



NATIONAL REGISTER
OF HEALTH SERVICE PSYCHOLOGISTS

CLINICAL WEBINARS

FOR HEALTH SERVICE PSYCHOLOGISTS

TRANSLATING RESEARCH TO PRACTICE

Resilience After Trauma: Evidence-based Assessment & Intervention

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Sherry Hamby is Research Professor of Psychology at the University of the South and the Director of the Life Paths Appalachian Research Center. She is founding editor of the APA journal, *Psychology of Violence*, and author or co-author of more than 200 publications. Her awards include the 2017 Award for Outstanding Contribution to the Science of Trauma Psychology from the Trauma Psychology Division of the American Psychological Association. Dr. Hamby has appeared in the *New York Times*, *CBS News*, *Washington Post*, *Huffington Post*, *USA Today*, *Psychology Today*, and hundreds of other media outlets. Her most recent book is *Battered Women's Protective Strategies: Stronger Than You Know*.

Disclosures/Conflicts of Interest

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- Engage in training and consultation

References/Citations

- Burton, C. M., & King, L. A. (2008). Effects of (very) brief writing on health: The two-minute miracle. *British Journal of Health Psychology*, 13(1), 9-14.
- Cohen, J. A., Mannarino, A. P., Kliethermes, M., & Murray, L. A. (2012). Trauma-focused CBT for youth with complex trauma. *Child abuse & neglect*, 36(6), 528-541.
- Cyr, K., Chamberland, C., Clément, M.-È., Lessard, G., Wemmers, J.-A., Collin-Vézina, D., & Damant, D. (2013). Polyvictimization and victimization of children and youth: Results from a populational survey. *Child Abuse & Neglect*, 37(10), 814-820.
- Hamby, S., Grych, J., & Banyard, V. (2018). Resilience portfolios and poly-strengths: Identifying protective factors associated with thriving after adversity. *Psychology of violence*, 8(2), 172-183.
- Hamby, S., Segura, A., Taylor, E., Grych, J., & Banyard, V. (2017). Meaning making in rural Appalachia: Age and gender patterns in seven measures of meaning. *Journal of Happiness and Well-being*, 168-186.
- Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American psychologist*, 56(3), 227-238.
- Merrick, M. T., Ford, D. C., Ports, K. A., & Guinn, A. S. (online first). Prevalence of Adverse Childhood Experiences From the 2011-2014 Behavioral Risk Factor Surveillance System in 23 States. *JAMA Pediatrics*.
- Neria, Y., Olfson, M., Gameroff, M. J., DiGrande, L., Wickramaratne, P., Gross, R., ... & Lantigua, R. (2010). Long-term course of probable PTSD after the 9/11 attacks: A study in urban primary care. *Journal of Traumatic Stress*, 23(4), 474-482.
- Pennebaker, J. W. (1997). Writing about emotional experiences as a therapeutic process. *Psychological science*, 8(3), 162-166.

Learning Objectives

- Describe interpersonal, regulatory, and meaning making strengths for thriving after adversity.
- Identify evidence-based strategies for promoting strengths in trauma survivors.
- Understand how to use narrative exercises for promoting well-being in trauma survivors.

Traumatic Experiences are Not Rare

- The largest study of adverse childhood experiences found, in a sample of over 200,000 U.S. adults, that more 3 in 5 (62%) had experienced at least one significant adversity (such as child abuse or parental mental illness).
 - 1 in 4 adults had experienced 3 or more significant childhood adversities (poly-victimization).
 - More comprehensive measures suggest the true burden is even higher.
- There are lifelong mental and physical health burdens from trauma.
- Nonetheless, resilience is also not rare. Most people who experience adversity will never meet clinical criteria for a psychological disorder.
 - For example, even after 9/11, the rate of PTSD in NYC was less than 10%.
- Resilience is best thought of as “ordinary magic,” to use Ann Masten’s phrase.

What is Resilience?

