Building Resilience and Preventing Depression in Adolescents: The Resourceful Adolescent Program

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You Can Be Resilient!

Think about a time when you managed a difficult situation really well.....

• What were you proud of?

• What were some of the personal coping resources and interpersonal factors that enabled you to manage this situation?

• How did it make you feel knowing that you managed the situation well?
Why Prevent Depression in Teenagers?

Adolescent depression has become an increasing public health concern.

Risks associated with adolescent depression are significant:
- poor physical health
- social deficits
- suicidal ideation/behaviour
- poor school outcomes
- recurrent depressive episodes during adulthood
- increased substance misuse
- disrupted career trajectories
- reduced life chances
- often an outcome or co-morbid with trauma and negative life events.
Adolescent Subclinical Depressive Symptoms

↑ Risk for

- Subsequent depressive disorders (e.g. Clarke et al., 1995)
- Substance use
- Academic failure
- Dropout
- Teen pregnancy (Gillham et al., 2000).

- Can persist for many years (Twenge & Nolen-Hoeksema, 2002).

“Thus, prevention of depressive symptoms, regardless of whether or not a clinical diagnosis is warranted, is a goal worthy of study.”

(Horowitz & Garber, 2006)
Mental Health Intervention Spectrum for Mental Disorders

(Mrazek & Haggarty, 1994)
Resourceful Adolescent Programs

- **RAP-P** parents
- **RAP-T** teachers
- **RAP-P** Indigenous parents
- **RAP-A** Indigenous adolescents
- **iRAP-A** adolescents
- **PAR/PRO** Adults
- **Horizon Indigenous job-seekers**
AIM: Address key individual & contextual (interpersonal) factors to promote resilience.
Theoretical basis of the Program

Stressors
- Life events
- Daily hassles
- Developmental challenges

Modifiable Protective Factors
- Intrapsychic
- Interpersonal

Proximal Factors
- Self/Affect regulation
- Connectedness/Belonging

A Resilient Outcome Vs Dysfunctionality

CBT + Interpersonal Approaches (e.g. IPT)
RAP-A Program Content: 6 Aims

1. The recognition & affirmation of existing strengths & resources
2. The recognition & challenging of cognitive distortions to achieve more positive self-talk
3. The development of a support network & appropriate help seeking behaviour
4. The development of self-management & affect regulation strategies
5. The generation, choice & evaluation of solutions to problems
6. The recognition of different perspectives & the development of empathy & strategies to promote harmony & avoid conflict escalation
Selfenometer 1
Personal Strengths Bricks

CREATIVE
I am artistic.
I can develop some ideas for the future.
I am creative.

SPORTING
I play sport.
I am a good team member.

ACADEMIC
I do my best at school.

ACHIEVEMENTS
I get better when I practice.
I have achieved something important to me.
“Your boss emails you and says that he wants to see you at 9am about something really important but gives no indication what the meeting is about...”
Risky vs. Resilient Responses

Your boss emails you and says that he wants to see you at 9am about something really important but gives no indication what the meeting is about...

Paths to Risk:

- **Body Clues**
  - Sweaty palms
  - Sick in the stomach
  - Tight neck muscles
  - Headache
  - Restlessness
  - Sleep poorly

- **Emotions**
  - Annoyed
  - Depressed
  - Anxious
  - Agitated

- **Self Talk**
  - What does he/she want now?!
  - Perhaps I am going to get fired.

- **Behaviour**
  - Be less tolerant
  - Act upset with family
  - Be defensive with boss
  - Raid the fridge
Risky vs. Resilient Responses

Your boss emails you and says that he wants to see you at 9am about something really important but gives no indication what the meeting is about...

Paths to Resilience:

**Body Clues**
- Remain calm
- Sleep well

**Emotions**
- Curiosity about the meeting
- Feel patient
- Excited anticipation

**Self Talk**
- There’s a new opportunity coming.
- Maybe they want my opinion.
- Tomorrow will tell what’s happening.
- How bad can it be after all?!

