



THE PSYCHOLOGICAL RESILIENCE TREATMENT MANUAL

An Evidence-based Intervention Approach

Saralla Chettiar and Ian de Terte

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The Psychological Resilience Treatment Manual (PRTM) provides mental health professionals with an evidence-based guide to psychological resilience treatment designed to equip clients with a toolbox of adaptive coping strategies.

This intervention treatment manual is for practitioners working with clients to develop resilience and the skills they need to cope with daily challenges, reduce stress levels, and increase general well-being without necessarily diagnosing a specific disorder, such as anxiety or depression. The manual is structured around four guided intervention modules: Passive Coping, Self-Care Behaviour, Social Support, and Active Coping. Each module encompasses four one-hour sessions and includes a contents framework, overview, and target objectives for each session. The manual includes 16 client worksheets that correspond to each session, and relapse prevention therapy is incorporated at the end of each module. Flexible in nature, the manual can be used by practitioners in its entirety or modules can be selected as appropriate, depending on a client's needs.

The Psychological Resilience Treatment Manual is an essential resource for qualified and registered psychologists, qualified cognitive behavioural therapy (CBT) practitioners, psychiatrists, and postgraduate counselling psychology students.

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I owe the foundation of everything that I am to my faith and family.
To my heart and soul, Clement and Nikita Pakiam, you hold my infinite love and gratitude.
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I dedicate this book to my parents. My mother passed away some years ago during my doctorate, and this research project commenced me on the path to resilience. My father passed away recently, when this book was coming to fruition. Without both of them, I would not be where I am today—thank you, mum and dad.

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INTRODUCTION

Manualised treatment interventions are intended to support mental health professionals in providing effective treatment sessions to clients. Utilising tailor-made evidence-based treatment intervention manuals allows mental health professionals to build efficient therapeutic interactions, implement effective interventions, and obtain improved outcomes from their clients.

Commonly observed outpatient referral categories include individuals who have experience cumulative stress, trauma, inappropriate coping skills, and anxiety-related symptoms. Practising effective coping styles, self-care behaviours, and learning how to find adequate social support are effective ways to reduce daily stress and increase general well-being in these individuals. Focused, evidence-based treatment interventions found in this manual can promote learning of these skills in a structured manner.

(PRTM) aims to offer evidence-based interventions for mental health professionals. Clinical psychologists, psychiatrists, and other cognitive behavioural therapy (CBT)-trained mental health professionals deliver interventions that produce effective treatment outcomes.

Objective

This manual is primarily based on the principles of the Three-Part Model of Psychological Resilience (3-PR) model (de Terte et al., 2014), which suggested that factors such as cognition (optimism and adaptive coping), behaviours (adaptive health behaviours), and environment (social support, peer support) influence psychological resilience (de Terte et al., 2014).

Psychological resilience research incorporates the influences of internal and external constructs such as cognitions, behaviours, and environments in modifying levels of resilience in individuals (de Terte, 2017), thereby taking a personal adaptation mode of definition to a multidimensional one (de Terte, 2017; Pangallo et al., 2015). This manual supports the multidimensional definition of psychological resilience as an interactive concept contingent to various factors and not as a static trait of an individual, hence providing evidence that resilience can be built and is an ongoing process (Calitz & Santana, 2018; de Terte & Stephens, 2014; de Terte et al., 2009).

Psychological resilience is conceptualised as “the positive role of individual differences in people’s response to stress and adversity” (Rutter, 1987, p. 316). Alternatively, coping consists of behavioural, cognitive, and environmental strategies used by resilient individuals to produce positive affect (Booth & Neill, 2017) to modify their behaviour and environment to reduce internal and external threats induced by stress or trauma (Gil, 2005; Weinberg et al., 2014) and to maintain well-being (Tugade & Fredrickson, 2004).

The PRTM is an innovative conception of an integrated psychological resilience treatment based on the 3-PR model, such as coping skills (passive and active coping), self-care behaviours, and social support (de Terte et al., 2014). It encompasses guided intervention modules, designed specifically to equip individuals with evidence-based strategies that rehabilitate personal potential to cope with daily stress, reduce stress, and increase general well-being without necessarily referencing a particular disorder, trauma, depression, or anxiety (Padesky & Mooney, 2012).

The PRTM aspires to be a “tool-box” (Muller, 2009) treatment intervention manual for health care professionals, who can utilise appropriate modules to either address specific areas for intervention or use the manual in its entirety to increase effective coping, reduce stress, and increase general well-being. The PRTM offers clients the opportunity to build their personal model of being resilient through life’s adversities, to restore effective coping, and to provide a personal toolbox of skills.

Abstract and module overview

The PRTM is organised into four different guided intervention modules for therapists, with corresponding worksheets for clients. Each module encompasses four sessions, totalling 16 sessions. Worksheets are provided to the clients at the end of each session. Importantly, at the end of each module is the idea of relapse prevention.

The **passive coping module** describes strategies and the importance of acknowledging behaviours that distance individuals from stressors (i.e., venting, self-blame, self-distraction, denial, and behaviour disengagement) (Blow et al., 2017). This module introduces participants to the concept of recognising personal responsibilities in coping with stress, increasing personal utility, self-respect, individual autonomy, and planning effective initiatives. Participants will be also taught to identify and implement operative strategies to address avoidant behaviours, self-distraction, and denial in order to increase coping and reduce stress. Metacognitive activities (Nassif & Wells, 2014) will also be included as supplementary exercises to aid stress reduction and increase coping and general well-being.

The **self-care behaviour module** emphasises sets of behavioural activities that reduce the occurrence of both mental and physical health burdens (de Terte et al., 2014; LaVela et al., 2016). Self-care behaviours are self-determined activities (LaVela et al., 2016) carried out by individuals—such as physical exercises, practising self-compassion, and mindfulness activities (de Terte et al., 2014; Creswell et al., 2016)—that help improve both their mental and physical well-being. Clients will be invited to discuss their daily physical and dietary routine, the benefits of improving their activities, and obstacles that prevent them in attempting these suggested activities. These individuals will be taught ways to cope with daily stress by increasing personal awareness of thoughts and somatic feelings via practising mindfulness exercise. Practices such as self-compassion by acknowledging difficulties and being kind to the self, engaging in positive self-talk, and normalising failures and challenges are some of the strategies discussed in this module.

The **social support module** provides information to support clients in seeking social networks that offer psychological and material resources that benefit the individual’s capacity to cope with stress (Cohen, 2004). In this module, the client’s core understanding of social support will be explored. Clients will be encouraged to discuss their existing social support and other types of social support, such as information or cognitive, structural, emotional, material, and functional support (Sippel et al., 2015) that may or may not be accessible to them. Activities that will help clients identify barriers to accessing these types of support are included in this module.

The **active coping module** is based on the principles of CBT. This module encourages clients to challenge their irrational thoughts and behaviours for a desired outcome or consequence