- Resilience is a PROCESS, which involves applying our assets and resources (individual, family, and community) to coping when we experience adversities.
 - The goal is to achieve thriving despite adversity.
 - These 3 elements---adversities, strengths, outcomes—are all necessary for understanding resilience.
- Early work sometimes referred to resilience as a state, but it is more widely acknowledged now to be a process. Especially once the true burden of trauma over the lifespan is recognized, it is easy to see that resilience cannot be a static process or one-time achievement.
- Although much work on resilience still focuses on lack of clinically significant symptoms, most people want to thrive, not just survive.



Photo: Pixabay

In Intervention, A Deficit Lens Often Dominates

- People are defined by their problems.
 - In the general public, people use terms such as “alcoholic,” “addict,” “schizophrenic.” Terms for perpetrators can be even more dehumanizing, such as “gang banger” or even just “perp”—slurs that are tolerated in many settings.
- To voluntarily access services, typically must present with a problem and receive a diagnosis (or conviction).
- Even today, many outcomes are defined in terms of the absence of symptoms, with little attention to thriving.

Room For Improvement in The Evidence Base

- Although the evidence base is growing, outcome data for intervention and prevention is still limited.
- Existing outcome data often show modest support—especially when the program creators are not involved in the evaluation.
- For voluntary clients, the most common (“modal”) number of visits has been 1 visit for over 30 years.

What Does It Mean to Adopt a Strengths-Based Approach?

- Identify and align early with the life goals of your clients.
- Focus on developing assets and resources, not just taking away symptoms or bad behavior.
- Focus not limited to presenting problem or institutional mandates.
- Think about creating “turning points.”
- Does NOT mean that you cannot or do not talk about trauma.

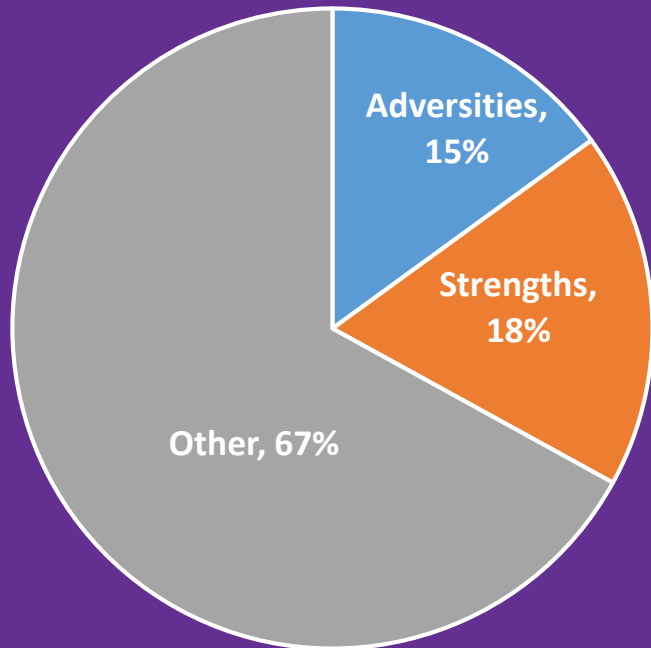
Understanding Pathways to Resilience

- “...I used to get picked on a lot. I was small, scrawny, and everybody just saw that I wasn’t doing nothing, so, on in my life, I started trying to make myself a little bit bigger and a better person and I chose to do football and basketball, so now no one messes with me.”
- Interviewer: What about the team aspects of being on the football team?...
 - “Um, when we [the team] go through tough times...we had a rough season this year, and we got better. We knew then, from then on, these boys, you know, I stay on them [he’s a team captain]. We stay on everybody and, um, we just work. Work, work, work. Like that right there [points to rest of the team in the weight room]. We’re here from day in to day out, working, every day.”

