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Benefits of a School-based Resilience Program for Adolescents Faced with Adversity

Madeline McRae

Winona State University

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Madeline McRae

Winona State University

Winona State University

College of Education

Counselor Education Department

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Abstract

Adolescence is a stage of development in which many changes are occurring; thus, a plethora of stressors and pressures affect this age group. For school-aged youth, balancing academics, family dynamics, friendships, and extra-curricular activities may be overwhelming; completing the tasks themselves is daunting as well as the desire to be successful at all of them. In addition to the typical difficulties associated with development, today's youth are facing constant and increasing challenges, fears, trauma, and adversity, resulting in an undeniable increase in mental health issues. The purpose of this paper is to recognize the contemporary mental health issues in adolescents, and to consider how a school-based resilience program may help to address them.

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Benefits of a School-Based Resilience Program for Adolescents Facing Adversity

Review of Literature

The Identity versus Role Confusion Stage of Erik Erikson's theory of personality development applies to the adolescent years and suggests that during this particular stage of development adolescents are exploring a period of "moratorium" where they are searching to figure out who they are as an individual by self-exploration (Erickson, 1968). During this stage, adolescents are searching to figure out the roles, goals, and values that can offer them a sense of direction and purpose in life (Wiley & Berman, 2013). This may be a time when adolescents are trying to figure out who their friends are, where to go to college, how to manage academic expectations, what career paths to consider, or what religion to practice. Through self-exploration, adolescents may feel a sense of obligation and commitment to roles and values they take on during this exploration (Newman & Newman, 1988). It is crucial that adolescents establish their own roles and values in order to successfully transition through this developmental stage. As each stage is successfully resolved, the individual's strength will increase to move to the next stage of development, which may aid that individual in overcoming potential adversity that the individual may encounter (Wiley & Berman, 2013). Some of the perceived challenges adolescents face stem from the capability to balance these different roles and values which often can include competing demands (Adler & Clark, 1991).

A variety of symptoms are said to occur with the transition adolescents encounter as they progress through this stage of development; these include subjective discomfort, confusion, mood swings, ego defenses, impulsivity, acting-out, and heightened physical and somatic complaints (Kidwell, Dunham, Bacho, & Pastorino, 1995). Adolescents who are actively involved in the exploration process are more likely than their low-exploring peers to manifest

inner confusion, nervousness, dissatisfaction, unhappiness, periodic episodes of depression, fluctuations between low and high self-concept, and disturbed thinking. In addition, they may fret and worry, feel confused, look at the negative side, and not understand themselves well (Kidwell et al.,1995). For example, a study by Dugas, Laugesen, and Bukowski (2012) suggests that the highest level of worry, uncertainty, and fear of anxiety were observed in adolescents at the beginning and end of high school. This is a time of transition to new grade levels, teachers, classmates, academic expectations, pressures, responsibilities, and relationships. During this stage, many children are overwhelmed by the demands made on them (O'Dougherty-Wright & Masten, 2006). It is important to consider the possibility that overlapping life changes occurring during the educational transitions for adolescents may affect their mental health.

As mental health professionals in the school, school counselors are charged with helping all students reach success in regards to academics and emotional development (American School Counseling Association, 2013). With all of the pressures and stressors adolescents encounter, a system must be in place to help them cope and persevere through day-to-day issues. A system of support designed by the school counselor may lead to positive mental health outcomes and decrease mental health concerns. Specifically, building resilience in adolescents is especially important given that adolescence is arguably one of the most challenging phases in one's developmental pathway (Masten, 1994). The purpose of this paper is to discuss the importance of resiliency programs in K-12 schools, and the school counselor's role in implementing programs that develop resiliency characteristics in K-12 curriculum so that students may learn how to overcome perceived adversity and succeed in academic, career, and personal/social domains.

Challenges and Contemporary Fears during Adolescence

Mental health professionals recognize that the adolescent years are difficult and can be a confusing time during this stage of development. Adolescence is also a period when individuals are becoming more aware of what is going on around them in society, especially in a social context. Societal changes are the third leading cause of contemporary fears of youth (Burnham, 2009); global events such as; trauma, disaster, or war and television/media exposure are the first and second causes, respectively.

