Building Resilience in Youth

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Jasper High School, Plano ISD
January 24, 2018

Agenda

• Building Resilience

• CDRC Risk and Resilience Network
Resilience Defined

• A dynamic process, occurring on a continuum, and likely a global concept with specific dimensions (Rutter, 2007, 2013; Zimmerman, 2005; Luthar et al., 2000)

• A process,
  • Successful capacity to maintain a health outcome after exposure to adversity
  • Rebounding after a negative experience

• Shaped by:
  • Chronicity of adversity (Bonanno & Diminich, 2013)
  • Internal and external factors (Unger et al., 2013)
Having resilience may be helpful in tolerating stress and adverse life events, but coping with these same factors may foster the development of resilience.

Whatever Does Not Kill Us: Cumulative Lifetime Adversity, Vulnerability, and Resilience

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University at Buffalo, The State University of New York

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University of California, Irvine

Exposure to adverse life events typically predicts subsequent negative effects on mental health and well-being, such that more adversity predicts worse outcomes. However, adverse experiences may also foster subsequent resilience, with resulting advantages for mental health and well-being. In a nine-year longitudinal study of a national sample, people with a history of lifetime adversity reported better mental health and well-being outcomes than not only people with a high history of adversity but also than people with no history of adversity. Specifically, U-shaped quadratic relationships indicate of some but not others lifetime adversity predicted relatively lower global distress, functional impairment, fewer posttraumatic stress symptoms, and higher life satisfaction. Furthermore, people with some prior lifetime adversity were the least affected by recent stress. These results suggest that, on moderation, whatever does not kill us may indeed make us stronger.

Keywords: cumulative lifetime adversity, resilience, stress inoculation, toughening, life well-being.

Figure 1. The quadratic relationship between cumulative lifetime adversity and four standardized psychological mental health and well-being outcomes. Life satisfaction is positively valued. On the adversity scale, "Low" represents no lifetime adversity and "High" represents $M + 1 S.D.$; Both points are within the sample's range. Observations exist past the "High" point but are not displayed because predicted values are based on progressively fewer observations. PTSD = posttraumatic stress disorder.
6 S’s of Wellness

Soothing
What do you do to relax yourself?

SELF HEALTH
How do you take care of yourself?

SOCIAL
What do you do for fun with others?

SUCCESS
What are your strengths?

SPIRITUAL
What are your values and beliefs?
Do you respect those of others?

SELF ACCEPTANCE
What positive self statements do you use?


Family Wellness

• Soothing – family relaxation
• Self-Health – family health
• Social – family social activities
• Success – family mastery, try new things
• Spiritual – family practice
• Self-Acceptance – family motto, what you like about your family
Stress Management

- Monitor stress level
- Encourage use of stress management skills
  - Talk to someone
  - Spend time with friends
- Take care of your health (SEE)
  - Sleep enough!
  - Exercise often
  - Eat healthy foods
- Take time to do a behavioral coping strategy

Behavioral Coping Strategy Examples

- Meditating
- Making plans for my future
- Finishing something I started
- Talking to a friend
- Talking to a trusted adult/mentor
- Reading a magazine
- Going on Facebook or Instagram
- Watching T.V.
- Lying in the sun
- Drawing
- Playing an instrument
- Writing poetry
- Writing music lyrics
- Singing
- Being outside
- Reading cards, letters, emails, or texts from others
- Doodling
- Dressing up
- Doing my hair and make-up, wearing new clothes
- Going out to eat
- Praying
- Gardening
- Cooking
- Doing something nice for someone else
- Painting
- Drawing
- Taking a warm bath or shower
- Making other people laugh
- Watching a funny movie or T.V. show
Supporting Youth in Stress Management

- Check-in with the child/teen
- Listen
- Help the child/teen set realistic goals
- Help your child/teen manage time effectively
  - Set priorities
  - One thing at a time
  - Encourage breaks
- When it seems like stress overload, seek advice from a counselor or mental health professional

Support Trying New Things

- Part of moving through childhood into adolescence is building independence and autonomy
- Remember, some adversity and stress is good!
- Encourage the child/teen to try new things
- Discuss failures, as well as successes – all are valuable when it comes to resilience!
Opportunities to Struggle

• Struggle helps build feeling of competence
• Obstacles to developing this competence
  • “Saving” when a child/teen struggles
  • Talking about how a situation is “just too hard”
  • Punishment for failing in the struggle