—16 year old African American male from a low-income rural community

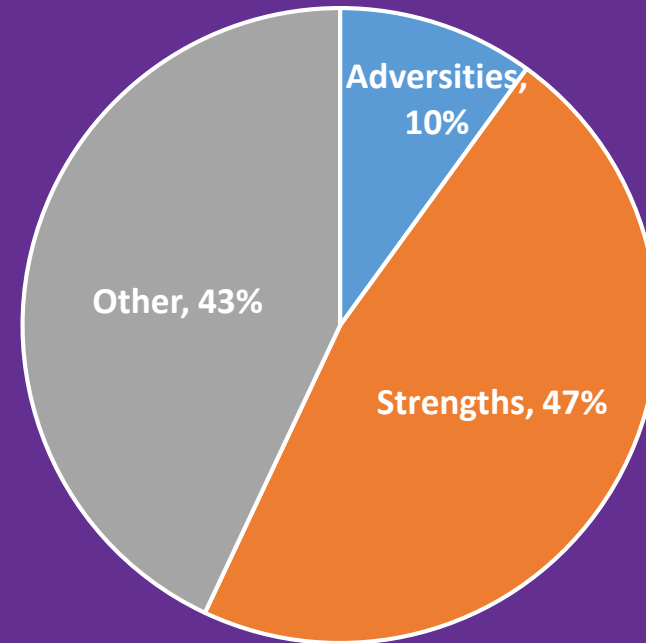
Good Stuff is More Important Than Bad Stuff

Trauma Symptoms



“Other” are things such as daily ups and downs and impact of therapy.

Subjective Well-being



From a sample of 440 youth, ages 10-21

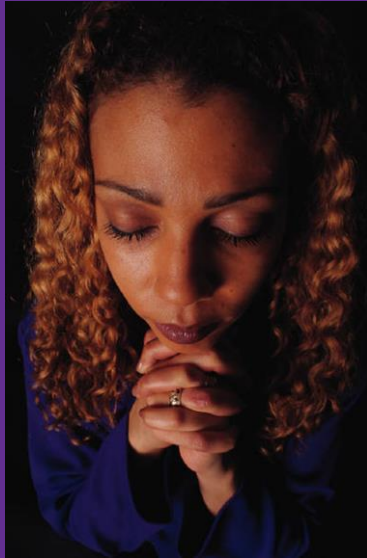
Meaning Making

- Humans are deeply interested in finding meaning and fulfillment in their lives, and have a fervent desire to connect to something larger than themselves.
- The goal of meaning making is to make sense of major life events and to incorporate them into a broader view consistent with higher beliefs and values.



Photo: Wikimedia

Sources of Meaning



Religion & spirituality



Dedication to a cause

(Photo ID 544390. 08/03/2013. United Nations, New York. UN Photo/Mark Garten, https://www.flickr.com/photos/un_photo/8539554951)



Commitment to a role
(such as teacher or parent)

(Photo from USDA, <https://www.flickr.com/photos/usdagov/16762770039>)



Belief in a better future

(RobbieRoss123, https://commons.wikimedia.org/wiki/File:Plant_a_Sapling_for_Better_Future.jpg)



Adhering to a code of
values or ethics

(Photo from U.S. Marines)

Regulatory Strengths



Wanda Rutkiewicz, first woman to successfully summit K2

[photo from Wikimedia commons]

- Self-regulation is often defined as the capacity to sustain goal-driven behavior, often despite temptations & challenges.
- However, there is more to self-regulation than striving for goals.
- Self-regulation can involve:
 - Staying true to oneself during difficult times
 - Maintaining routines after bereavement or other adversity
 - Regulating emotions, including the ability to recover positive affect
- Also necessary for achieving longer term goals, such as graduating from college or running a marathon.

Interpersonal Strengths

- This is the broadest category, which includes all kinds of relationships, including family, peer, and community (the “social ecology”).
- Because other people are involved, this domain can also refer to an individual’s own interpersonal skills (“assets” in Resilience Portfolio Model) as well as what they receive from other (“resources”).