Fears in the 21st century. Fears related to global events and societal changes have developed and changed over time. In the mid-1900's, Hall found that fears typically reported were thunderstorms, darkness, death, animals, disease, and ghosts (2009). The "contemporary" fears of the 20th century changed to crime, racial tension, poverty, divorce, pollution, overpopulation, world hunger, guns, shootings, gangs, dying, kidnapping, and being home alone (Adler, 1994). A recent study by Burnham (2009), noted additional changes as, adolescent participants reported that some additional current fears are: rape, terrorist attacks, drive-by shootings, pregnancy, going to jail, violence near home, parents' job loss, and car wrecks.

As adolescents are trying to discover themselves and explore their identity during this developmental stage, things around them are changing in society. Considering the aforementioned stressors of present-day youth, adolescent pressures may be heightened. Changes and fears such as family dynamics (Burnham, 2009) are undeniably challenging, disturbing, and real for kids. Children and adolescents are recognizing these fears at a younger age than in the past (Burnham, 2009). Additionally, school aged students are more recently reporting "new" fears such as cyber bullying, school violence, and obesity (National Association of School Psychology, 2000). Now, fears related to bullying and teasing, drug abuse, and noticeable growth of English as Second Language (ESL) populations are also added to that list (Weinhold,

2007). For both the ESL and native-speaking populations, new and increasing diversity in today's society may lead to uncertainty in understanding how to navigate another's culture.. The increase of new fears and pressures may be preventing this generation from experiencing their childhood, as they may have to grow up faster to face societal pressures. In turn, these pressures may be influencing the increase of mental health issues in youth (Adler, 1994).

Adversity for Adolescents

It is evident that today's youth have an immense amount of challenges and fears to face on a daily basis which may be very stressful and even traumatic. Mental health professionals are typically aware of student's needs and issues, but it difficult to reach each individual to assess how they are coping with these different adversities. For example, the national average school counselor to student ratio is 471 students per one school counselor (American School Counseling Association, 2013). Considering all of the issues including the developmental process, balancing everyday tasks, and common fears/issues during adolescence, school counselors and other helping professionals must establish prevention programs to ensure that students are learning to cope effectively. When looking at children who are moving into adolescence, now more than ever, mental health programs in schools are needed to help them cope as they may experience adversity in order to overcome the increasing complexity in their lives.

Effects of stress and trauma related to mental health issues. When considering the stress of adolescent development and the increase of contemporary fears, it seems that mental health needs to be a priority. Mental health has been defined as "the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and cope with adversity" (U.S. Department of Health and Human Services, 1999). Many adolescents have difficulty adapting to their changing world, and

experience stress. High levels of distress over identity issues have been associated with increased

levels of internalizing and externalizing behavior problems (Hernandez, Montgomery, &

Kurtines, 2006). Internalizing behaviors often seen in adolescents are anxiety and depression

and externalizing behaviors manifest as anger and aggression (Matsen, 1994). Internalization

and externalization of behaviors may also decrease adolescents' ability to resolve important

developmental tasks, preventing them to successfully pass through the Identity versus Role

Confusion stage successfully. Without adopting the skills to pass through this stage of

development, adolescents may stagnate in their development, lacking the ability to cope and to

be aware of how their own behavior influences their own world (Wiley & Burman, 2013). Yet,

for those individuals who pass through this developmental stage successfully, they report higher

levels of psychological well-being, adjustment, and emotional stability (Wiley & Burman, 2013).

There is a strong connection between development issues and psychological and physical

processes. First, the effects of stress on the body at this stage of development can be significant.

In addition, continued exposure to either chronic stress or daily hassles taxes children's and

adolescents' coping resources, reducing their ability to respond effectively to stressful situations,

resulting in increases in symptoms of psychopathology (Graber & Sontag, 2008). The way one

copes with the stress and adversity they are faced with may impact their ability to successfully

move through this developmental stage.

Social anxiety. In adolescence, peer relationships are crucial and may have the power to

influence values, beliefs and behaviors. During adolescence, time spent with peers increases in

addition to the possibility of experiencing negative peer interactions, such as victimization by

peers which may lead to social anxiety. Peer victimization may include bullying and teasing,

cyberbullying, and problems or conflicts with friends (cite). How one adjusts to these

experiences of negative peer interaction is often related to emotional and behavioral problems (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001). Peer victimization, or repeated subjection to negative peer social experiences, may predict later psychological problems, especially social anxiety (Haddad, Lissek, Pine, & Lau, 2011).

