Resilience and Aging

- Barbara Resnick, PHD, CRNP

"Life doesn't get easier or more forgiving; we get stronger and more resilient."

- Dr. Steve Maraboli

www.stevemaraboli.com
Resilience has been defined in many ways and is considered a process, personality trait as well as an outcome. Resilience generally refers to an individual’s capacity to make a “psycho-social comeback in adversity.” Being resilient indicates that the individual has the human ability to adapt in the face of tragedy, trauma, adversity, hardship, and ongoing significant life stressors. With regard to older adults, resilience is described as the ability to achieve, retain, or regain a level of physical or emotional health after illness or loss. Resilient individuals tend to manifest adaptive behavior, especially as relevant to social functioning, morale, and somatic health and are less likely to succumb to illness.
Resilience and Health Ageing Network

Definition of Resilience

- Resilience is the process of negotiating, managing and adapting to significant sources of stress or trauma. Assets and resources within the individual, their life and environment facilitate this capacity for adaptation and “bouncing back” in the face of adversity. Across the life course, the experience of resilience will vary.
Resilience

- Resilience is a dynamic process that is influenced by life events and challenges
- Resilience can change over time
- It combines personality and lived experience
Relevance of Resilience

- Older women who have successfully recovered from orthopedic or other stressful events describe themselves as resilient and determined and tend to have better function, mood, and quality of life than those who are less resilient.

- Resilience has also been associated with:
  - adjustments following the diagnosis of dementia and cognition
  - adjustment to widowhood
  - management of chronic pain
  - overall adjustment to the stressors associated with aging
  - depression and treatment for depression
  - quality of life /overall wellbeing/happiness/life satisfaction/positive aging
  - mortality
  - performance of IADL
  - physical function and physical activity
  - staying in the workforce
Resilience in Older Adults

- Older adults have sustained multiple losses over their lifetimes and thus may have accrued positive experiences in which they were resilient and recovered from the challenge(s) experienced.

- Resilient responses are evidenced by demonstrating behaviors known to assure recovery or adjustment and thereby facilitate successful aging.

- Resilience, specifically personality characteristics associated with resilience (those that are inherent traits and/or learned throughout life), can facilitate or impede adaptive responses (e.g., engaging in regular exercise; reaching out to social supports) to adversity in aging.
Maintaining strong social connections is one way to ensure you’ll have support during a crisis.
What are Resilient Individuals Like?

Resilient individuals tend to manifest adaptive behavior, especially with regard to social functioning, morale, and somatic health.

Resilient individuals are less likely to succumb to illness or disability.
The ultimate definition of resilience is the ability to not only spring back to where one started but to spring forward and grow through the experience.
The Resilience Model

- When challenged by some type of experience or illness, the individual has the choice to use internal protective factors such as self-reliance, self-efficacy, and self-esteem, as well as psychological and physical health, and external protective factors such as social networks to restore balance to life and grow through the experience.

- This has been referred to as resilient reintegration.

- Alternatively, the individual can choose to:
  
  - (1) reintegrate following some type of challenge or disruption in his or her life and return back to prior functioning;
  
  - (2) to reintegrate with a sense of loss and disappointment; or
  
  - (3) become dysfunctional and unable to cope following the disruptive period.
Figure 1
A Model of Resilience
Different Types of Resilience