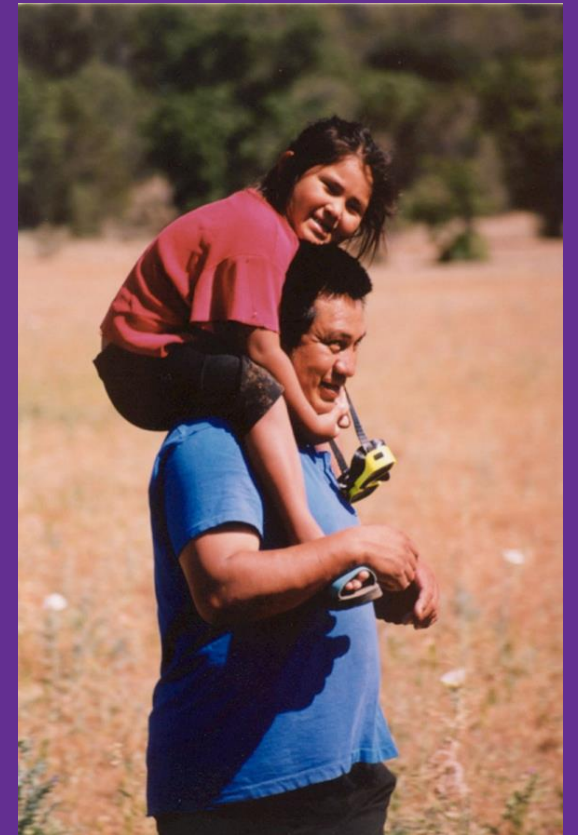


Photo credit Al Bardi, used with permission

Rethinking Problems in Terms of Strengths

- Example: Youth with ADHD
 - Strengths may include supportive family or good social support skills.
 - Likely to be weakest in regulatory strengths, but can define treatment in terms of improving self-regulation instead of relieving symptoms of attention deficit and hyperactivity.
- Example: Adult with depression
 - Here, the regulatory domain may be a strength.
 - May need help developing a sense of meaning and reasons for living, or building social network.
- Acknowledge assets and resources early in intervention and use these to develop a more complete and balanced portfolio of strengths.
- Define treatment goals in terms of new skills or resources, not just taking away negatives.

Assessment Options

- Values in Action (Seligman and Peterson assessment tool)
 - <https://www.viacharacter.org/www/>
- StrengthsFinders (Gallup tool)
 - <https://www.gallupstrengthscenter.com/home/en-us/strengthsfinder>
- Brief, open-access measures available at Life Paths
 - <https://www.lifepathsresearch.org/strengths-measures/>
- I do NOT recommend measures of “resilience” that focus on resilience as a static trait or just assess self-perceptions of resilience, for example with items such as “I am resilient.”
 - These cannot guide prevention or intervention.

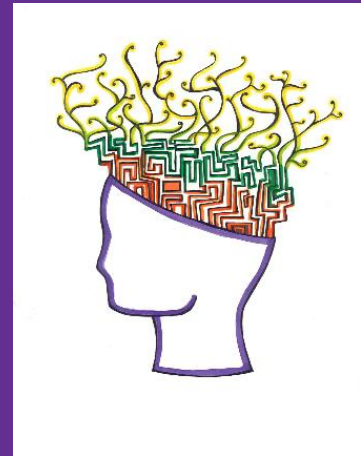


Image credit Life Paths

Types of Strengths-Based Programs

- **Redefining masculinity**: model new definitions of masculinity and male gender norms
- **Cultural connectedness**: facilitate a reconnection with a community's traditional culture as a mechanism for improving quality of life
- **Interpersonal**: promote positive change by improving relationships with families, peers, teachers, and coaches, or the broader community
- **Strengths development**: bolster specific protective factors to improve resilience.
 - Regulatory, meaning making, social support, social skills, career development
- **Promoting well-being**: emphasis on improving outcomes more generally versus focusing on a more specific set of strengths
 - Mindfulness, narrative, some cognitive behavioral

Motivational Interviewing



- Motivational Interviewing (Miller & Rollnick) is a good evidence-based choice, as a stand-alone intervention or as an adjunct to existing interventions.
- The goals are to help people resolve their ambivalence about [insert any issue here], identify their motivation for change, and commit to taking steps toward change.
- Key elements of MI are OARS: **Open questions, affirmation, reflective listening, and summary reflections (OARS)**
- Open-ended questions and reflective listening are key counseling skills. “Tell me about...” “What happened next....” and other invitations to the participant to tell their story.
- Reflective listening is a powerful tool for showing someone that you really heard them without judgment.
- The National Register has an excellent webinar by Dr. Arthur Nezu on this topic.