When anxiety related to social situations becomes frequent or lasts for a considerable amount of time, students may actually develop social anxiety disorder (Haddad et al). Social anxiety is a common psychological disorder facing today's youth (Haddad et al). An adolescent who is developing social anxiety, may get nervous, anxious, or scared to be around others, fearing or anticipating negative experiences in social situations. So, they may also withdraw from social situations altogether. For example, talking to others might initially be a normal experience, but if one is embarrassed or humiliated in front of others, he or she may start to view social situations pervasively negative, potentially becoming a fear. Anxiety related to social situations may develop in other areas of an adolescent's life too, such as in sports or academic performance (i.e., making a free throw in a basketball game or giving a speech in front of a classroom).

Trauma and disaster. Other adversities and fears, such as trauma and disaster, often leave children feeling lonely and vulnerable (Grotberg, 1994). The adversity and trauma faced by those living in poverty, familial conflict, and high rates of community violence tend to display high levels of stress-related symptoms, such as impaired cognitive development, poor academic performance, and behavioral disorders (de Villiers & van den Berg, 2012). Children growing up within these stressful circumstances and adverse conditions may develop ongoing or long-term mental health disorders or concerns. Those who are faced with these living environments are

typically dealing with a lack of resources, poorly trained educators, and a lack of support

services (de Villiers & van den Berg, 2012).

Depression and suicide. After facing adverse events, students may be plagued with

anxiety, depression and suicidal ideation. Prevalence rates of these mental health problems in

adolescents for anxiety (6.1 %) and for depression (10.7 %) were reported in a recent review of

the literature (Skrove, Romundstad, & Indredavik, 2013). The National Institute of Mental

Health (NIMH, 2014) reports that 11% of adolescents have a depressive disorder by age 18.

Another alarming statistic for the adolescent population is that suicide is the third leading cause

of death; of those teens who complete suicide, 90% have some type of mental health problem

such as depression, anxiety, drug abuse, or behavior problem (American Association of

Suicidology, 2010). Adolescence is a key time in the etiology of depression, with rates

increasing dramatically from the early to late teen years (Hankin, 2006). That is why it is

important for mental health professionals to target this stage of development with effective

research-based interventions.

Considering the contemporary fears adolescents are facing, it is not surprising that teens

face increasingly higher rates of mental health disorders such as depression. One of those fears,

bullying, has been linked to social anxiety, trauma, depression and even suicidal ideation and

completion. Specifically, Turner notes (2013) that bullying victimization leads to two mental

health consequences: depression and suicide ideation. It is important for educators and parents to

note that victimization from peer bullying is occurring in the schools, especially through social

media and technology (Turner, 2013). There also may be a gender component to cyberbullying,

as it has been reported that females who have been cyber bullied reported higher rates of

depression and suicide ideation than males who were cyber bullied (Turner, 2013). Yet,

regardless of the type of bullying (i.e., verbal, physical, or cyber) males and females who were bullied reported higher rates of depression and suicide ideation than those who were not bullied (Turner, 2013).

According to Beck (1976), depressed individuals operate from a ''primary triad'' of negative self-concepts that have four parts, including; drawing unnecessary negative conclusions, paying attention to minor negative details, drawing negative assumption of one's self based on a single undesirable event, and exaggeration of one's weaknesses and the downplay of one's strengths. In regards to bullying victimization, depressed individuals who perceive they are being bullied in some form, may be drawing unnecessary negative conclusions such as "everyone hates me." They may also be fixating on minor negative details such as a comment or a "look" someone gave them, assuming negative things about themselves like "I am a loser," and over generalizing their weaknesses by having the mindset that "I can't do anything right." If mental health professionals in school settings can help to make students' aware and practice positive thinking and self-talk, adolescents may be able to change negative thought patterns and lessen depressive scripts.

Youth depression and suicidal behavior is a continuing problem and has led to an increased need for school-based interventions (Zenere & Lazarus, 2009). This is an increasing issue among our adolescents and continues to be problematic in the school setting. Data from the American Association of Suicidology (2010) shows that 12.8% of high school students reported making a plan for a suicide attempt. Many prevention methods are community-based so they do not reach student populations that are at great risk. Rural communities typically have less access to mental health services which could be a potential risk factor for youth considering suicide in less populated settings (Wyman et al, 2010).

However, 89% of this population does not become depressed and even more do not feel suicidal (NIMH, 2014). Coping mechanisms may be one factor in how adolescents deal with the many issues, pressures, and stressors that come along with the adolescent stage of development. Another explanation is the development of resilience; another way to handle adversity and may be very beneficial for adolescents to learn to help persevere through all perceived adversities.