- Resilience has been differentiated into:
  - health resilience (Sanders et al., 2008): the capacity to maintain good health in the face of significant adversity
  - psychological resilience (Boardman, Blalock, & Button, 2008): being able to maintain a positive affect regardless of the situation
  - emotional resilience (Chow, Hamagani & Nesselroade, 2007): the ability to maintain the separation between positive and negative emotion in times of stress.
  - dispositional resilience (Rossi et al., 2007): incorporates three personality characteristics including commitment to others, a sense of control over outcomes, and a willingness to learn from the current situation
  - physiological resilience (LeBrasseur , 2017; Ukraintseva et al., 2016): the capacity of an organism to resist and respond to the physiologic stressor or challenge.
  - physical resilience (Resnick, Galik, Dorsey, Scheve & Gutkin, 2011; Whitson et al., 2016): the ability to recover or optimize function in the face of age-related losses or disease.
Positive interpersonal relationships
Strong Self efficacy
Positive Self-esteem
A sense of purpose
Spirituality
Ability to use Humor
Creativity
Acceptance of changes (physical and mental)
Maintaining a positive attitude
Ability to identify and utilize resources
Self-determination
Optimism
Seeing joy in each day
Grit
Maintaining hope
Adaptive coping styles
Meaningfulness
Prior experiences with hardship
Self-acceptance
Self-care

Characteristic of Resilience Individuals

And then I blew out the candles, and my dang ol' teeth popped out and landed on the cake! Ha ha ha!
The 5 C’s of Resilience

- Control
- Commitment
- Calmness
- Connection
- Care for Self
Differences Between Motivation and Resilience

- Resilience, unlike motivation, relies on the individual experiencing a life challenge or some type of adversity. These challenges may be developmental challenges such as those associated with normal aging (e.g., vision changes), or they maybe social and/or economic challenges such as those experienced by the loss of employment, the loss of a spouse, or a move into an assisted living facility.

- Motivation is not dependent on an adverse event or challenge; rather motivation is a necessary component for all activity.
  - Routine personal care activities such as bathing and dressing require motivation, as do making plans to have dinner with a friend or play cards.
  - It is only when an activity does not occur that questions are raised as to the level of motivation of the individual. Conversely, resilience is required, however, when the individual is faced with bathing and dressing challenges following a wrist fracture.
Differences Between Resilience and Motivation

- It is believed that all individuals have the innate ability to be resilient but that there are choices made in the face of challenges that may or may not result in resilience.
- When faced with a challenge the individual must summon the motivation, in the face of adversity, to be resilient.
- If not motivated to be resilient the individual may not even return to homeostasis but he or she may become dysfunctional and depressed and not able to cope appropriately with the situation.
- When motivated to engage in the behaviors necessary to be resilient the individual is more likely to experience resilient reintegration and end up stronger mentally and physically following the challenging event experienced.
Evaluating Resilience

- Older adults, by virtue of surviving through decades of life experiences, tend to be resilient.
- These individuals have experienced multiple losses including physical changes such as declines in vision, hearing, or physical abilities, social losses such as loss of parents, siblings, spouses, and in some cases children, and role related losses.
- Although they may not have been successfully resilient in all of these experiences, they have accrued some positive experiences in which they were resilient and motivated and thus recovered from the challenge experienced.
- When working with older adults it is particularly helpful to explore prior challenges and establish strengths with regard to recovery that suggest resilience and motivation.
Understanding resilience and evaluating resilience is important so that individuals with low resilience can be identified and appropriate interventions implemented to help them overcome specific challenges (e.g., loss of a spouse) or the daily challenges (e.g., visual changes, degenerative joint disease) commonly encountered associated with aging.

Determinations of levels of resilience have been established through use of resilience measures.
Measurement of Resilience

- Different approaches across studies have led to inconsistencies in the risk factors and protective processes involved with resilience; in the incidence of resilience across groups of older adults and the meaning/value of resilience.
- Some researchers look at outcomes (improvement in function) as the indirect evidence of resilience or characteristics of resilience (grit/determination/ religiosity).
- Some look at resilience in general versus specific types of resilience:
  - Physical
  - Emotional
  - Economic
  - Psycho-social
Criteria to Consider