**Behaviour**
- Talk it over with family
- Approach meeting with warmth and openness
- Distract myself with family, friends or other activities
Saskia’s Risky and Resourceful Response
MY STRESS INDICATORS

- Dry Mouth
- Lump in the throat
- Tension
- Troubled Sleeping
- Agitated
- Teary
- Confusion
- Breathless
- Poor Concentration
- Shaking
- Aching Jaw
- Heart Pounding
- Poor Memory
- Stiff Neck
- Disorganisation
- Change in Appetite
- Running to the Toilet
- Exhaustion
- Sweaty Palms
- Lack of enjoyment
- Lethargic
- Grinding teeth
Am I exaggerating?

Am I expecting myself to be perfect?

Am I jumping to conclusions?

Am I making things out to be worse than they really are?
<table>
<thead>
<tr>
<th>Situation</th>
<th>Risky Thought</th>
<th>Risky Feeling</th>
<th>Risky Behaviour</th>
<th>Resourceful Thought</th>
<th>Resourceful Feeling</th>
<th>Resourceful Behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>You are not chosen to be in the school sports team.</td>
<td>I’m hopeless at sports.</td>
<td>Rejected.</td>
<td>Don’t try out for any other sports teams.</td>
<td>It doesn’t matter.</td>
<td>Accepting.</td>
<td>Try out for other sports.</td>
</tr>
<tr>
<td></td>
<td>The teacher hates me.</td>
<td>Depressed.</td>
<td>Get angry at the teacher and treat her badly.</td>
<td>There must be a good reason why I wasn’t chosen.</td>
<td>Satisfied.</td>
<td>Ask the teacher why you were not chosen.</td>
</tr>
<tr>
<td></td>
<td>There’s no use trying.</td>
<td>Left out.</td>
<td></td>
<td>I’ll try out for another sport.</td>
<td></td>
<td>Try harder next time.</td>
</tr>
<tr>
<td>Your friends go to the movies without inviting you.</td>
<td>Everybody hates me.</td>
<td>Depressed.</td>
<td>Treat your friends badly.</td>
<td>They may not have had time to call me.</td>
<td>Happy.</td>
<td>Go to a movie with some other friends.</td>
</tr>
<tr>
<td></td>
<td>Nobody wants to be with me.</td>
<td>Rejected.</td>
<td>Refuse to go with them when they do ask.</td>
<td>They knew Mum wouldn’t let me go.</td>
<td>Confident.</td>
<td>Tell your friends that you would like to go next time.</td>
</tr>
<tr>
<td></td>
<td>I’m no good.</td>
<td>Left out.</td>
<td>Get angry with your family.</td>
<td>They knew I wouldn’t like the movie.</td>
<td>Accepting.</td>
<td>Spend some time on your own watching a video you have always wanted to see.</td>
</tr>
</tbody>
</table>
## Name Your Bandages

<table>
<thead>
<tr>
<th>Situation</th>
<th>Bandage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rejected by your peer group</td>
<td>Who?</td>
</tr>
<tr>
<td></td>
<td>Why?</td>
</tr>
<tr>
<td></td>
<td>How would they help you?</td>
</tr>
<tr>
<td>Bad marks</td>
<td>Who?</td>
</tr>
<tr>
<td></td>
<td>Why?</td>
</tr>
<tr>
<td></td>
<td>How would they help you?</td>
</tr>
<tr>
<td>Fight with your best friend</td>
<td>Who?</td>
</tr>
<tr>
<td></td>
<td>Why?</td>
</tr>
<tr>
<td></td>
<td>How would they help you?</td>
</tr>
<tr>
<td>Missed out on being chosen</td>
<td>Who?</td>
</tr>
<tr>
<td>eg. for sports team, character in a play</td>
<td>Why?</td>
</tr>
<tr>
<td></td>
<td>How would they help you?</td>
</tr>
<tr>
<td>Friend has a problem</td>
<td>Who?</td>
</tr>
<tr>
<td></td>
<td>Why?</td>
</tr>
<tr>
<td></td>
<td>How would they help you?</td>
</tr>
<tr>
<td>Family problems</td>
<td>Who?</td>
</tr>
<tr>
<td></td>
<td>Why?</td>
</tr>
<tr>
<td></td>
<td>How would they help you?</td>
</tr>
<tr>
<td>Illness</td>
<td>Who?</td>
</tr>
<tr>
<td></td>
<td>Why?</td>
</tr>
<tr>
<td></td>
<td>How would they help you?</td>
</tr>
</tbody>
</table>