School-based Strategies for Improving Mental Health Outcomes

Today, adolescents face several challenges that include the negative consequences of personal and environmental stressors, potentially threatening their mental, spiritual, and physical development (Hill, Ohmstede, & Mims, 2012). During Erikson's Identity versus Role Confusion Stage where adolescents are exploring themselves, this period of "moratorium" is characterized by adolescents' excessive need to conform to peer pressures. Erikson (1968) has stressed the need for supportive interactions with significant others in order to provide encouragement particularly during phases of change.

Schools are one place all adolescents can seek support and encouragement. Children experiencing mental health problems often receive their interventions within the school setting (National Association of School Psychologists [NASP], 2008). School counselors can be an integral part of providing interventions to students when they face adversity in individual and small group counseling (American School Counselor Association, 2012). If school counselors intervene successfully, positive academic outcomes may follow. That is, research supports a positive relationship between children with good mental health and school success (NASP, 2008).

School counseling programs offer the potential to reach youth who may not otherwise receive services. Specifically, advantages of school-based mental health services include increased accessibility to disadvantaged and vulnerable populations, better opportunities to engage parents and teachers in fostering the mental health of children, and significantly enhanced abilities for broad mental health promotion, prevention, and early intervention (Fleming, Haggerty, Catalano, Harachi, Mazza, & Gruman, 2005). By implementing a school-based mental health program, school counselors and related service professionals such as social workers and teachers can be trained to identify emotional and behavior problems to help provide support to all adolescents.

School professionals provide a continuum of mental health services for students ranging from universal promotion of social and emotional competence to coordination of intervention efforts (NASP, 2008). These services provided by school professionals within a school setting will not only benefit children with their specific mental health concern, but also have a positive impact on their academic performance. Strong evidence exists to support that interventions that strengthen students' social, emotional, and decision-making skills also influence their academic achievement positively (Fleming et al., 2005). Students' academic success is a determining factor in successful accomplishment of life tasks and depends greatly on the students' psychological health as well as academic abilities (Cerio, 1997). The direct connection with mental health and academic success is important for professionals as well as stakeholders to recognize.

An important consideration of school-based mental health programs is to involve stakeholders including parents/guardians and families to help students' success. According to Ceiro (1997), when schools do use school-based mental health services, researchers have found family involvement is a key component to both service utilization and effectiveness. Like

Erickson suggests, having significant others involved in in the process is crucial for adolescents to persevere through the Identity versus Role Confusion stage of development. School counselors and other professionals should involve parents/guardians, teachers, and other supports through the process of improving students' mental health outcomes.

Resiliency and coping. Mental health concerns may negatively affect a students learning and academic success. By teaching adolescents' resilience and coping, it may help them to overcome adverse circumstances and prosper. Both resilience and coping have been shown to help adolescents deal effectively with adversity (Ng, Ang, & Ho, 2012). They are differing concepts, yet it is important to note there are natural overlaps between them. The key difference is that coping is an immediate, short-term resource while resilience is a more long-term one (Ng, Ang, & Ho, 2012). The two concepts complement each other in the sense that resilience is a set of processes that regulate how one copes with harm over a longer time period (Folkman & Moskowitz, 2004). Teaching students about both will aid adolescents in immediate and long-term success.

Resilience has been defined as "a set of qualities that foster successful adaptation and transformation despite risk and adversity," (Burnham, 2009, p.32). Resilience is a process that can be outlined into a set of skills and taught to adolescents that includes positive thinking, tenacity and help-seeking (Sontag, Graber, Brooks-Gunn, & Warren, 2008). Some of the characteristics of resilience that may be taught are persistence, motivation, adaptability, optimism, self-esteem, and appropriate social skills (Grotberg, 1994). By teaching resilience to adolescents in the school setting, it may help students to change their thought patterns and to self-advocate to get their needs met.

While students are building resilience over time, they may benefit from developing coping skills to face adverse events in the short-term. Coping is one's initial response to harmful stimuli and by teaching coping mechanisms in addition to resilience, students may learn to respond to a situation in a more effective way to help them overcome difficult situations. Coping mechanisms involve strategies that include reasonable perception of a situation, observing alternative actions, demonstrating self-control and confidence, obtaining interpersonal comfort, and seeking help (Cohen, 2011).

By teaching adolescents both coping for immediate or short-term issues and resiliency for long term benefits, school counselors may help alleviate some of the negative effects of stress, trauma and adversity and potentially lower the rates of mental health issues affecting this adolescent population. The use of a universal school-based resilience program will help school counselors reach all students; in hopes to prevent mental health issues as well as recognize those at risk, to ensure academic, personal/social, and career success.