- Content validity: the extent to which the measure is comprehensively addressed
- Internal consistency: the extent to which items are inter-correlated/measuring the same concept
- Criterion validity: the extent to which scores are related to a gold standard
- Construct validity: the extent to which scores are related to other similar measures
- Reproducability: agreement between raters/ratings)
- Reliability: the extent to which patients can be distinguished from each other
- Usefullness: the ability of the measure to detect clinically useful change
- Floor/Ceiling effects: the ability of the measure to differentiate those high or low in the trait
- Interpretability: the interpretation of the scores as being high or low in the trait
<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
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<tbody>
<tr>
<td>The 25 and 14 item Resilience Scale (Wagnild &amp; Young, 1993; Wagnild, 2009)</td>
<td>The 25- (and 14-) Item Resilience Scale was developed as a general measure of resilience for adults across the lifespan. Initially the measure included 25 items reflecting five interrelated components that constitute resilience: Equanimity reflecting the ability to “go with the flow”; perseverance or determination; self-reliance reflecting a belief in one's ability to manage; meaningfulness or a belief that life has meaning; and existential aloneness or a sense of uniqueness. Participants respond by either agreeing or disagreeing with the statements on a scale of 1 (disagree) to 7 (agree). The responses are summed and a higher score reflects stronger resilience. Prior research has demonstrated evidence of internal consistency (alpha coefficient of .91), test re-test reliability, and construct validity of the measure based on a significant correlation between resilience and life satisfaction, morale, and depression when used with older adults (Wagnild &amp; Young, 1993; Wagnild, 2009).</td>
</tr>
<tr>
<td>Hardy-Gill Resilience Scale (Hardy, 2004)</td>
<td>To complete the Resilience Scale participants identify the most stressful life event they experienced in the past 5 years and respond to a series of 9 questions about their response to that event. There was evidence of internal consistency with an alpha coefficient of .70, and test-retest reliability with an intraclass correlation of coefficient of 0.57. Validity was based on a significant correlation between resilience and having few depressive symptoms, and good to excellent self-rate health (Hardy, 2004).</td>
</tr>
<tr>
<td>Scale/Instrument</td>
<td>Description</td>
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<tr>
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<tr>
<td>Dispositional Resilience Scale (Bartone, 1989; Rossi et al., 2007)</td>
<td>The Dispositional Resilience Scale (DRS) is a 45-item questionnaire that includes 15 commitment, 15 control, and 15 challenge items.</td>
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<td>There is a 4 point scale response used to rate participant agreement with items ranging from 1 (Completely true) to 4 (Not at all true). A total dispositional resilience score is created based on responses.</td>
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<td>The original DRS was modified to be appropriate for older adults. There was evidence of internal consistency with an alpha of 0.83, and validity based on a statistically significant relationship between Sense of Coherence and Hopkins Symptom Checklist, and a statistically significant difference in Dispositional Resilience among patients and healthy volunteers (Friborg, 2003; Rossi et al., 2007).</td>
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<tr>
<td>The Resilience Appraisal Scale (Johnson, 2010)</td>
<td>This is a 12-item measure of psychological resilience.</td>
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<td></td>
<td>Participants are asked to indicate to what extent each statement applies to them using a five-point Likert scale. There are three subscales reflecting social support, emotional regulation skills and problem solving ability.</td>
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<td>Prior use established evidence of internal consistency for each of the subscales as well as the full measure (Johnson, 2010). Alpha coefficient was .88 overall.</td>
</tr>
<tr>
<td>The Resilience Scale for Adults (Friborg, 2003)</td>
<td>This is a 37-item measure that addresses psychological resilience and uses a five-point semantic differential scale format in which each item has a positive and negative attribute at each end of the scale continuum.</td>
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<td></td>
<td>Prior research has supported the internal consistency and validity of the tool in mostly Norwegian samples (Hjemdala, 2011).</td>
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<tr>
<td>Scale</td>
<td>Description</td>
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<tr>
<td>Brief Resilient Coping Scale (Sinclair V &amp; Wallston KA, 2004)</td>