## Support Network Bricks

### FAMILY
- Mum
- Dad
- Grandmother
- Grandfather
- Brother
- Sister
- Aunt
- Uncle
- Cousin

### AGENCIES
- Lifeline
- Kid's Help Line
- Teen Challenge
- Youth Hotline
- Crisis Care
- Linkup
- Youth Advocacy Centre
- Family Planning
- Church

### PROFESSIONAL HELPERS
- Doctor
- Psychologist
- School Counsellor
- Psychiatrist
- Minister/Pastor from Church

### FRIENDS
- Boyfriend
- Girlfriend
- Best friend
- Friend's parents
TAKE TIME OUT!
STOP GOING AROUND IN CIRCLES.

Keep the Peace Bricks

Try to see the other person's point of view.

Try to find a solution that everyone feels OK about.

Try to understand the other person's feelings.

Remember, nobody's perfect.

Remember to give and take.
Successful Efficacy Trial Of RAP
(Shochet, et al., 2001)

% of Initially ‘at-risk’ Teens moving into Healthy or Clinical Ranges

% of Adolescents becoming healthy

% of Adolescents becoming clinical
Efficacy & Effectiveness of RAP

New Zealand Randomised Placebo controlled trial (Merry et al., 2004)

- Significantly less depressive symptomatology compared to placebo condition at:
  - Post-intervention (BDI & RADS)
  - 18 months (RADS)

Large Australian multi-site effectiveness trial (Shochet & Hoge, 2009)

- Over double the percentage of at-risk RAP participants became and remained healthy at both post-intervention and follow up compared to the control (36% vs 17%).

Mauritius Randomised controlled trial (Rivet-Duval, Heriot, & Hunt, 2011)

- Significant reduction in depressive symptoms post-intervention.

- More significant and longer term impact on increasing positive mental health e.g. enhanced self-esteem and adaptive coping skills.
What have adolescents said after participating in RAP?

“When we play football, if someone starts swearing, I think don’t worry, don’t hit him yet - work things out first. Before I would have started punching way before.”

“Like not thinking negatively, like if someone stands you up, don’t think they don’t like you, just think they missed the bus or something. Don’t blame them. A friend stood me up twice...Before the program I would have been pissed and called her and just kept yelling at her. So it’s a good program because it changed my life a bit.”

“I wouldn’t use it every day, but I’ve used it before. At my best friends party there was a bit of drug use there, it got offered to me but I just passed it along and nothing was said. Before I would have probably used it if I didn’t do RAP because I probably wasn’t thinking then, like afterwards it made me think about a lot of things like that.”

“I get into a lot of arguments with my brother and sister and sometimes my friends, but now I look to what will benefit me and I say, ‘okay what are they going through’ so I don’t get so upset as much. Before it always used to be my way.”
“I had really low self-esteem about myself earlier this year. I’m not going to be big-headed or anything but we had this group thing and we had to write down about other people, what they're about and stuff and put it in an envelope and I still look at it and stuff. I kind of think what do other people think about me. That’s how my self-esteem boosts. When they write that about me - that was nice - it really helped me out. I didn’t realise people though of me that way.”

“That staying calm thing has helped me a lot. My dad, he’s really angry and I’ve got his anger. I used to go around hitting people if I got angry or bashing in the wall in my room and I just used to yell and yell. Now I listen to music.”

“My parents have noticed I’m calm lately. They want to know why I’m so calm, normally I snap back at them when something goes wrong, but now I let it go over and sort it out. I say ‘keep calm, you can work this out’ - it just comes to me.”
Can you give an example of when you have used RAP?

