

# Creating a Clinical Psychology of Resilience

**Sam Goldstein, Ph.D.**

Neurology, Learning and Behavior Center  
University of Utah

Comparisons between youth who are capable of overcoming significant life obstacles and those who do not, invite several intriguing questions.

- How exactly do some succeed when faced with adversity?
- How do they think?
- How do their experiences differ from those of youth who are not successful?
- Are some of these ways of thinking and experiences unique to surviving adversity?

As stress and adversity appear to multiply almost exponentially from one generation to the next, the answers to these and related questions have become increasingly important.

**Resilience explains why some children overcome seemingly overwhelming obstacles while others become victims of their early experiences and environments.**

In the last fifty years, longitudinal studies of youth facing adversity have found some to be resilient. These youth don't recover from adversity; they manage to survive or even thrive. They appear capable of dealing with stress and pressure, coping with every day challenges and bouncing back from disappointments, adversity and trauma. Resilient youth appear capable of developing clear and realistic goals, solving problems, relating comfortably with others and treating themselves and others with respect. Numerous scientific studies support the basic premise that resilience is an important and powerful force worthy of the attention it is now receiving. Resilience explains why some children overcome seemingly overwhelming obstacles while others become victims of their early experiences and environments. We can apply what we learn from studying these youth to enhance the lives of all children and adolescents.

The study of resilience traces its roots back a mere fifty years. Early on only a small number of researchers examined this phenomena, and the field of study was not extensive. Research interest focused on what factors insulate and protect as well as how these factors exert their influence. Only high risk populations were examined and researchers focused on youth who demonstrated the ability to overcome the emotional, developmental, medical, economic or environmental challenges they faced growing up. However, the study of resilience has expanded significantly over the past twenty years with a great sense of urgency. All youth face pressure and stress in our fast paced environment. Even youth fortunate not to face significant adversity or trauma, or to be burdened by intense stress or anxiety experience the pressures around them and the expectations placed upon them. This phenomenon has driven the study of resilience beyond just an academic examination to the doorstep of an applied science.

**Emerging evidence suggests that resilience processes are not only effective for those who possess them innately but can be successfully taught as well.**

A clinical psychology of resilience seeks to measure the qualities that define resilience and develop psychoeducational and therapeutic measures to teach resilience. Emerging evidence suggests that resilience processes are not only effective for those who possess them innately but can be successfully taught as well. The task of creating a clinical psychology of the

biopsychosocial process of resilience begins with an understanding of the relevant variables and appreciating and acknowledging certain key phenomena.

This process recognizes that a range of biological, psychological and social factors have multi-directional influences contributing to adequate functioning over time. The behavioral and emotional problems of youth, the nature of our culture and risks such as emotional or physical abuse all present significant challenges. None has a single or simple etiology or solution, as all appear to arise from a complex interaction between biological, environmental and cognitive influences. Further, to some extent, these influences are idiosyncratic to the individual. Within this model, human growth is considered to be driven by a need to cope, adapt and develop.

Across theoretical models, resilience is encompassed within a wellness framework characteristic of positive adaptation. Thus, the absence of symptoms should not be equated with resilience or good functioning. Studies of youth who overcome a variety of unfavorable environmental phenomena confirm that resilience in fact operates for some but not for others. Some youth are in fact insulated or protected, seemingly invulnerable from risks likely to overwhelm others. These qualities may well turn out to be the best predictors of positive adult outcome and thus are critical components to consider, focus upon and enhance in the treatment process. The process of mental health assessment is facilitated by a large volume of commercially available tests and questionnaires.

Up until recently all of these instruments focused on the evaluation of symptoms and impairment. The majority of these instruments were and are modeled on a liability/symptom framework defined by the Diagnostic and Statistical Manual of the American Psychiatric Association. They are helpful in assigning categorical diagnoses and evaluating impairment and have been useful in defining liabilities to be addressed in the process of mental health treatment.

Unfortunately, these instruments rarely, if ever, evaluate and identify strengths nor are they structured to allow mental health professionals to evaluate the interaction of strengths and liabilities in the assessment of impairment. Yet, when youth transition into adult life it is infrequent that they are asked about their history of problem behavior or impaired functioning.

Instead, it is the harnessing of strengths and assets that appears to best predict transition into adulthood and more importantly response to treatment. As our understanding of this phenomena has evolved, our field has increasingly focused on the understanding, appreciation and utilization of strengths as a means of coping with adversity and recovering from mental illness.

**The Resiliency Scales published by Pearson Education, Inc. Prince-Embury, 2005), represent a scientifically grounded, reasoned approach to evaluating resiliency through the eyes of the most important stakeholders in the system; our youth.**

With a model in place, it falls upon researchers and mental health professionals to create an applied model to evaluate and instill resilience qualities in each individual. Though a seemingly simple construct, resilience is a complex phenomena to quantify and measure.

The *Resiliency Scales* published by Pearson Education, Inc. (Prince-Embury, 2005), represent a scientifically grounded, reasoned approach to evaluating resiliency through the eyes of the most important stakeholders in the system; our youth. These scales provide a framework for understanding processes within a youth's thinking, that interact with immediate family and extended community to offset the negative effects of adversity, thereby increasing the probability of positive development instead of dysfunction. These scales represent an important step. By

filling a critically important role in helping mental health professionals evaluate and understand the thoughts and feelings that drive behavior.

The evaluation and understanding of an individual's perception of mastery, relatedness and emotionality play a critical role in treatment planning far beyond the role played by symptoms and impairment. It is my hope that continued research with scales such as these will help our field to better understand the qualities of resilience in order to develop methods to instill a resilient mindset in all youth.

For more information on *Resiliency Scales*, [click here](#).

## **Annotated Bibliography**

### **Books**

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### **Articles**

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Brooks, R.B., & Goldstein, S. (2004). Fostering resilience: Reversing the negative mindsets of adults with AD/HD. *Attention*, October, 2004, 23-27.

Brooks, R., & Goldstein, S. (2001). *Raising Resilient Kids*. *Newsweek*, May 14, 2001, 64.

### **Web Resources**

<http://www.raisingresilientkids.com/>

<http://www.samgoldstein.com/>

<http://www.drrobertbrooks.com/>