Adversity and perception. It is important to discuss the role that perception plays in relationship to adversity and resilience. For resiliency to develop some researchers believe that facing adversity is a necessity; that is, adversity can actually bring out "positives" in a person's life. Perception of the adverse situation is important as well. Accordingly, the way people view their situation or hardship can play a big part in how they deal with it (Carver, 1998) and future difficulties. When a person is faced with adversity, and he or she is "set back" by the situation, Carver believes there are four different possible outcomes (1998) of that adverse experience. One outcome is a continued "downward slide" where the initial detrimental effect is compounded and the individual eventually submits to the situation. In the second outcome, the person survives the foreseen adversity but is weakened or impaired at some level. A third outcome occurs when the

person returns to the pre-adversity level, or their typical level, of functioning. Finally, the fourth outcome ensues when a person may not only returns to the previous level of functioning but subsequently exceeds it, which Carver calls "thriving" and means to be "better off" after the adverse situation (1998).

By teaching our youth the concept of resiliency, it may help them grasp the idea that they have power over the way they feel and think; and additionally, this understanding may help them cope with the everyday stressors and pressures they face overtime. Furthermore, introducing students to the concept and process of resiliency and working towards implementing guidance lessons on resiliency characteristics, such as persistency, optimism, self-esteem, motivation, and adaptability (Burnham, 2009) school counselors can reach more students effectively to help them persevere through this developmental stage of life. Today's adolescents need to be resilient in order to face adversity and deal with everyday stressors to aid them in school success.

Benefits of Implementing a School-based Resiliency Program

A school-wide resiliency program with curriculum available to all students will help reduce adolescent stressors and pressures and allow for academic, career, personal, and social success. There is evidence in research examining how children and adolescents manage and adapt to stressful experiences, which demonstrates that coping strategies or responses to stress, more broadly, may lessen the effects of stressful experiences, ultimately reducing the likelihood of subsequent psychosocial problems (Ng, Ang, & Ho 2012). By starting with a resiliency-based curriculum in the K-12 setting, instead of focusing only on individuals or small groups who self-report facing adversity, we can reach and teach all students to persevere through adversity and "thrive" like Carver suggests is possible. Students who continue to struggle with adverse issues

after they have learned the broad-based curriculum may benefit from follow-up small group or

individual counseling sessions.

Penn Resiliency Program. The Penn Resiliency Program (PRP) is one of the most

widely researched depression prevention programs. PRP is a cognitive behavioral group

intervention designed for youths in late childhood and early adolescence, specifically ages 10–14

years. PRP is typically used as a school-based program, and is owned by the University of

Pennsylvania. PRP is a group intervention that teaches cognitive–behavioral and problem-

solving skills. The goal is to teach students to think flexibly and accurately about the challenges

and problems that they encounter. Students learn about (a) the connection between their beliefs,

feelings, and behaviors; (b) cognitive styles, which includes negative explanatory style, and (c)

cognitive restructuring skills, which includes how to challenge their negative thoughts by

evaluating the accuracy of beliefs and making alternative interpretations (Gilman et al, 2007).

Students also learn a variety of techniques for coping and problem-solving, including

assertiveness, negotiation, decision making, and relaxation (Positive Psychology Center, 2007).

Students then apply the cognitive and problem-solving techniques in their lives through group

discussions and weekly homework assignments (Gilman et al, 2007). A study done by Reivich,

Gillham, and Chaplin (2005) found that PRP and teaching positive thinking, problem solving

skills and stressing family support reduced depression and anxiety in middle school students. By

implementing a school wide program like PRP, it is shown how resilience processes can be

protective against adolescent anxiety, depression, anger and aggression.

FRIENDS for Life Program. An alternative school-based program to PRP that may be

effective is "The FRIENDS for Life" program, which aligns with the American School

Counseling Association (ASCA) National Model (American School Counselor Association,

2012). The FRIENDS program is a curriculum that targets childhood anxiety and depression through the application of cognitive behavioral principles and the building of emotional resilience (Barrett & Turner, 2001). The program aims to reduce the incidence of serious psychological disorders, emotional distress, and impairment in social functioning by teaching children and young people how to cope with and manage anxiety both now and later in life (Rose, Miller, & Martinez, 2009). The word "FRIENDS" teaches children various ways to handle difficult situations, and it encourages them to make friends, talk to their friends, be their own friend, and consider their bodies as their friends (Barrett & Turner, 2001). By using the word "FRIENDS" in the way the program promotes, it may help adolescents' with self-image, social situations, and peer relationships, aiding in successful completion through Erickson's developmental stage. Decades of research on children's peer relationships (Ladd, 2005) have demonstrated the clear link between school social adjustment and both short-term and long-term life success.