“Yeah. I was being bullied at school a couple of weeks ago and I used my keep calm book and a couple of other ones, thought court brick. At home I use my thought court bricks to see which way is the best way to do activities and chores.”

“Not really, there is one. Just at school. Getting into a fight. It helped a lot with calming myself down. Instead of using violence and things like that.”
“How to control your feelings and that.”

“How you can do things and turn it around and do a non-risky way...you can act violent but it is risky.”

“Probably like thinking about what other people feel.”

“It changes their mind about smoking. And yeah, you definitely should stop doing that...yeah, it makes you think about things.”

“Just like Self Talk sometimes if there’s trouble at home it’s not my fault. And it taught me how not to be angry and stuff.”

“I’m not in trouble no more.”

“Instead of saying let’s fight, we can work our way out of them situations.”
RAP-A Indigenous Supplement

Guidelines for the Adaptation and Implementation of the RAP Program for Indigenous Adolescents

Ian Shochet
Rebecca Hoge
Astrid Wurfl
Countries where RAP has been disseminated

Over 6000 RAP facilitators around the world

Estimate over 100,000 adolescents have been through the RAP Program
RAP-P Program Content

Existing strengths & resources

We do our best parenting when we are calm

Parents Are People Too!

What Makes Teenagers Tick?

Promoting Positive Family Relationships!

Promoting self-esteem and supporting independence with attachment

The needs of teenagers

Promoting family harmony

Preventing, managing, & moving on from conflict
Session 1
My Strengths as Parent

(1) What are my strengths as a parent?

(2) What are the things about my teenager that I’m proud of?

(3) What are the ways I have contributed to the things that I’m proud of?
Session 1
Being Calm As A Parent

How am I more effective as a parent when I am calm compared with when I am stressed?
Session 2
Ways to Build Up Self-Esteem

1. validating
2. showing faith
3. building self-respect
4. recognising effort
5. focusing on strengths
6. taking time to listen
7. taking an active interest
8. encouraging positive activities
Session 2
Supporting Independence With Attachment

How do I support my teenager in their attempts to have independence with attachment?
Session 3
Promoting Family Harmony

What are the ways that I promote harmony in my family?
Session 3

1. Preventing difference turning into conflict

2. Dealing calmly with our conflict

3. Moving on after conflict occurs
Session 3
My Teenager in 5 Years Time

Close your eyes and imagine your teenager in 5 years time. Things are going really well for them in their lives. List 5 things that your teenager would tell their friend they appreciated about the things you did as their parent?
RAP-P RCT with Suicidal Adolescents  
(Pineda & Dadds, 2013)

Significant improvements were seen in the RAP-P condition:
• Greater reductions in adolescents’ suicidal behaviour
• Greater reduction in adolescent’s psychiatric disability
• Greater improvement in family functioning

Benefits were maintained at both 3 and 6 month follow-up with strong overall effect sizes.

Changes to adolescents’ suicidality were largely mediated by changes in family functioning.

Parents reported the resilience building approach of RAP-P to be very helpful in getting them “unstuck” allowing them to engage in positive problem solving and they would strongly recommend this to other families.
Coould Belongingness be Important?

Hagerty and colleagues (Hagerty et. al.,1992) defined sense of belonging as:

“The experience of personal involvement in a system or environment so that persons feel themselves to be an integral part of that system or environment.”

Sense of belonging appears to have 2 key components:

- Valued
- Included
What is School Connectedness?

“The extent to which students feel personally accepted, respected, included, and supported by others in the school and classroom” (Goodenow, 1993)

Measure PSSM - Psychological Sense of School Membership

• I feel like a real part of this school.
• People here notice when I’m good at something
• Most teachers at this school are interested in me.
• I am treated with as much respect as other students.
• I am included in lots of activities at this school.
• There’s at least one teacher or other adult in this school I can talk to if I have a problem.
Summary of Research

Clear link between School Connectedness and academic outcomes, health risk behaviour, delinquency and violence and other markers of psychological well-being.

