more social freedoms, happiness in most Western countries has not increased substantially (Easterlin et al., 2010; Rojas, 2019). On the contrary, rates of mental illness have been increasing steadily (Roth et al., 2020). There is an abundance of self-help books filled with tricks and tips which promise to magically eliminate anger, ambivalence, anxiety, sadness, and other forms of psychological distress. Workshops, courses, and retreats entice individuals to invest a few hours or days and pay a hefty fee to become the best version of themselves and live happily ever after. Though tempting, these untested interventions often overlook the unique needs of living in the 21st century, where people are ambitious, anxious, digitally savvy but increasingly alienated and alone.

Eliminating all risks and vulnerabilities is not feasible. Therefore, we suggest that practicing resilience by tapping into strengths, rather than reducing risks, might be a better approach. Instilling hope, practicing mindfulness, boosting social intelligence, and encouraging citizenship can build confidence and self-efficacy, whereas merely managing stressors cannot. We believe building these skills is essential for everyone, especially for our young people.

Our goal in creating SBR was clear and focused – to explore ways to tap into strengths that build resilience in educational and community settings. The strengths-based resilience (SBR) program described in this manual is informed by positive psychotherapy (PPT; Rashid & Seligman, 2018), the Penn Resilience Program (PRP; Gillham et al., 1995; Jaycox et al., 1994), and the high school positive psychology program (Gillham et al., 2013; Seligman et al., 2009). It was originally developed for youth in secondary school settings but is accessible to a wide range of professionals who work with adolescents and young adults.

The SBR program was created before the worldwide COVID-19 pandemic disrupted life around the world (Rashid et al., 2014). The pandemic caused disruptions in people's learning, work, leisure activities, relationships, and household dynamics that have continued to have an effect. These challenges may have been tougher for some, especially if they were experiencing symptoms of depression, anxiety, or other mental health difficulties. In this postpandemic era that has introduced hybrid work and learning arrangements, people need resilience more than ever to navigate uncertainty and new ways of learning, working, and socializing.

In designing SBR, we integrated knowledge about mindfulness, stressors, and strengths into a holistic program of interventions. We ran implementation studies, mostly in schools, but also some in clinical and community settings (Rashid et al., 2014). Through these studies, we learned ways to strike a balance between mitigating stressors and accentuating strengths and to engage participants through experiential practices. We learned from teachers and facilitators how and where to add more creative room and autonomy for them to deliver the program while keeping the core elements intact. Based on this learning, we included guidelines for facilitators so they can adapt the program to make it culturally relevant, accessible to students with different learning needs, and applicable to everyday life situations that their students are likely to encounter. The result of all this work is this Manual.

SBR is a 14-module program that can be delivered in the form of a life skills or self-development course in a group setting and in one-to-one work with individuals. The program modules can

be adapted to various durations (e.g., 60, 75, or 90 minutes). Each module begins and ends with a brief relaxation or mindfulness practice to help participants focus on their experiences in the present moment and settle into a reflective learning journey. Participants are also coached to keep a gratitude journal throughout the program. The aim is to help them spot, reflect on, and write about positive experiences that they may otherwise ignore or minimize.

In addition to the Manual, the Strengths-Based Resilience Workbook (Rashid et al., 2025) is an excellent resource for participants engaged in the SBR program. It can also be utilized as a standalone book by individuals interested in developing resilience through a strengths-based approach. The Workbook provides ample space for participants to respond to questions and reflect on what they have learnt in the modules. Additionally, extra materials are available to purchasers for download.

After exploring definitions and illustrations of resilience, the first module of the program, *Module 1: Resilience*, encourages participants to recall and write a personalized narrative of resilience. The aim is to define what resilience means to participants and to remind them of times when they used their strengths to overcome significant adversity.

The next three modules, *Module 2: Fixed and Growth Mindsets*, *Module 3: Cognitive Accuracy*, and *Module 4: Cognitive Flexibility* focus on skills for helping participants appraise and process negative experiences in a realistic and flexible manner. The goal of these modules is to improve their self-awareness about negativity bias – a common human tendency to give negative events and experiences more weight and importance than positive ones.

Modules 5: Character Strengths, 6: Signature Strengths, and *7: Problem-Solving and Strengths* invite participants to acknowledge, assess, and express their core strengths. Participants are encouraged to incorporate multiple perspectives, including those of family members, teachers/ colleagues, and friends/peers, resulting in a cohesive understanding of their strengths. Participants also learn to use their strengths in context-specific, goal-directed, and positive ways which are beneficial for them and others.