<td>*Designed to measure outcomes following a stressful event. This is a short assessment aimed at identifying one’s ability to cope with stress. There are only four items and responses are driven by a 5-point Likert scale. The focus of the measure is on adaptive coping (Sinclair &amp; Wallston, 2004). There is evidence of internal consistency and test-retest reliability and convergent validity among adults (Sinclair V &amp; Wallston KA, 2004) and Spanish speaking older adults (Tomás, Meléndez, Sancho &amp; Mayordomo, 2012).</td>
</tr>
<tr>
<td>The Resilience in Midlife Scale (Ryan, 2009)</td>
<td>*Focuses on traits associated with resilience as well as coping This scale is 25-item measure that uses a 5-point Likert response and addresses 6 concepts: self-efficacy, family/social networks, perseverance, internal locus of control, coping and adaptation. Prior use provided evidence of reliability and validity (Ryan, 2009).</td>
</tr>
<tr>
<td>The Connor-Davidson Resilience Scale (Connor, 2003)</td>
<td>*Focuses on coping with stress * Really was developed for young adults but has been used with older adults This is a general resilience measure and includes 25-items with higher scores indicative of higher levels of resilience. Prior use supported evidence of internal consistency and validity (Connor, 2003).</td>
</tr>
<tr>
<td>Baruth Protective Factors Inventory (Baruth K &amp; Carroll JJ, 2002)</td>
<td>This is a 16-item scale using a 5-point Likert response format. Four factors are addressed including adaptable personality, supportive environment, fewer stressors, and compensating experiences. The measure was validated on adults ages 19-74 (Baruth &amp; Carroll, 2002) with mostly female Hispanic and Anglo-American participants.</td>
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<tr>
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<tr>
<td>*Focuses on traits/personality factors associated with resilience</td>
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<table>
<thead>
<tr>
<th>The Brief Resilience Scale (Smith, 2008)</th>
<th>The brief resilience scale (BRS) evaluates the ability to bounce back or recover from stress. There are 6 items half of which are negatively focused and half positively focused with regard to being able to bounce back after stressful experiences. Prior testing of adults provided evidence of reliability and validity as this measure was predictably associated with personal characteristics, social relations, coping, and health (Smith, 2008).</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Focuses on ability to respond to stress</td>
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<thead>
<tr>
<th>The Physical Resilience Scale (Resnick B, Galik E, Dorsey S, et al., 2011)</th>
<th>The Physical Resilience Scale is a 17 item measure that focuses on aspects of resilience associated with recovery following acute physical events/challenges such as a hip fracture or neurological event or in response to exacerbations of chronic illnesses such as inflammatory arthritis or chronic obstructive pulmonary disease. Items include such things as, &quot;I was determined to recover&quot;, &quot;I adjusted to the new changes&quot;, &quot;I believed I could recover&quot; and &quot;I accepted the new challenges&quot;. Participants were asked to identify the most difficult physical challenge they encountered associated with aging (e.g., vision changes, arthritis, hip fracture, pneumonia, stroke etc) and agree or disagree with each item. The items were summed with a point given for each affirmative response. Scores ranged from 0 to 17 with higher scores reflecting greater resilience (Resnick, Galik, Dorsey, et al., 2011). Prior use with Rasch analysis supported the reliability and validity of the measure.</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Focuses on physical resilience and response to physical challenges</td>
<td>*Can pick up change over time</td>
</tr>
<tr>
<td>Ego Resiliency Scale (Block J &amp; Kremen A, 1996)</td>
<td>The ego resiliency scale was developed initially for young adults. Respondents were asked to answer 14 items using a 4-step continuum: 1=does not apply at all; 2= applies slightly if at all; 3=applies somewhat; and 4=applies very strongly. The items include statements such as:  I am more curious than most people; I like to do new and different things; I enjoy dealing with new and unusual situations; and I get over my anger at someone reasonably quickly.  When used with young adults the Cronbach’s alpha reliability was .72 to .76 (Block &amp; Kremen, 1996).</td>
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<tr>
<td>Psychological Resilience (Windle, Markland &amp; woods, 2008)</td>
<td>This was developed through secondary data analysis to provide a model of psychological resilience.</td>
</tr>
<tr>
<td>*Focuses on psychological resilience (e.g., self-esteem, personal competence and interpersonal control)</td>
<td></td>
</tr>
<tr>
<td>*Has been able to identify change over time</td>
<td></td>
</tr>
</tbody>
</table>
Physical Resilience Scale
Please agree or disagree with each statement.
What has been your most difficult physical challenge __________ (e.g., vision changes, arthritis, hip fracture, pneumonia, stroke).
When faced with this challenge:

| 1. I was determined to recover. | Agree | Disagree |
| 2. I adjusted to the new changes. |       |          |
| 3. I used humor to help me through. |       |          |
| 4. I believed I could recover. |       |          |
| 5. I focused on my remaining abilities, not on what I couldn’t do. |       |          |
| 6. I accepted the new challenges. |       |          |
| 7. I accepted help from others. |       |          |
| 8. I figured out how to do my daily activities. |       |          |
| 9. The challenging event was so bad I gave up trying to recover. |       |          |
| 10. I found it difficult to ask for help from others when I needed it |       |          |
| 11. I found the energy to do what I had to do. |       |          |
| 12. I saw this challenge as an opportunity. |       |          |
| 13. I was determined to regain my prior functional ability. |       |          |
| 15. I continued to make plans for the future. |       |          |
| 16. I learned from it |       |          |
| 17. Since the challenging event I have not wanted to even do my usual activities |       |          |
Physical Resilience Measure: Psychometric properties used Rasch Analysis

- Looked at reliability with traditional alpha coefficient
- Looked at item fit based on difficulty of the items
  - Item responses revised to yes/no
  - Items 5 and 11 had consistently high INFIT and OUTFIT statistics in both samples indicating poor fit. In the CCRC sample, items 16 and 20 had high INFIT statistics and item 22 had high INFIT and OUTFIT statistics. Of less concern, items 21 and 22 had high OUTFIT statistics. In the Hip sample, items 1 and 25 had high INFIT and OUTFIT statistics, and item 6 had high INFIT statistics: wording issues
  - Consistently, the most difficult items were “I feel that I can handle many things at a time” (Item 9) and “I seldom wonder what the point of it all is” (Item 11). The easiest item across both samples was item 15, “I keep interested in things”. The items were not well spread across the concept of resilience, and there were a large number of individuals who were high in resilience but could not be well differentiated.
The 14-Item Resilience Scale™ (RS-14™)

Please read the following statements. To the right of each you will find seven numbers, ranging from "1" (Strongly Disagree) on the left to "7" (Strongly Agree) on the right. Circle the number which best indicates your feelings about that statement. For example, if you strongly disagree with a statement, circle "1". If you are neutral, circle "4", and if you strongly agree, circle "7", etc.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I usually manage one way or another.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>2. I feel proud that I have accomplished things in life.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>3. I usually take things in stride.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>4. I am friends with myself.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>5. I feel that I can handle many things at a time.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>6. I am determined.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>7. I can get through difficult times because I’ve experienced difficulty before.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>8. I have self-discipline.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>9. I keep interested in things.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>10. I can usually find something to laugh about.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>11. My belief in myself gets me through hard times.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>12. In an emergency, I’m someone people can generally rely on.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>13. My life has meaning.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>14. When I’m in a difficult situation, I can usually find my way out of it.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
</tbody>
</table>

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Hardy-Gill Resiliency Tool

Think of the most stressful event that you have experienced in the past 5 years. Do not consider events that have occurred in the past month.