Students who are well connected to their school:

- Do better academically
- Have less mental health problems
- Are more motivated
- Have better expectations for the future
- Exhibit delayed initiation of alcohol and other drug use and reduced drug abuse in later life
- Exhibit reduced delinquency and crime, and lower probability of gang membership and violence
- Exhibit delayed sexual activity & reduced sexual risk behavior.
## School Connectedness Mental Health Correlations

*(Shochet, Dadds, Ham & Montague, 2006)*

<table>
<thead>
<tr>
<th></th>
<th>PSSM</th>
<th>CDI</th>
<th>SDQ</th>
<th>SCAS</th>
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<tbody>
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<td><strong>PSSM</strong></td>
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<td>-.67</td>
<td>-.60</td>
<td>-.34</td>
</tr>
<tr>
<td><strong>CDI</strong></td>
<td>1</td>
<td>.74</td>
<td>.52</td>
<td></td>
</tr>
<tr>
<td><strong>SDQ</strong></td>
<td></td>
<td>1</td>
<td>.54</td>
<td></td>
</tr>
<tr>
<td><strong>SCAS</strong></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

N=2022; 14 schools

- **PSSM**: Psychological Sense of School Membership Scale
- **CDI**: Children's’ Depression Inventory
- **SDQ**: Strength and Difficulties Questionnaire
- **SCAS**: Spence’s Children's’ Anxiety Scale
Prospective Finding

*School connectedness* predicted *future depressive symptoms*, after controlling for pre-existing depressive symptoms, whereas, *depressive symptoms* did not significantly predict *future school connectedness*. 
Shochet et al., 2008

N = 153 year 8 – 12 students
49% co-variation between school connectedness & depressive symptoms.

Compared to 28% co-variation between parent attachment & depressive symptoms.
School Connectedness may be one of the strongest independent predictors of adolescent depressive symptoms and is therefore a vital risk factor that needs to be considered in future research regarding the prevention of mental health issues.
Connectedness Across the Lifespan

Link between Connectedness and psychological well-being has also been demonstrated with:

- Primary School Children (Ross, Shochet, & Bellair, 2010)
- Adults in the workplace (Cockshaw, Shochet, & Obst, 2010).
## Psychological Distress Factors

<table>
<thead>
<tr>
<th></th>
<th>PSOM</th>
<th>Depression</th>
<th>Anxiety</th>
<th>Stress</th>
<th>DASS-Tot</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSOM</td>
<td>1</td>
<td>-.54</td>
<td>-.39</td>
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<td>-.53</td>
</tr>
<tr>
<td>Depression</td>
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<td>.59</td>
<td>.70</td>
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<tr>
<td>Anxiety</td>
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<td>.60</td>
<td>.80</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress</td>
<td>1</td>
<td></td>
<td>.90</td>
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<tr>
<td>NA</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

PSOM: Psychological Sense of organisational membership scale (Adapted from Goodenow, 1993)
DASS-21: Depression Anxiety Stress Scales (Lovibond & Lovibond, 1995)
p < .01 (two-tailed) for all correlations.
How can we make sense of the importance of belonging in mental health?
A Social Psychology Perspective:
Self-Esteem & Sociometer Theory

Debunks self-esteem motive:

“Self-esteem is part of a psychological system (the sociometer) that monitors the social environment for cues indicating low or declining relational evaluation and warns the individual when such cues are detected.” (Leary, 2005).

- People seek to increase relational value and acceptance.
- Self esteem is simply the “fuel gauge” of the relational value.

Self esteem = marker of relational value
Sociometer Theory

- Strong human instinct to scan for acceptance and rejection
- Humans survive because of cooperation
- Social acceptance vital for survival
- Hard wired to detect signs of rejection
- Even complete strangers that you will never see again can impact negatively
Self-Esteem & Sociometer Theory

- People primarily motivated to increase relational value and social acceptance rather than self-esteem.

