Rearing Resilient Societies

A Review of Literature on the Resilience of People and Children: Positive Psychology’s Approach to Resilience Education

Myrial Farrell

California Polytechnic State University, San Luis Obispo

Political Science Department Senior Project Paper

for

Professor M. Moore

California Polytechnic State University, San Luis Obispo

INTRODUCTION

When faced with adversity, what keeps a person from giving up? Generally, people have the will to survive as an instinct. But life can be burdensome, and when the instinct to endure wears thin, it takes commitment and strength of will to reach an emotional, social, and even physical balance in one’s life. Many intellectuals are researching what it takes for us to continue through hardship. This relatively new field of study has been given the name positive psychology. “Positive psychology… can be defined as the science of the study and promotion of happiness, meaning, and strengths” (1). It is based less on what happened to the individual, and instead focuses on the individual’s moment-to-moment well-being. Each moment facilitates change in life, and when the moment is uncomfortable or difficult, we have the choice to maintain calm and redirect our thoughts towards a productive or peaceful perspective. The essence of resilience is maintaining this peaceful understanding while the world may feel like a tornado.

Resiliency is the trait which combats our prospective tornado. For those who have problems in their social atmosphere resiliency “may be defined as the ability of an individual to maintain personal and social stability despite adversity” (2). Stability that no perspective or situation can change. Others who deal with economic or medical adversity and must have the “ability to recover from or adjust easily to misfortune or change” (3). Hardships can motivate us to become more resilient. Resilience takes a deeper meaning when applied to therapy and education. *Psychology Today* describes resilience as having “a positive attitude, optimism, the ability to regulate emotions, and the ability to see failure as a form of helpful feedback” (4). Transforming our understanding of failure encourages profound growth of resilience. Traits like these have substantial impact when experienced by individuals who have been through a lot of change in their life. They operate with a mindfulness of their surroundings. Some are capable of manifesting mindful resilience on their own and others need more guidance. Positive therapeutic effects are engaged when individuals redirect their attention from managing risk to building resilience (5). Teaching resilience to people who are not born with an abundance of resilience can produce positivity and hope. Several models reduce and prevent reaction to traumatic events including the cognitive-behavioral therapy (CBT) of Aaron T. Beck; the PERMA components of M.E.P. Seligman; and the social resilience model (SRM) of Laura Leitch. These complementary therapies have impacted the world through strategies of coping and stress management.

During the past 40 years, research on childhood adversity, anxiety and/or depression disorder, clinical illness, etc., has provided a scientific platform for understanding the resilient mind. The goal of most research into human resilience is to determine what or how to encourage people with their own realistic, positive, cognitive strengths Findings have suggested, that nurturing interactions during childhood development can greatly influence the capacity for resilience over the course of a person’s lifetime. Alternatively, the children who grew up in a challenging environment or who were born with cognitive disabilities and are not capable of resilience can mitigate their coping mechanisms by practicing proactive responses to traumatic circumstances. Therapy and resilience training are utilized in education and the military to encourage the growth of a resilient population. Following is a discussion on the studies of resilience that have advanced psychopathology and positive psychology to the forefront of human trauma treatment and therapy.

COGNITIVE-BEHAVIORAL THERAPY

Aaron T. Beck, MD is a leader in the positive psychology movement (6). He won the American Psychological Association Lifetime Achievement Award in 2007. “He is President of The Beck Institute for Cognitive Therapy and Research and Honorary President of the Academy of Cognitive Therapy” (7). As the father of cognitive behavioral therapy (CBT), Beck has influenced many in the field of psychology including, Cicchetti, Seligman, and Masten. His collection of research began with the focus on the “alleviation of symptomology” (8). The symptom being a fantasy which plagues the mind throughout the day. Beck sought out therapies that would encourage people to cope with triggering events. He reasoned that maladaptive behavior patterns and negative feedback loops can be unlearned and a change in attitude can manifest a better reality for people who experience life-threatening fantasies.