1. After this event, how much worse did you feel than before it happened?
   - a great deal
   - quite a bit
   - a little
   - not at all

2. After this event, how much more discouraged were you?
   - a great deal
   - quite a bit
   - a little
   - not at all

3. After this event, how much harder was it to get everyday things done?
   - a great deal
   - quite a bit
   - a little
   - not at all

4. After this event, how long did it take until you started to feel better again?
   - few days
   - few weeks
   - few months
   - a year
   - more than a year
   - not better yet

5. How long ago did this event occur?
   - less than 1 month
   - 1 to 6 months
   - 6 months to 2 years
   - more than 2 years

6. As a result of this event, have you stopped doing some activities that were important to you?
   - yes
   - no

7. As a result of this event, have you started doing some activities that have become important to you?
   - yes
   - no

8. Has this event made a permanent change in how you feel about your life?
   - yes
   - no

9. (Only if yes to 8.) Is that change for the better or for the worse?
   - better
   - worse

Resilience Scoring:

4 and 5. How long did it take until you started to feel better:

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>More than a year or not better yet and event more than 6 months ago</td>
</tr>
<tr>
<td>1</td>
<td>A year or not better yet and event less than 6 months ago</td>
</tr>
<tr>
<td>2</td>
<td>A few months</td>
</tr>
<tr>
<td>3</td>
<td>Few days to few weeks</td>
</tr>
</tbody>
</table>

6 and 7. Change in activities important to you:

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Stopped some, did not start any</td>
</tr>
<tr>
<td>1</td>
<td>Stopped some, but also started some</td>
</tr>
<tr>
<td>2</td>
<td>Did not stop or start any activities</td>
</tr>
<tr>
<td>3</td>
<td>Did not stop any activities and started new activities</td>
</tr>
</tbody>
</table>

8 and 9. Permanent change in how you feel about your life:

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Yes, for worse</td>
</tr>
<tr>
<td>2</td>
<td>No change</td>
</tr>
<tr>
<td>3</td>
<td>Yes, for better</td>
</tr>
</tbody>
</table>
Review

- All of the measures generally address assets of the person and available resources that facilitate resilience.
- Measures are most useful for measuring the process leading to resilience outcomes...i.e., do resilient characteristics influence outcomes?
- Examples:
  - I usually come through difficult times with little trouble
  - I am willing to ask for help
Review of Measures

- Ideally measures of resilience should address personality aspects of resilience as well as availability and ability/willingness to use resources.
  - Asking for help, reaching out to friends and families for social support is critical for resilience.
    - I accepted help from others.
  - Personality aspects and beliefs
    - I was determined to recover.
    - I adjusted to the new changes.
    - I used humor to help me through.
    - I believed I could recover.
    - I focused on my remaining abilities, not on what I couldn’t do.
Limited evidence of reliability and validity across all measures—some only used once for example.

Only one measure looked at change over time using an intervention (the Connor-Davidson Resilience Scale).

Most look at general resilience not specific aspects of resilience.

None address cultural issues.

None cover the lifespan.

Only the Physical Resilience measure addressed ability to differentiate those high or low in the trait using Rasch analysis—more difficult items are needed.
Current Measurement Recommendations

- Consider what you are measuring resilience for—particularly type of resilience (i.e., is general resilience the focus; physical resilience; ego resilience etc).

- What are you using the measure for? To identify a change in resilience (Connor-Davidson measure may be most appropriate)? To look at the personality aspects of resilience and how they impact a change in recovery or ability to recover? (The Resilience Scale) Physical Resilience (Physical Resilience Scale).

- Look at evidence of reliability—present in most—at least at a preliminary level.

- Practicality of the measure—length may be issue although most are generally short ranging from 4-25 items.
Ability to Measure the Outcome of a Stressor with regard to Resilience
Interventions for Resilience

Resilience at Work

- Interacting Cooperatively
- Maintaining Perspective
- Living Authentically
- Building Networks
- Managing Stress
- Finding Your Calling
Interventions to Strengthen Resilience

- Interventions to stimulate and build resilience are focused in three areas:
  - (1) developing disposition attributes of the individual such as vigor, optimism, and physical robustness;
  - (2) improving socialization practices; and
  - (3) strengthening self-efficacy, self-esteem, and motivation through interpersonal interactions as well as experiences.