Supporting “Struggle”

• Provide activities for child/teen to stretch
  • Don’t penalize
  • Give feedback on success or failure, with focus on effort
  • Train teachers in how to give this feedback as well
• Help child/teen notice and label the anxiety associated with struggle
• Identify people to go to for “consultation”
• Teach self-calming skills
Center for Depression Research and Clinical Care (CDRC)

Our Vision

A future free from the burden of depression

Our Mission

• Improving the lives of people suffering with depression and mood disorders
• Revolutionize our understanding of the biological underpinnings of depression
  • Accelerate scientific discovery
  • Disseminate advancements
Dr. Madhukar H. Trivedi is an internationally recognized expert in depression and mood disorder.

- Published in 450 chapters and papers in journals.
- Principal Investigator in clinical trials funded through the National Institute of Mental Health (NIMH) and the Texas Department of Mental Health.
- Developed the established benchmarks now used for treating depression and other mood disorders.

2015 American Psychiatric Association Award for Research

CDRC Goals

- Improve Community Access
- Train the Next Generation
- Triage Care
- Increase Awareness and Prevention
- Develop New Treatments through Continuous Research

UT Southwestern Medical Center
The Risk and Resilience Network (RRN) creates a connection between the Center for Depression Research and Clinical Care (CDRC) and non-health-related, youth-focused organizations.

- School-based programs
  - Mental health promotion, such as YAM
  - Resilience-building programs being developed and tested
- Community-based programs
  - Mental health promotion
  - Family events to foster enhanced connectedness
Risk and Resilience Network

Resilience in Adolescent Development (RAD) Study

• 10-year study to better understand resilience in youth and young adults
  • Longitudinal
  • Prospective assessment
  • Recruiting group of 1,500 participants, aged 10-24
Resilience in Adolescent Development (RAD) Study

• Study Aims

  • Aim 1: Examine baseline biosignatures and independent factors (demographic, social, environmental, genetic, EEG, and fMRI) associated with resilience in adolescents and young adults.

  • Aim 2: Examine changes in the biomarker factors annually for 10 years to determine for plasticity of these biomarkers.

  • Aim 3: Examine the interaction between psychiatric symptoms and changes in the biopsychosocial signature

Resilience in Adolescent Development (RAD) Study

• Study visits occur 4 times per year

• You have the opportunity to earn between $50 and $200 at study visits (depending on the length and procedures of the study)

• Very cool opportunity to be part of science!
YAM: Youth Aware of Mental Health

• A 5-hour interactive mental health promotion program, encouraging increased discussion and knowledge about mental health and the development of problem-solving skills and emotional intelligence

Fundamental Components of YAM

• Five interactive sessions
• Delivered over 3 to 5 weeks
YAM Content

• Opening Session Lecture, Student Booklet, and Posters

• Themes
  • What is mental health?
  • Self-help advice
  • Stress and crisis
  • Depression and suicidal thoughts
  • Helping a friend in need
  • Who can I ask for advice?

YAM Research in the US

• UT Southwestern CDRC (Trivedi, Hughes) and Montana State University (Byerly)
• In partnership with YAM developers (Wasserman, Carli)
• Adapting YAM to US population, with focus on cultural adaption for indigenous youth in Montana
  • 2016-2017 academic year, delivered YAM to 1400 students in Texas and 1000 in Montana
  • Pre- and 3-month post-intervention surveys (with parental consent) for 700 youth
  • Results to come soon...
What did you enjoy about the YAM program?

• “We got to do fun activities that made us laugh. They helped us understand the true meaning about mental health.”

• “I loved the role playing and how it helped us in real-life situations. I had also enjoyed the tips of helping us in case we have problems.”

• “What I enjoyed is that they taught us what to do when someone has changed and how to deal with school when we are stressed and other problems.”

• “I enjoyed how much effort was put in. I also enjoyed how there were many forms of help and coping skills.”

• “One thing I liked about this was the cards that had situations and how we would feel. Another thing was the role plays because you get to feel the way some people do when they have stress/depression.”

• “As we talked about depression, that brought me back to old times. But now that I see the environment going on around me I’m proud that I stayed alive 😊”

• “I like how they didn’t just talk, they had us involved. Also they were nice.”

Thank you!

• Thank you for listening!

• To be part of the study or to get more information: 214.648.HELP (4357)

• Questions: Jennifer.Hughes@utsouthwestern.edu