Beck’s cognitive-behavioral therapy is based on cognitive theory, the study of individual thought processes. CBT follows three steps: 1) identifying the idiosyncratic ideation, 2) loosening the grip of those ideations, and 3) creating a more realistic understanding of the individual’s experience. The ideations or fantasies which control our perspective on life are generally mistaken ideas about our world. Teaching people that their scary and upsetting fantasies of the world aren’t plausible, or likely, helps relieve the symptoms that are produced within seconds of witnessing a triggering experience. In an example from Beck’s article, he describes a man that thinks to himself “this dog will bite me” every time he sees any dog. The experience triggers a stressed and anxious state-of-mind for the man in an instant. These reactive qualities that humans have are attributed to the fight-or-flight response system in our bodies. Beck examines the thought process of the man with a phobia of dogs and helps him conclude that his fear of being attacked by a small dog is highly unlikely. Beck encouraged the man to restructure his experience of reality by adopting the understanding that “it isn’t likely that the dog will attack me.” The mantra that is established reminding himself that the dog is not likely to bite him is the driving force in debunking the negative feedback loop attributed to the dog’s presence. The maladaptive thoughts and ideations that previously dictated the man’s automatic nervous-system responses will no longer negatively affect his mental health. The CBT acts as a mindful process that must be practiced continuously. Establishing the normalization of phobias or negative stimuli can begin the healing process (8). The therapy is based on the ability of the mind to refocus and create a better for the individual. CBT can establish resilience in an individual through the practice of restructuring of the mind.

As a leader in CBT, and a resilient individual himself, Beck believed that CBT should be expanded upon through testing and careful research. Beck’s mindful CBT was adopted by Dante Cicchetti, who studies child developmental psychopathology. He is a Professor in the college of Education and Human Development, and the Institute of Child Development at the University of Minnesota. He was awarded the Nicholas Hobbs award for Significant Contribution to Child Advocacy and Social Policy in 1999 and was awarded the Fellow in American Association for the Advancement of Science in 2011 (9). As the name suggests, psychopathology is the practical application of academic research on processes and pathways of the mind (10). The therapy and treatments are for individuals who struggle with cognitive reasoning and understanding. The therapies induce a positive cognitive feedback loop, something like practiced optimism. Those who struggle with cognitive reasoning can form habits that induce positive feedback loops. Beck proposed the idea that controlling negative stimuli with positive feedback can induce a more positive reaction. Cicchetti and Beck both believe that the therapy of practicing positive cognitive behaviors proves that negative stimuli are not what drive the human decision-making process.

“The good life is using your signature strengths every day to produce authentic happiness and abundant gratification” (12). Martin Seligman, Ph.D. is the director of Penn Positive Psychology Center, and Director of the Penn Master of Applied Positive Psychology program (MAPP). Dr. Seligman was elected President of the American Psychological Association in 1998 (13). His research is focused on creating a more resilient society through skills-based learning and mind-altering techniques. In his work, he defines the difference between pessimistic and optimistic perspectives on life. Pessimistic people let life happen. They passively let life lead them to emotional disrepair. Optimistic people have a more hands-on objective with life’s happenings by controlling their thoughts and habits. When bad things happen, they can shrug their shoulders and examine life through a positive lens. They choose not to react to the negative stimuli. Optimism encourages people to work with what they have and provides a perspective for acceptance and gratitude when change occurs. Pessimism discounts the benefits of change and growth with reactionary and temperamental habits and behaviors.

Seligman uses scientific studies on animals and people to activate the tools of optimism. His leadership in the field of positive psychology is grounded in the belief that a society must be optimistic and resilient in order to succeed (14). Dwelling on the trauma of the past is a reactionary consequence of pessimism. Individuals who operate under optimism are more likely to be successful than those who act under pessimistic belief systems. Optimism is a trait, and a learned behavior. People who are naturally confident and have a base line character of positivity are more likely to produce a resilient attitude. Those who do not have this base of positivity can choose to react with more optimism, which requires more mindfulness of positive actions and choices. Seligman believes that optimism begins with the confidence in one’s self, and transfers into the power to focus on the aspects of life that bring us joy. Instead of responding to negative stimuli that may overcome our minds. Feeding the negativity does no good. Goal oriented decisions determine an optimistic individual’s response to life’s happenings.