- These three areas are not necessarily mutually exclusive and the interventions that can strengthen physical robustness may improve socialization practices and strengthen self-efficacy.
A Community Wellbeing and Resilience Program (Bartholomaeus et al, 2019)

- An 8 week multi-component wellbeing and resilience program
- Weekly training sessions and optional mentoring/peer support
- Resulted in improved wellbeing, optimism and resilience
Back on Track: A post stroke resilience intervention (Sadler, et al., 2016)

- 6 week group based intervention that involved:
  - Sharing experiences
  - Discussion of management post stroke and coping with losses
  - Information about resources
  - Social support from the group
  - Opportunities to help others

- Pilot work with 11 participants showed it was feasible and positively regarded by participants
Resilient Aging Program

- 9 week group based program
- Participant centered though delivered in a group format
- Focused on strengthening the individual’s self-concept or perception
- Sessions included: defining resilience; discussing examples of resilience; discussion resilience and impact on self-concept; discussed social wellness, psychological wellness, physical wellness, and spiritual wellness.

- The participants ranged in age from 59-95 and were mostly AA with multimorbidities. There was an increase in resilience, self-efficacy, and wellness (physical and emotional).
Small group storytelling was used as a way to strengthen resilience in older adults.

- A total of 8 participants were included – each given 15 minutes to talk
- Week 1. Tell a story about overcoming adversity.
- Week 2. What story comes to mind, when you think of home?
- Week 3. Tell a story about an important relationship you have had.
- Week 4. Tell a story of when a transition made an impact on your life.
- Week 5. Tell a story about how a health issue affected your confidence.

There was an increase in happiness and the experience was well received by participants.
Savoring Intervention (Smith & Hanni, 2019)

- Savoring is the ability to focus one’s attention on positive experiences and to modify one’s thoughts and behaviors in ways that intensify and prolong positive feelings.

- Participants were asked to set aside 5 min in the morning and 5 min in the evening each day to complete the positive experiences activity for 1 week. Participants were encouraged to focus more on positive experiences using the following three steps:
  - First, think of something positive (something good that’s happening right now, a pleasant memory, or something positive that will happen in the future). What is it about the experience that you find so enjoyable? Next, notice the positive feelings that occur when you think about the experience (e.g., amusement, interest, excitement, contentment). Finally, take a moment to appreciate the experience. Think about how special the experience is and how grateful you are for it.
Resilience significantly increased across time for participants in the high intervention fidelity group.

All participants were instructed to complete the savoring intervention for 7 days, but only 46% of participants completed the full intervention. Participants were categorized to a high intervention fidelity (6 or 7 intervention days; \( n = 67 \)) or a low intervention fidelity (5 or fewer days; \( n = 44 \)) group based on their reports of the number of days they completed the intervention.

Much like exercise...building resilience is hard work!
The Resilience Toolkit (APA)

- The Resilience toolkit recommends approaches that include maintaining strong relationships and social support, becoming active in the community, thinking positively and maintaining hopefulness (American Psychological Association Help Center, 2004).
The Strength-Focused and Meaning-Oriented Approach to Resilience and Transformation (SMART) Intervention (Chan, Chan & Ng, 2006)

- is a multifaceted approach to strengthen resilience that incorporated Eastern spiritual teaching, physical techniques such as yoga, and psycho-education.
Multifaceted approaches to optimizing resilience are needed.

Risk-oriented strategies should be considered with all interventions to help to assure that older adults are not exposed to experiences that might decrease resilience.

Environmental interventions such as chairs, beds, and toilets that facilitate successful transfers are needed to assure that resilience isn’t undermined.

Social networking systems that help disseminate opportunities for successful activities and increase reach to older adults are likewise important and useful interventions to consider when trying to strengthen resilience.

Resilience interventions for those with cognitive impairment are needed
“Resilience is accepting your new reality, even if it’s less good than the one you had before. You can fight it, you can do nothing but scream about what you’ve lost, or you can accept that and try to put together something that’s good.”

- Elizabeth Edwards