Modules 8: Grudge and Gratitude, 9: Empathy, and *10: Slowness and Savoring* build essential personal and interpersonal skills, i.e., those that strengthen relationships. The underlying invitation in these modules is to pay closer attention to both positive and negative reactions participants experience when interacting with others. These modules also encourage participants to be mindful of their reactions to their experience in the present and how these might be impacted by the past, especially when associated experiences fuel negative feelings due to unprocessed memories.

Modules 11: Positive Relationships, 12: Positive Communication, and 13: Altruism focus on cultivating healthy interpersonal and community connections. In the final module, 14: Meaning and Purpose, participants review their stories of resilience, which they wrote in the first module. They are encouraged to incorporate learning from the program to write a story about their future self.

Culture plays a critical role in individual responses to stress and adversity. Yet, most resilience interventions and programs that have been described in the psychological literature are developed by Western researchers and practitioners. Given today's ethno-culturally diverse, urbanized, polarized, and increasingly anxious world, our program invites facilitators to consider the cultural context from which participants begin their learning journey. For each module, we draw on concepts and skills from positive psychology, cognitive behavioral therapy, and mindfulness and suggest ways to modify program activities so that facilitators consider the unique cultural perspective of participants. Incorporating cultural context can also enable both individuals and communities to become more resilient. In 2008, we began creating and piloting the SBR program in a variety of high-need educational and clinical settings of the Greater Toronto Area (GTA), Canada, one of the most multicultural cities in the world. Several iterations of the program and extensive consultation after each iteration with educators and healthcare professionals from diverse cultural backgrounds have enhanced its cultural responsiveness.

SBR has been shown to reduce stress and enhance well-being (Rashid & Louden, 2018). However, we do not consider SBR a substitute for evidence-based clinical care. Certain severe psychological conditions may need more focused and specialized interventions. SBR is based on sound theoretical frameworks. These include PERMA (Seligman, 2011) and Classification of Strengths and Virtues (CSV; Peterson & Seligman, 2004), also known as Values in Action (VIA). These frameworks are described in Chapter 2, Theoretical Foundations of Strengths-Based Resilience. However, it is only one of several models of strengths and, like other models, it may not capture all strengths that are important to people in a given community or setting.

In running the SBR program, we recommend that facilitators be mindful of not overlooking stressors, risks, and vulnerabilities in their participants' lives, nor overemphasizing strengths, resources, and assets. In other words, as a facilitator, you help participants to acknowledge their distress while at the same time, use their strengths to build a strong foundation of resilience and well-being.

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Section I: Theoretical Background and Development of the Strengths-Based Resilience Program

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1 Resilience

Resilience is a popular concept both in media and academia, and there are numerous programs which aim to foster it (Calitz, 2018; Joyce et al., 2018; McAvera, 2018). In this chapter, we discuss why we believe another program on resilience is needed. To make our case, we first discuss the increase in mental health difficulties among adolescents and young adults. We then describe various definitions and descriptions of resilience. We conclude with 10 key considerations that we think are important to keep in mind for programs that aim to enhance resilience.

Why Resilience Matters

Stressors are pervasive. Today's young people cope with family dysfunction, academic and social challenges at school, and physical and mental health problems. They face these against a backdrop of sociopolitical conflicts, discrimination, and stress caused by environmental disasters, including wildfires, floods, and extreme temperatures which can jeopardize human development.

According to Carol Dweck (2012), "Debates about human nature often revolve around what is built in. Are people born to be aggressive? Is antipathy toward the outgroup a part of human nature? Is willpower severely limited by biology?" She continues, "To me, however, the hallmark of human nature is how much of who we are – and who we become – is not built in. The hallmark of human nature is each person's great capacity to adapt, to change, and to grow. In fact, perhaps what is built in is this capacity to learn and change according to the world you find yourself in" (Dweck, 2012; p. 614).

We agree, as Dweck suggests, that human beings have the capacity to adapt, change, and grow. By learning about resilience, students learn skills to regulate their emotions, cognition, and behavior, and cope better with stressors.

Immunization from life challenges is neither possible nor desirable. To deal adaptively with challenges, we need resilience. We may not be able to (or want to) eliminate all of the risks and vulnerabilities our children and adolescents will encounter. Still, we can equip them with skills and strengths that promote their resilience by enabling them to cope with challenges more skillfully. Paul Tough, in his book *How Children Succeed* (Tough, 2012), suggests that the qualities that matter most have more to do with character than intelligence alone; these qualities include perseverance, curiosity, conscientiousness, optimism, and self-control.