Historically, Freud and other researchers in psychology began their studies with the reactions to negative stimuli instead of studying the positive reactions. Beck began to change psychology's approach to studying human mannerisms and nature. He wanted to understand how people can be more positive, what creates a more constructive mindset when it comes to change. Likewise, Cicchetti and Seligman worked against the notion that all of psychology should be based on the negative events and reactions. Instead of focusing on negative stimuli, Cicchetti studied the positive actions and reactions of individuals (11). When individuals were faced with hardship, what drove them to react in a positive way? Were they lead to substance abuse or were they capable of shrugging their shoulders and recognizing that life persists regardless? Instead of focusing on adult’s, Cicchetti chose to focus on children. He wanted to learn how to teach problemed children how to use these tools for success through resiliency.

Prevention of the institutionalization of children who are on the autistic spectrum is one of the main goals of his work. The biological makeup of a child on the autistic spectrum may affect their resilience since genetics decides the social capabilities of an individual. Autism causes some children to need more direction and nurturing than others. Some children do not have coping mechanisms to accept change that other children possess. Institutionalization weakens the children’s resilience when they are not given the amount of care their condition requires. Resilience is the factor that allows people the flexibility of accepting change for whatever it is. Cicchetti encourages the use of cognitive-behavioral therapy for children on the autism spectrum because it can help mitigate their negative responses to their surroundings. He hypothesizes that CBT can produce alterations in gene expression and can influence the behavior of these children to increase positive and resilient behavioral results because the child’s brain is still forming. Children use young, newly formed, neural pathways. These pathways facilitate their understanding of their world and may be maintained through life. Cicchetti believes that a better atmosphere for the child and for those who love and care for them will increase the change of these neural pathways for resilience.

RESILIENCE OF CHILDREN

Educating children is the first step in achieving a resilient society. Some researchers believe that it is a learned skill such as Aaron Beck, others believe it is a byproduct of a good upbringing like Seligman. They all agree that people can learn resilience from each-other regardless of where they are in their life. The age they learn resilience can determine the ease of their mindful practice. Most children are capable of mindfulness that connects them to their understanding of the world. This understanding effects their emotional responses. Some children do not have the capacity to think of the world with mindfulness. Their genetic makeup is composed differently and may not resonate with resilience as much as those who are predisposed with the skill. It is possible that a child can’t learn resilience, and they must be paid close attention to, to prevent future damage. Curiously, in many cases children have an innate tendency to resilience. Through education we have the responsibility to teach them what it means to be a resilient individual. As a society we can educate and train people to choose optimistic perspectives instead of focusing on negative stimuli. The first step in resilience training is teaching our children.

As we can teach children, we can also learn their resilient capacity by honing their innate skills. When a child falls, they typically get back up and continue playing. While going through growth spirts, they can change rapidly with little negative impact on their psyche. “Resilience: The capacity of a dynamic system to adapt successfully to disturbances that threaten system function, viability, or development” (18). Change doesn’t negatively affect them like it can with grown adults. “Resilient people choose not to become victims; they do not opt for suffering. They are the winsome child and dogged adult who when abused, challenged and deprived, determinedly rise up with a smile, with practical solutions and ‘joie de vivre’” (15). Suffering in their mind is a choice instead of an unchangeable consequence. Ann Masten, a researcher who has followed in the footsteps of Aaron Beck and Norman Garmezy, believes in Resilience Education (16). Masten has studied a many children’s capacity for handling trauma. She questions: What can we learn from resilient kids who have been through traumatic events? Her findings suggest that children are flexible to change, we can study their habits and prepare therapy treatments that manifest positive reactions to trauma.