Affirmations

- We recommend leading with strengths whenever possible
- Examples:
 - I appreciate that you are willing to meet with me today.
 - You are clearly a very resourceful person.
 - You handled yourself really well in that situation.
 - That's a good suggestion.
 - If I were in your shoes, I don't know if I could have managed nearly so well.
 - I've enjoyed talking with you today.
 - You showed a lot of [insert characteristic such as strength, determination] by doing that."
 - It's clear that you're really trying to change your [insert problem/behavior]."
 - In spite of what happened last week, you're coming back today reflects that you're concerned about changing your [insert problem/unhealthy behavior]."
- **IMPORTANT:** Don't say things you don't believe just to say something positive—people will pick up on the insincerity.

Examples from <http://homelesshub.ca/resource/motivational-interviewing-open-questions-affirmation-reflective-listening-and-summary> and www.nova.edu/gsc/forms/mi-techniques-skills.pdf

The Results For Narrative Interventions Are Remarkable

Writing about a traumatic event for just an hour, spread over 3 days



Writing about study skills for the same amount of time



Based on James Pennebaker's work

The “2-Minute Miracle” (Burton & King, 2008)



MOOD



NARRATIVE
COHERENCE



WELL-BEING



Traditional Uses of Narrative



Photo from USDA

- “Most traumatic event” –widely used in social psychological research, following Pennebaker
- Trauma-focused CBT and other therapies
 - Also requires focusing on most traumatic event or reason for referral (recently TF-CBT also adapted for poly-victimization narratives, Cohen et al., 2012)
- But strengths-based alternatives are also well-supported.
- May be especially helpful when:
 - You are working with clients who may not be interested or able to disclose or focus on trauma.
 - In a prevention setting where participants have varying exposures and/or setting not designed to promote disclosure.

Strengths-based Narratives & How To Do Them

Easy to incorporate into a range of settings, often will lead to spontaneously processing traumatic experiences

Sample writing prompts:

- "I would like you to write about the experience that most shaped who you are as a person today. In your writing, I want you to really try to imagine yourself in that moment and explore your very deepest feelings and thoughts. Don't worry about grammar, spelling, or sentence structure."
- "I am thankful for all the experiences in my life. However, what shaped me into who I am today was..."
- "I will never forget the lesson that person taught me that day..."
- "Have you ever experienced a life-changing event (either for good or for bad)? What happened and how did you overcome the challenge? What would you tell others dealing with the same issue?"

Other Evidence-Based Interventions That Promote Strengths & Support Thriving

- Mindfulness meditation
 - Supports compassion, emotional awareness, emotional regulation
- Regular exercise (and other routines, including sleep!)
 - Supports psychological endurance, optimism, reduces depression & anxiety
- Volunteering
 - Promotes generativity, community support, meaning
- Spirituality and religious involvement
 - Promotes purpose, social support
- The evidence base is steadily increasing for other interventions, such as yoga, gardening, activism as healing, even “forest-bathing”
- There are a range of choices that can be tailored to clients’ interests and needs and incorporated into a wide variety of service settings.

Q&A



- Dr. Sammons will read select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.

Thank You for Joining Us!

- If you have comments or feedback regarding this webinar, please email CESupport@nationalregister.org
- We hope you can attend our next webinar on November 7 presented in collaboration with The Trust: *Record Keeping and Risk Management* with Dr. Eric A. Harris.



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