Our educational systems focus on improving students' academic achievement. Academic and cognitive factors are important, but so are noncognitive characteristics such as leadership, teamwork, adaptability, social responsibility, ethics, and intellectual curiosity (Schmitt et al., 2009). Robert Sternberg and colleagues (Sternberg et al., 2012) have advocated incorporating the broader concept of intelligence in our academic discourse, including creativity, analytical and practical intelligence, and wisdom. This can help us educate all students, including those from diverse cultural backgrounds and academic abilities.

Multiple lines of research indicate that mental health concerns among adolescents and young adults have been increasing steadily. The following are some recent findings:

- To estimate prevalence and changes in adolescent mental health difficulties, a recent metaanalysis by Racine and colleagues (2021), involving 29 studies, including more than 80,000 children and adolescents living in many different areas of the world, showed that, in the first year of the COVID-19 pandemic, 1 in 4 youth globally experienced clinically elevated depression symptoms, while 1 in 5 experienced clinically elevated anxiety symptoms. These rates were double the prepandemic estimates.
- The National Survey on Drug Use and Health (NSDUSH; Twenge et al., 2019; Weinberger et al., 2018) conducted with more than 600,000 American adolescents and young adults found that more American adolescents and young adults in the late 2010s (vs. the mid-2000s) had experienced severe psychological distress, including depression. This group also experienced suicidal ideation more, made more suicide attempts, and had a higher suicide completion rate. These trends were found to be weak or nonexistent among adults aged 26 years and older, suggesting a generational shift in mood disorders and suicide-related outcomes, rather than an overall increase across all ages.
- Cross-sectional surveys of almost half a million students in 8th, 10th, and 12th grades show that depressive symptoms are increasing among the young, especially among girls (Keyes et al., 2019). Likewise, the proportion of college and university students experiencing psychological distress have been increasing steadily. The National College Health Assessment (American College Health Association, 2018), one of the largest of its kind (with more than 30,000 student participants), found that nearly 40% of US college students had reported feeling so depressed during the past 12 months that they could not function. Almost 2% reported attempting suicide and 7.8% reported engaging in self-harming behavior. The World Health Organization Mental Health survey, completed by 1,572 students (aged 18–22 years) from 21 countries, found that 20.3% of students met standardized criteria for a psychiatric disorder (Auerbach et al., 2016).
- From their meta-analysis of 41 studies from 27 countries, Polanczyk and colleagues (2015) estimated that mental health difficulties are experienced by 13.4% of children and adolescents (aged 6–17 years).
- The Ontario Student Drug Use and Health Survey (OSDUHS) is one of the longest ongoing school surveys of adolescents in Canada, and also one of the longest in the world. The 2018 results (Boak et al., 2018), based on a self-report of 11,435 grade 7–12 students, suggested that 39% of students had experienced moderate to severe psychological distress in the past month.
- A meta-analysis of 15 studies with more than 50,000 adolescents found that a considerable proportion of adolescents with mental health concerns (54%) were not receiving needed mental health care (Ghafari et al., 2022).

Mental health difficulties among adolescents and young adults need to be understood within the context of the developmental challenges adolescents typically face, especially their search for identity (Erikson, 1968). This process includes recalibration of relationships with parents, peers, and, perhaps most importantly, with oneself. Often this process is fraught with stressful interactions over culture, creed, and communication. Entangled within the developmental challenges are a myriad of sociocultural, financial, political, climate, and ecological problems.

Could the increase in psychological difficulties reflect an increase in the complexity of challenges faced by this generation? Could the increase in psychological problems reflect a decline in resilience among children and adolescents? In the absence of well-designed, prospective studies, we can only speculate based on broader sociocultural trends, four of which we highlight below: hollow self esteem, helicopter parenting, shrinking imaginative and free playtime, and too much screen time at the expense of in-person social time.

Many psychologists have argued that the self-esteem movement (and its simplistic emphasis on positive feelings about oneself rather than competence) has diverted efforts away from teaching children skills for setting and working toward goals and responding to the challenges and setbacks that are an inevitable part of life (e.g., Baumeister et al., 2003; Seligman et al., 1995). In their book *The Coddling of the American Mind*, Greg Lukianoff and Jonathan Haidt (2018) argue that emphasis, especially in educational settings, on trusting one's feelings as the ultimate lever of truth, without deploying critical thinking and reasoning skills, reinforces cognitive distortions. Similarly, the overinvolvement and overprotectiveness of some parents, also known as helicopter parenting (Padilla-Walker & Nelson, 2012), might be interfering in children's and adolescents' ability to achieve critical developmental milestones, such as self-exploration, self-efficacy, and independent problem-solving (Kouros et al., 2017).