Because children are so adaptable, we can learn how they accept change in their lives and hone this mindful and positive action-propelling energy toward growth of a healthy and optimistic society. It is important to note that not all children are born resilient. “Resilience refers to a class of phenomena characterized by good outcomes in spite of serious threats to adaptation or development” (17). It is a skill that can be innate and learned. The study of childhood resiliency is a growing field, aimed at developing new strategies to improve the quality of life of kids who are not innately resilient. “Children who are less resilient and struggle financially, socially, or medically vulnerable” (19). Researchers like Norman Garmezy, Ann Masten, and M.E.P. Seligman are combatting the “high-risk” childhood experiences with new cognitive therapies that improve the resilience of our youth population. Norman Garmezy began research on childhood resilience after his initial research on schizophrenia led his work to adverse childhood experiences (20). Garmezy and Masten conducted a case study on a group of school aged children. In this study Garmezy notes that the best way to expand on the research of childhood competence and resilience is by conducting research that follows up with the participants and interviews them throughout their life (21). A long-term qualitative study is the only way to truly gage an individual’s resilience.

Following in the footsteps of Garmezy, a study about high-risk children in Kauai revealed that the quality of the environment and nurturing a child receives will affect their resilient abilities in the future. These children were studied from the time they were born and into their 30s. The Kauai study recorded detailed information about their postpartum, home-life, and school-life. Werner found that children who were otherwise at high-risk could have three protective factors that helped determine resilient ability:

“*1*) dispositional attributes of the individual, such as activity level and sociability, at least average intelligence, competence in communication skills (language, reading), and an internal locus of control; *2*) affectional ties within the family that provide emotional support in times of stress, whether from a parent, sibling, spouse, or mate; and *3*) external support systems, whether in school, at work, or church, that reward the individual’s competencies and determination, and provide a belief system by which to live” (22).

Attributes of sociability, affectual ties, and support systems are what maintain a person’s resilience because having people who care for that child’s well-being is very important when identifying the positive aspects of their life. Children who grow up with stable social bonds can take a step back and look at their immediate momentous tornado with a previous positive perspective, instead of reverting to a learned unpleasantness about the world. Our perspective of a situation can decide if change is good or bad or if it is a gift or a troublesome burden. In childhood these bonds prepare us for what is to come, and they can protect us from negative stimuli and behavior when change is unexpected or adverse.

These same protective factors were utilized in Sweden to keep children from becoming victims of drug-abusing parents. The RESCUR (resilience curriculum) is a school program targeting 1,000, 7-12-year-old students. The program acts as a class incorporated in the student’s daily curriculum. Given ethical complications with children, the study gives he child a right to choose to participate or not. It is a longitudinal study that “promote(s) the academic, emotional and social learning of children who may be at risk of early school-leaving, absenteeism, school failure, social exclusion and mental health problems…” The study found that many children who are not given support in schools are at higher risk for problems with these resiliency skills:

“1. Developing communication skills: effective communication, and assertiveness.

2. Establishing and maintaining healthy relationships: healthy relationships, and cooperative skills, empathy and moral reasoning.

3. Developing a growth mindset: positive and optimistic thinking, and positive emotions.

4. Developing self-determination: problem solving, and empowerment and autonomy

5. Building on strengths: positive self-concept and self-esteem, and using strengths in academic and social engagement

6. Turning challenges into opportunities: dealing with adversity and setbacks, deal, g with rejection, dealing with loss, dealing with family conflict, dealing with bullying, and dealing with change and transition” (23).

These key themes are presented to students in each RESCUR class. The teachers are trained in the 6 themes, and their difficulties. They work with individual students as they learn each step according to the difficulty. It is a teaching process which requires student engagement and participation. The classes facilitate the engagement through the mindfulness sessions at the beginning. At the beginning of each class the students engage in a brief meditation practice. A focus of breath. Sitting, eyes closed, focused on the breath of their lungs, the movement of their chest, as thoughts and external noise of the world is given no energy. The practice encourages peace of mind, and awareness of the internal strength. The children learn how to calm their central nervous system by concentrating on breathing regularly and choosing not to focus on anything else in the moment. They can practice the meditation anywhere. This course has been tested in six different countries and has found success among many students. Teachers use this strength of spirit to encourage students to do better in courses. Having a stable learning environment in these courses, with positive social experience, has been proven to boosts moral and encourage students to practice the same optimistic habits as they experience positive and negative situations.