- Substantial research demonstrating manipulation of interpersonal rejection/devaluation consistently lowers self-esteem – which then leads to increased psychopathology.

- Even designed a study comparing “I’m too cool to worry about rejection” group vs. “I’m sensitive to feedback” group.
  - Accepting and rejecting bogus feedback affected state self esteem regardless of pre-test belief about effects of feedback.
The curvilinear relationship between relational value and state self-esteem.
Belongingness is a Need

Baumeister and Leary (1995) further note that:

“If belongingness is indeed a fundamental need, then aversive reactions to a loss of belongingness should go beyond negative affect to include some types of pathology.”
What are the key elements of belonging and connectedness?

How can these be promoted?
Key elements of promoting connectedness

The Resourceful Adolescent Program for Teachers (Shochet & Wurfl) was developed to increase teachers’ repertoire for promoting school connectedness.

Key elements form the acronym **WISE**:

- **W**arm relationships, including empathy, respect and the developmental understanding that underlies the ability to establish warm relationships
- **I**nclusion and the importance of finding a role and a sense of belonging; and
- **S**trength focus, including noticing, identifying and encouraging students' strengths; and
- **E**quity and fairness, including not only a lack of discrimination but a support for difference and a strong sense of fairness.
Good News & Bad News

- Every point of connection (acceptance and validation) adds to overall sense of belonging and wellbeing (Shochet, Smyth & Homel, 2007).
- Every point of rejection (or even neutrality) contributes negatively.
- We seem more sensitive to rejection than acceptance (Leary et. al., 2005).

Could both CBT and IPT function indirectly to help improve capacity to deal with rejection or help interpret neutrality as acceptance?

Does the accepting relationship of the therapist add some value?
Tolerating the Vicissitudes of the Self (Mandela vs Damir)

We have a developmental wide need for validation and belonging. (“self-objects”)
What are some of my proudest memories?

Who was there?
What was happening?
How did I feel?
A Developmental Perspective: Heinz Kohut - Self-Psychology

We are sensitive to empathic attunement and empathic failure from significant others (self-objects) through the life span.

Self-objects provide:

- Mirroring and validation – “The gleam in the parents’ or teachers’ or bosses’ eye”
- Provide a sense of security and self worth by our sense of belonging (inclusion) to something important
- Has its early developmental roots with parents but gets transformed to other contexts
- We can store up our lifelong self-object experiences and draw on them in difficult times to be more resilient
Unmet Needs from Self-Objects

Result in:

- “Mirror hungry” - need for validation
- “Merger hungry” - need for inclusion and belonging

Theory explains why:

- All highly primed for connectedness
- But may be strong individual variations in tolerance of “vicissitudes of self” (i.e. self or affect regulation)
- We may be prone to underestimates of perceived relationship value (which is a strong proximal link to depression) (Zimmer-Gembeck et al., 2007).
Implications

- “Proactive”, “prevention”, “health promotion” or “resilience building” approaches must integrate “self-regulation” and connectedness building interventions at the individual and ecological level.

- Interpersonal therapies and Cognitive therapy may both function towards a common goal of self-regulation in the face of perceived decline of relational value or as strategies to promote validation and inclusion.

- We need multiple strategies for promoting belonging to multiple contexts to reduce a world-wide escalation of depression and mental illness.
A Resilient Outcome

Stressors
- Life events
- Daily hassles
- Developmental challenges

Modifiable Protective Factors
- Intrapsychic
- Interpersonal

Proximal Factors
- Self/Affect regulation
- Connectedness/Belonging

A Resilient Outcome Vs Dysfunctionality

CBT + Interpersonal Approaches (e.g. IPT)
Pathways to Resilience

Reflect on the protective factors that lead to resilience…

How might you be able to use this information in your own work with adolescents?

Resilience

Individual
Protective Factors

Family
Protective Factors

School
Protective Factors
There are many roads to the “ordinary magic” of resilience.

Integrating the interpersonal components with CBT is vital in order to get the best out of both approaches.
References:


Continued Over