Changes in how children spend time may also be a factor. For example, although research documents the benefits of exercise and recreation on mental health and well-being (e.g., Walsh, 2011), children's opportunities to play have declined significantly from previous generations (Gray, 2011). Through play – free and imaginative – children develop intrinsic interests, social and emotional skills, self-regulation, decision-making and conflict resolution skills, self-confidence, and a variety of character strengths that are related to resilience (Ginsburg, 2007; Gray, 2011).

A major societal shift has been the increase in time spent on social media sites, along with a decrease in time spent interacting with others in person. Tracking the trends of the decade (2010–2019) through its surveys, the Pew Research Center has found that as of 2019, 93% of US millennials (those aged between 23 to 39 in 2019) own a smartphone, and nearly 100% say that they use the Internet (Schaffer, 2019). By age 20, an average young adult in the US will have spent more than 20,000 hours online (Gentina & Chen, 2019). Meta-analytical studies have shown that excessive time spent on social media is associated with poor mental health, including symptoms of depression and anxiety, as well as sleep difficulties (Alimoradi et al., 2019; Marino et al., 2018; Shensa et al., 2020). Children and adolescents who spend less time on social media and more on physical activity, report fewer mental health problems (Aschbrenner et al., 2019; Hrafnkelsdottir et al., 2018). A large study of adolescents found that during COVID-19, the average total daily recreational screen use (excluding hours spent on school-related work) was 7.7 hours per day, representing a doubling of pre-pandemic estimates (3.8 hours) from the same cohort (Nagata et al., 2022).

We cannot say that one or more factors are conclusively associated with an increase in mental health difficulties or with a decline in resilience. Isolating one or more factors from our contemporary lives, which we live mostly housed in the sprawling urban centers around the world, would be a daunting task. In addition to the sociocultural trends mentioned above, we also live amid noise, pollution, traffic, and extreme weather conditions. Compared with people living in rural environments, those in urban settings appear to be at higher risk for psychiatric disorders, including depression (Peen et al., 2010). Many of us also face social adversity such as poverty, racial discrimination, maltreatment, and intergenerational trauma (Gartland et al., 2019). Together, these factors impact us all to varying degrees. It is highly unlikely that we will find a panacea for all of these individual, communal, and societal challenges. Nonetheless, we can attempt to increase individual, interpersonal, and communal resilience through multiple pathways. Programs such as strengths-based resilience (SBR), can offer adolescents pathways to cultivate resilience.

Definitions and Descriptions of Resilience

The concept of resilience has attracted much academic and popular attention in the past two decades. Research on resilience has surged in recent years, offering multiple definitions and descriptions (Luthar, 2003; Métais et al., 2022; Southwick et al., 2014). The following are some selected ones, including resilience as (a) a dynamic process of overcoming challenges, (b) a trait or an attribute, (c) an outcome, and (d) a hybrid of both process and outcome geared explicitly toward growth and transformation. Although these definitions, at times, collide with each other, they also reflect the diversity and complexity of resilience and the numerous ways in which it can be developed.

a. A Dynamic Process

Resilience often refers to a step-by-step process which takes place over time as individuals or communities develop capacities and skills. Resilience can be seen as a dynamic process which involves interactions between both risk and protective processes, internal and external to the individual, that act to modify the effects of an adverse life event (Rutter, 1987, 1999). Dynamic and positive adaptation includes both stress and competence at different levels – individual, family, society – yielding a variety of outcomes which make an individual vulnerable to risks or resilient (Luthar, 1991, 2003). These outcomes or processes include:

- A capacity to adapt to or maintain relatively healthy psychological and physical functioning, in the wake of a significant trauma or setback that threatens the vitality of that system (Bonanno, 2004; Masten, 2014)
- A process to harness resources, especially in challenging settings (e.g., war-ravaged Afghanistan or famine-stricken Niger), to sustain well-being (Panter-Brick et al., 2011)
- The processes that individuals, families, and communities use to cope with, adapt to, and take advantage of assets when facing significant acute or chronic stress or the compounding effect of both together (Ungar & Liebenberg, 2011)
- A dynamic process that enables individuals to actively adapt to challenging situations (Fergus & Zimmerman, 2005)
- The tendency to mobilize a complex repertoire of behavioral resources to deal with a challenge (Agaibi & Wilson, 2005)
- A successful coping mechanism in the face of adversity (Lee & Cranford, 2008)
- The process of adapting well in the face of adversity, trauma, tragedy, threats, or even significant sources of stress (Newman, 2002)

b. A Trait or an Attribute

Resilience can also be used to describe a trait or attribute of an individual or community that we can measure and compare against a standard, such as:

• A person's ability to persevere in the face of challenges, setbacks, and conflicts (Reivich & Shatté, 2002)

- A personal trait that helps individuals to cope with adversity and achieve good adjustment and development (Matson & Gramezy, 1985)
- A combination of personal qualities that enable one to thrive (Conner & Davidson, 2003)
- A psychological ability to overcome the difficulties experienced in the different areas of life with perseverance, as well as a good awareness of one's resources (Sisto et al., 2019)

c. An Outcome

Resilience is often defined as an outcome that emerges from an adverse situation. For example, posttraumatic growth is a resilience outcome. Resilience as an outcome includes:

- A quick recovery under significant adverse conditions (Leipold & Greve, 2009)
- Adaptation to adversity that is influenced by a complex interplay among genetic, environmental, interpersonal, and psychological factors

d. A Hybrid of Process and Outcome

Sometimes resilience is defined as both a process of growth and change and a transformative outcome. Resilience as growth, change, and transformation includes:

- Successful adaptations despite challenging and threatening circumstances (Masten et al., 1990; Rutter, 2006)
- A capacity of any individual to withstand hardship and repair oneself, to transform and change no matter the risks (Bradshaw et al., 2007)
- A class of phenomena characterized by patterns of positive adaptation in the context of significant adversity or risk, which enables individuals to bounce back quickly and effectively from adverse events (Luthans et al., 2010)

e. A Systems Approach

Finally, resilience can be defined from the perspective of a system of dynamic interactions. Ann Masten, a prominent researcher in the area of resilience, has dubbed resilience *ordinary magic* (Masten, 2001), which is a dynamic and evolving process that continues throughout the lifespan, rather than an outcome of adverse experiences. Masten posits that resilience is the ability of a system to adapt successfully to challenges that threaten survival, function, or development. The adaptive process is influenced by personal characteristics and family and social resources. Masten and Barnes (2018, p. 19, Table 1) deem 12 factors to be critical for fostering resilience. An adapted list is below:

- 1. Nurturing family
- 2. Close and secure family ties and sense of belonging
- 3. Effective parenting
- 4. Agency and willingness to adapt
- 5. Problem-solving and task management skills
- 6. Emotion and self regulation

- 7. Self-efficacy and positive identity
- 8. Faith, future-mindedness, and hope
- 9. Sense of meaning and purpose
- 10. Roles, routines, and rituals
- 11. Involvement in a well-functioning school
- 12. Engagement in well-functioning communities

The categories of definitions of resilience described above are not mutually exclusive. Several definitions incorporate elements from more than one category. The concept of resilience in SBR is somewhat consistent with Masten's (2018) notion that resilience is not a singular and stable trait, rather it involves dynamic interactions within and across systems (e.g., families, peers, schools, communities, and cultures).

Strengths-Based Resilience: Ten Key Considerations

Based on our review of the scientific literature on resilience and on our experience developing and implementing the SBR program, we recommend that facilitators keep in mind the 10 considerations below. A central premise across all 10 is that resilience is inherently an interpersonal endeavor. That is, the resilience of adolescents as they grow is influenced by their interactions within and between multiple systems including family, peers, school, community, and culture (Masten, 2018).

1. Make Program Participants Aware of Negativity Bias

Our minds are skewed towards the negative. We perceive negatives as carrying more weight and potency (Ito et al., 1998; Rozin & Royzman, 2001). Stories of deficit, crime, and evil arouse our curiosity more than accounts of virtue, integrity, cooperation, altruism, or modesty. We brood about negative memories for months or even years, while reminiscing less about good things in our past. Negative emotions, bad behavior, and unconstructive feedback exert more impact. Negative impressions and stereotypes are quicker to form and they are more resistant to disconfirmation than are positive ones (Baumeister et al., 2001; Corns, 2018). By focusing on reducing negatives, psychological interventions have done well. They have shown benefits in treating symptoms as well as improving well-being (Houston et al., 2017; Jones, 2020). The effectiveness of psychological interventions, especially those which aim to enhance resilience, can further improve if we recognize our bias towards negativity and give equal attention to positives.