A broader project was conducted by Ryst, in Nevada. Project AWARE is addressing stigma that prevents exposure of pessimism. It is making progress in the “de-stigmatization of mental illness… [by] connecting at-risk students with mental health support” (24). The pilot program is the first step in designing models of mental health prevention, and intervention for youth. The goal of the program is to help these kids by introducing strategies of resilience and models borne of positive psychology. Children in the program benefit from the proactive approach to mental health stigmatization. It trains them to acknowledge mental health with the mindfulness of situational uncertainty. Individual acknowledgement of vulnerable situations prepares them to proactively think and act through trial and hardship. This project is targeting children that do not have the protective circumstances that Werner describes. They are at-risk children who may not be able to foster resilience on their own. Werner’s protective factors, the RESCUR curriculum, and project AWARE used around the world has shown to increase positive resilience for children in high-risk situations. The instructors work as a team to foster the resilient growth of children (22).

SOCIAL RESILIENCE MODEL

As our population grows, our medical professionals and hospitals are increasingly overwhelmed with the volume of mental instability in our society. Resilience based therapies come full circle when people can cope with their adverse issues individually and rely less on the medical system. The positive atmosphere of community-based programs is especially valuable when tragedy strikes because of the importance of human connection. People who work together to produce a better outcome have the strength to endure great hardship. This strength is recognized as: “Social Resilience: The timely capacity of individuals and groups–family, community, country, and enterprise–to be more generative during times of stability and to adapt, reorganize, and grow in response to disruption” (25). When tragedy, like a hurricane or fire strikes, individuals can build a community atmosphere to foster this strength. The social resilience is established with the continuous and productive actions of the community. Having the adaptability of social resilience is key when rearing a healthy, proactive, and resilient society. Social resilience follows the structure of individual resilience. The patterns of individual resilience include; positive feedback loops, optimistic perspectives, and mindful thought. The patterns of social resilience include; community driven altruism, optimistic outlook, and deep seeded connection between people. In a way it is resilience based in the community and the actions and patterns of the community. People who grow up in a resilient community are naturally resilient in their own lives because positivity in all situations is encouraged through social norms and practices.

Leitch is a practicing psychotherapist, and the co-founder and director of Threshold GlobalWorks (27). In 2005 she developed the Trauma Resilience Model (TRM), which has expanded into the Social Resilience Model (SRM). The SRM technique is a biologically based approach that focuses on “expanding sensory self-awareness,” and helps traumatized people “reset the natural balance of their nervous system” (28). The strategy is: tracking, grounding, resourcing, resource intensification, and shift and stay. It begins with creating mindfulness about internal thoughts, then mindfulness of the surrounding environment. Resourcing refers to the use of memories and positive experiences to recognize positive stimuli and then connecting to and intensifying the positive effects of these stimuli. Finally, staying in the positive mindful state that the therapy created. The SRM leans heavily on the connection between people and positive social experiences. As traumatized patients begin to address their surroundings with new-found, positive perspectives, they also address life-altering events with less negative reactions.

These models of self-regulation skills have been used globally, including in post-hurricane interventions in New Orleans after hurricanes Katrina and Rita; training for counselors for genocide survivors in Rwanda; intervention after the Sichuan earthquake in China; and for a community-based project in California which builds resilience in “high-risk” populations. Many places have witnessed the beneficial healing and growth that these models of resilience manifest. Social resilience boosts the moral and maintains the sense of belonging in the community. Understanding that the situation can be overcome is one that encourages the growth of the community. In these situations, people had to build from the ground up. Sustaining through the difficulties and intervening negativity at the start. If someone feels like giving up, the community will come together to help them. They will facilitate the cooperation of the whole with the positive actions and the grateful attitudes of genuine human expression and compassion.

The University of Pennsylvania’s positive psychology center has set up a program for educators to learn strategies of resilience to teach their students (29). The university’s program began by forming therapies and broadened into a larger program for teaching students. Well-being consists of Dr. Seligman’s PERMA theory; Positive emotion, Engagement, Relationships, Meaning, Accomplishment. It is a descriptive method of psychology, rather than a prescriptive method. The techniques help people make informed decisions that align with their values and interests. The program reflects the same strategies used in Aaron Beck’s CBT. It is a cycle of mental awareness and practice. Teachers take the techniques from the program and incorporate it in their own lives, so that they can teach the methods of PERMA to their own students.