2. Frame Resilience as an Ongoing, Lifelong Process

Resilience is a developmental and ongoing psychosocial process. Each individual's resilience is a complex interplay of genetic, psychological, social, and cultural factors that are domain- and

culture-specific. Instead of operationalizing it as a singular construct – trait, outcome, or process – in devising a resilience intervention, it is helpful to consider resilience on a continuum with varying degrees and dimensions. The processes of resilience unfold and change over a lifespan, helping individuals to recover, overcome, withstand, bounce back, adapt positively, survive, and perhaps most importantly thrive while encountering adversity, setbacks, challenges, or trauma. The lifespan approach also implies adverse childhood events do not determine a lifetime of misery and preclude one from enjoying happiness and well-being. Resilience is needed to overcome major life challenges, as well as when dealing with everyday stressors. Ann Masten's concept of ordinary magic (Masten, 2001) can be nurtured through teaching evidencebased skills.

3. Assess Situational Factors

In devising resilience interventions, it is important to assess the acuity or chronicity of stressors. Resilience interventions ought to be informed by the nature, duration, and perceived impact of the stressor. Some stressors are acute or reversible, such as failing an exam, not being selected for a position, or sustaining injuries in an accident from which one can recuperate. Others are more permanent, such as the death of a loved one, accidents which may leave one with permanent disabilities, or permanent displacement due to war, climate disaster, or humanitarian crisis. Acute stressors likely require a different set of interventions and skills than chronic stressors. In assessing the acuity or chronicity of stressors, it is important to consider cultural and situational factors. For example, someone from a collectivist culture may respond to an acute stressor more resiliently because of available social support, whereas someone from an individualistic culture may feel overwhelmed easily by relatively less stressful situations, as they may lack social support.

It is also important to consider individual differences. For example, individuals differ considerably in their temperament, extraversion/introversion, openness to experience, or conscientiousness. That is, an acute stressor will likely yield different responses in two individuals, even among siblings.

4. Teach Resilience Skills

Resilience theory (Zimmerman, 2013) is a strengths-based approach which focuses on positive contextual, social, and individual variables, also known as promotive factors, that contribute to adaption. There are two types of promotive factors: assets and resources. Self-efficacy and self-esteem are considered assets, while resources are factors outside individuals, such as parental support, adult mentors, and youth programs with opportunities to learn and practice. Research has shown that supportive home, community, and peer environments tend to promote adolescent resilience. Furthermore, goal-setting and impulse-control abilities predict resilience (Dias & Cadime, 2017). De Leeuw and Malcolm-Smith (2023) found that social support was a significant protective factor in their review of resilience in children from low- and middle-income countries.

Programs can systematically teach children, adolescents, and adults skills which enhance their resilience. Many resilience promoting programs have been developed and empirically evaluated, although there is great variation in program content and components. As discussed earlier in this chapter, there is also great variability across programs and research in how resilience is conceptualized; that is, whether resilience is conceptualized as an attribute, trait, outcome, process, or system. For example, Penn Resilience Program (PRP) is a group cognitive and behavioral intervention that aims to boost resilience and prevent depression by teaching cognitive and behavioral skills for handling stressors and difficult experiences (Gillham et al., 1995; Gillham et al., 2007). A meta-analysis of 17 controlled PRP evaluations found that PRP significantly reduces depressive symptoms, and these benefits last for at least 12 months following the intervention (Brunwasser et al., 2009). These studies suggest that resilience skills are evidence-based and teachable.

Numerous other programs have attempted to enhance resilience by targeting protective qualities that may buffer against the negative effects of trauma, adversity, and setbacks (Thompson & Dobbins, 2018). Examples of protective factors include positive future orientation, problemsolving skills, self-regulation, family support, safe community, affordable housing, and education (de Leeuw & Malcolm-Smith, 2023). Research indicates that resilience programs that promote protective factors improve mental health and well-being. Examples are interventions for Red Crescent healthcare teams in Iran (Larijani & Garmaroudi, 2018), Chinese medical students (Peng et al., 2014), clergy (Noullet et al., 2018), and nurses (Jackson et al., 2007). Kunzler and colleagues (2022) recently analyzed 24 studies of psychological interventions designed to promote resilience and well-being in nurses. They found that, overall, the interventions improved resilience and well-being. These effects were sustained in the short-term (\leq 3 months), with additional delayed benefits for anxiety and stress. Delivered mostly as psychoeducational groups, the content of interventions varied. Common strategies included education about stress and self-care, mindfulness and relaxation, cognitive-behavioral skills, identification of personal strengths, and team-building and other activities for strengthening relationships.

Previously, two systematic reviews (Macedo et al., 2014; Robertson et al., 2015) and two metaanalyses (Leppin et al., 2014; Vanhove et al., 2016) found that resilience skills are teachable and that teaching these skills can improve mental health and well-being.

5. Include Evaluation Relevant and Diverse Outcomes in Your Program

We recommend that SBR program administrators and facilitators carefully choose the outcome or evaluative measures to assess the program's effectiveness. SBR facilitators need to familiarize themselves with the overall program goals and the learning outcomes of each module. Identify outcomes that are relevant and important to your setting. Select reliable and valid measures that are related to SBR goals and make sure they are relevant to your context and the demographics of participants, including age, gender, and literacy.

Evaluations of resilience programs rely heavily on self-report outcome measures. Because the SBR program works on multiple dimensions, including feelings, beliefs, cognitions, behaviors, and habits, it might be prudent to incorporate concrete behavioral measures, such as behaviors related to health (hours of sleep, hours spent exercising, number of steps taken, visits to health facilities), interpersonal relationships (number of close friends or positive interactions with

others), service to others (hours volunteering), or academic achievement (attendance, academic performance) (Smith et al., 2015).

6. Avoid Denying, Dismissing, or Minimizing Negatives

A common critique about positive psychology interventions is that they tend to minimize, dismiss, or outright ignore risks, vulnerabilities, and adversities (van Zyl et al., 2024). We want to clarify from the onset that our approach to developing SBR does not regard negatives, including setbacks, traumas, adversities, disasters, or challenges, to be any less important than strengths or positives. Negatives in our daily lives – ranging from the death of a loved one; to interpersonal violence, abuse, and discrimination; to traumatic events, including war, famine, climate crises, poverty, accidents, terrorism, industrial disasters, and pandemics – are real challenges and require serious and immediate solutions. Any intervention – however well- or ill-informed by positive psychology – that dismisses or minimizes these issues will likely be ineffective and/or create superficial "feel good" vibes only.

7. Link Resilience to Thriving

Resilience is commonly regarded as an ability to bounce back or adapt to adversities. We invite facilitators to consider resilience a process of not only surviving but also growing and potentially, in the long term, thriving. Early resilience interventions focused on mitigating or managing risk and vulnerability factors (Denny et al., 2004; Werner & Smith, 2001), much like traditional psychological interventions focus on remediating deficits. The contemporary positive psychology and resilience scholarship has expanded the focus to include factors that help invidiudals and communities not only to survive but also to thrive. These include assets such as individual strengths and abilities, as well as interpersonal and environmental resources. Teaching clients about flourishing - a state characterized by positive emotions, a strong sense of personal meaning, good work, and positive relationships - requires far more than simply relieving the symptoms of psychological distress. To foster these outcomes, systematic and sustained effort is essential. In our view, resilience programming is a partnership between participants and practitioners in which the building of positive resources should get as much attention as the reduction of psychological distress. Most individuals tap into their inner resources and/or develop them while dealing with challenges. The seminal works of Tedeschi and Calhoun (1996) and Bonanno (2004) on posttraumatic growth show that adversity often also yields growth and helps individuals to foster better relationships, enabling them to put difficult experiences into perspective (meaning making) and to realign their priorities.

8. Promote "Leading with Strengths" as a Catalyst of Resilience

Character strengths are levers or catalysts of change – both in dealing adaptively with stressors as well as in cultivating well-being and resilience. Strengths are catalysts because they not only contribute to individual well-being but also to the well-being of others. For example, when we

use humor, we take the edge off a stressful situation. When we express gratitude, even during tough times, we lighten the atmosphere. When we use social intelligence to attune ourselves to someone's needs, that person feels seen and heard.

9. Embed Cultural Context

Resilience is a universal notion. However, survival, recovery, and adaptation are culturally shaped. It is essential to understand resilience within the local context. The bulk of research on resilience interventions has been conducted with samples from WEIRD (Western, Educated, Industrialized, Rich, and Democratic) countries (Henrich et al., 2010). Resilience interventions need to explore cultural context as it may help to examine the coping strategies that adolescents and young adults from marginalized communities use to deal with extreme situations. For example, in one study, the resilience adolescents exposed to trauma and war was related to problem-solving skills and active parental involvement (Fayyad et al., 2017). Therefore, it is important for practitioners to consider how participants' cultural background affects how they deal with distress and how they demonstrate resilience.