Instructors use the “learn by doing” method of teaching for these resilience strategies. The skill set of the resilience model includes; self-awareness, self-regulation, mental agility, strengths of character, connection, and optimism. Teachers begin by practicing the PERMA instruction themselves and focus their efforts towards the goals of the program within the classroom. PERMA utilizes positive psychology as a focal point for each situation. This encourages the transfer of positive education to the children. A teacher can take a measurement of the PERMA in a classroom, and over the course of a week can analyze the classroom locally to see what improves PERMA and then measure it again the next week. It puts creativity back into the hands of the teachers, because if they choose to measure it then they will focus on the PERMA and work to improve it in the classroom (26). Seligman believes that by interacting with children with positive education techniques, we can begin to prepare and maintain a joyful world. The programs in Sweden and Nevada are using these techniques from positive psychology to increase children’s resilience to anxiety and depression. They educate students about the benefits of resilience. Educators like Seligman are working to create a more positive world through a global resilience movement that will systematically foster human health and human cooperation around the planet.

CONCLUSION

Resilient societies will overcome and thrive in the face of immediate or prolonged adversity. Resilience is always a necessity for survival, on any scale of life's problems. Balancing our fight and flight reactions with daily activities prepares us for overcoming and dealing with life-altering events. Life is fragile. Sometimes, living is not easy. People who struggle to maintain mental stability may find relief and grace in resilience. Once resilience is maintained in the self, the strength expands to the community and can establish a commitment of forward momentum. This model of resilience is related to the history of Okinawa. World War II devastated the islands and the people were forced to recover from the damage. The community facilitated growth of resilience out of necessity. Having already established social resilience, the people of Okinawa manifest the power of positive practices for the mind and soul (29). In the movie *Happy*, people in Okinawa experience joy because of the community that they have established over the past few hundred years. Longevity is a result of the happiness that people experience. In the community, each person has their place and their role￼. People are not scrutinized for mental illness, though it is present, instead they are embraced. The inclusivity supports a generous and wholesome individual perspective. When people help each other during hard times the bonds between people are strengthened. Everyone anticipates reciprocity for compassion and generosity during hard times. Social resilience is our ability to consider each other and count on our community for support.

All different cultures and lifestyles utilize resilience. It enforces the desire to live joyfully by feeling connected. Individual thought and practice can be controlled by societal influences. Culture will also have an impact on the way that an individual communicates about trials and hardships (31). Culture and society will shape an individual’s relationship with those who are close to them and those who are on the outer periphery of an individual’s network. The way people understand their environment will affect the way people respond to life-altering events. Jumpstarting social resilience happens with education. Children can be given the PERMA toolbox when they are first starting life and can carry those positive mindsets throughout life. “Our surroundings shape who we are, so it seems crucial to design places and institutions—like schools—that promote individual and communal growth. After all, structure and safety effect psychological resilience” (32). Positive psychology can prepare children for mental instability, and adverse situations.

Cognitive behavioral therapy began the West’s positive psychology movement. Positive psychology is not new to human culture. Meditation is an old practice. Eastern philosophy and religious practice are rooted in meditation. Buddhism is one of the oldest religions of our world. The people who practice Buddhism choose to meditate because they know it will benefit their mind and their health. Devotion of spirit and focus gives way to a kinder, gentler understanding of the world. It is a practice that is passed down through generations. Educating children begins with an effort of all teachers and instructors. By guiding students through a mindful meditation in or before class, the instruction of the class will follow with more focus and present learning. Schools can invite programs that encourage mindfulness, and educators can take classes like PERMA and RESCUR to facilitate growth of resilience in their classrooms. In order to teach resilience, mindfulness must be present. If American culture is to maintain positive psychology and resilience it must start in the classroom and expand to the community. Sit, eyes closed, inhale, exhale, and focus on breathing. Let the interactive world, the personal tornado, and all troubling thoughts pass away and now be present in the moment, listen to your heartbeat. In the end, only kindness matters.

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