Resilience interventions with historically marginalized communities help us to understand not only how these communities survive but also how they thrive. What specific features or processes of their culture facilitate or pose a barrier to resilience (Ungar, 2012)? Unger emphasizes that in an increasingly ethnoracially diverse world, understanding the cultural nuances related to resilience is critical, as it can enrich resilience interventions with local cultural context as well as provide a global perspective. Two examples are noteworthy: first, that of indigenous people. Indigenous people in Canada, Australia, and New Zealand have started social justice initiatives such as truth and reconciliation commissions. Proceedings enable nonindigenous individuals to hear publicly first-hand accounts of how indigenous people have handled cultural genocide and forced placement in residential schools with resilience, despite enduring that horrific abuse. The second example is that of refugee narratives of resilience that show extraordinary courage in the face of extreme hardship. By incorporating the stories and experiences of people who have endured extreme hardships, facilitators can foster an understanding of how resilience unfolds in real-world contexts.

10. Draw on Findings from Other Fields

We find ourselves at an exciting time with regard to resilience interventions, as they intersect with important disciplines including traumatology (adult responses to trauma), developmental psychopathology (children's and adolescents' responses to adversity), positive psychology (emphasis on positive emotions, positive relationships), and humanistic psychology (harnessing one's potential toward self-actualization, meaning and purpose, and growth). In addition, insights from neurobiology and genetics are expanding and consolidating a wholistic understanding of resilience (Graber et al., 2015).

Consistent with this research ethos, SBR integrates findings from traditional clinical psychology, which addresses deficits, vulnerabilities, and stressors, with positive psychology, which amplifies resources, adaptability, and strengths. Resilience reflects an interplay between an individual's skills and attributes (including character strengths) and environmental resources (including caring relationships, social support, and opportunities to contribute). Emerging lines of research are showing that boosting resilience by explicitly enhancing strengths is equally or more efficacious than focusing primarily and exclusively on eliminating deficits (Bird et al., 2010; Brownlee et al., 2013; Larson, 2010; Martínez-Martí & Ruch, 2017; Shoshani & Slone, 2016).

Resilience Interventions: Caveats

In devising resilience interventions, be mindful of some caveats and avoid missteps which can compromise your program's effectiveness and longevity. This includes avoiding simplistic interventions that offer black-and-white solutions to complex stressors, adversities, and challenges. Direct or indirect messages such as *If you work hard, you can overcome any challenge, You are the master of your life, take charge, It is not your fault*, and *You are stronger than you think* can be true to some extent in some situations, but are not universally true. For most adolescents and young adults, these serve as empty platitudes. These platitudes offer simplistic and clichéd solutions, which may discourage participants from investing effort in practicing, mastering, and applying SBR skills.

Facilitators need to keep in mind that the mental health concerns encountered by adolescents and young adults have numerous causes (e.g., genetic, developmental, environmental, social, financial, and cultural) and numerous consequences (e.g., impacts on academics, social relationships, physical health, recreation, and more). Neither SBR nor any other program can address all the psychological concerns of adolescents and young adults.

We recommend that facilitators also keep in mind that resilience as an adaptation or outcome is not always obvious and may take time to manifest. Facilitators may discover that some participants find the notion of bouncing back or adaptation premature due to their on-going situational challenges. Others may have bounced back and adapted effectively but may not have realized this positive change due to negativity bias. Yet, some others might be fluctuating between adaptation and regression. Remind adolescents and young adults that they are almost always changing. Encourage them to have an open mind and consider numerous ways to be resilient and flexible as they and the circumstances around them change.

Summary

Resilience is a complex and multifaceted construct, encapsulating a dynamic process, a trait or an attribute, an outcome, or a combination of these factors. The aim of this overview is not to reach a consensus about what resilience is and what it is not. Rather, our attempt is to elucidate the ways in which resilience has been conceptualized. Consistent with that diversity of definitions and descriptions, there are myriad interventions to foster it. No one intervention is likely to capture all aspects of resilience. When adversity strikes, it can have a devastating and lifelong impact on the individual. Investing equal attention to building resources, in addition to mitigating risks, will make resilience interventions more effective and accessible.