The FRIENDS curriculum was developed to be delivered to all students in the school setting. The program is specifically written for schools to be delivered in a group-based setting, where this format provides opportunities for children to model positive behaviors and to have their own perceived fears and worries normalized (Rose, Miller, & Martinez, 2009). The FRIENDS program is cost-effective and has been well researched, and is also well accepted by schools, parents, and students (Rose, Miller, & Martinez, 2009). The FRIENDS program is straightforward for counselors to help teachers implement in their own classrooms so that school counselors can help transfer some of the skills of social-emotional skill building to classroom teachers (Rose, Miller, & Martinez, 2009). The program can realistically be used in a group-

based format as a universal protocol to increase awareness of anxiety as a significant health issue in children.

Hopefully, by implementing school-based programs such as PRP or 'FRIENDS for Life', school counselors will ultimately build resilience in adolescents in schools to help them persevere through the adversity they may face during this stage of development. It may also be beneficial for students to consider healthy life choices, in addition to a resilience program.

Lifestyle choices. Another consideration that seems pertinent is addressing lifestyle choices with adolescents within a school wide resilience program. Neither PRP nor FRIENDS address healthy lifestyle choices directly, but they both do consider taking control of one's thoughts, beliefs, and behaviors in regards to being positive and accurate. It is important for students to take ownership of their thoughts, beliefs, and actions and not use their perceived adversity as a "crutch." If school counselors and other educational professionals collaborate and encourage students to take control of their thoughts, beliefs, and actions through a resilience program like PRP or FRIENDS, it puts the responsibility on the students to persevere and "thrive." Yet, as mental health professionals are aware, symptoms of anxiety and depression are frequent in adolescence, especially among girls; therefore, it is important to recognize this reality and be persistent using the principles over time and with repetition.

Furthermore, school counselors may find it beneficial to consider a wellness model and connect that to a resilience program for school-aged students. Healthy life style choices associated with wellness, including physical, intellectual, social, and nutritional ones, aide students in being successful in school and throughout their lives. For example, a study by Skrove, Romundstad, and Indredavik (2013) found that lifestyle factors related to resilience characteristics seemed to protect adolescents against symptoms of anxiety and depression. In

addition, those who reported low frequency of physical activity were associated with increased

prevalence of symptoms of anxiety and depression (Skrove et al., 2013). The same study showed

that those portraying resilience characteristics also have a positive relationship with

parents/guardians as well as a large friend group (the social component of wellness), protecting

against anxiety and depressive symptoms. When considering healthy choices and its effects,

Skrove et al. (2013) showed that those who reported using substances and low physical activity

were also associated with a higher anxiety and depressive symptoms. Incorporating all aspects of

living well may affect the processes of resilience and may be important in maintaining quality of

life, emotional well-being, and functional independence (Min et al., 2013).

Implications for School Counselors

School counselors should consider collaborating with administration and other faculty to

develop and implement K-12 resilience curriculums for the classroom setting to reach all

students. Along with implementing a school-based resilience program, school counselors should

also lead training for school staff to recognize abnormal adolescent concerns such as social

anxiety, depression, and suicidal ideation.

It is important for school counselors to advocate for adequate classroom guidance time to

provide students with resiliency lessons, as well as involve other stakeholders to recognize

students who are at-risk for mental health issues. School counselors, charged with prevention

programming and social-emotional needs of all students, have difficulty meeting the demand for

counseling services due to high caseloads. One way to meet this demand is to involve other

school professionals to reach a universal program delivery, including classroom teachers and

support staff. Providing these services to all children within the school setting will not only meet

the needs of those struggling with a mental health concern, but will also provide preventative

benefits to all adolescents. Thus, in preparing students for the future, school counselors need to lead in the collaboration and should advocate for the usefulness of teaching and reinforcing resiliency skills to foster coping in the 21st century in all students.

Conclusion

In this ever-changing, increasingly fearful world, adolescents need all the support possible. Implementing a school-based resilience program may result in reducing mental health issues for all students, as well as providing preventative services to all. School counselors can help lead and deliver resilience lessons for students to aid in school success and prepare for successful futures as well. It is important for school counselors and other professionals to be aware of typical and uncharacteristic adolescent behaviors to collaborate and work cohesively in the school setting for the mental health well being of students.

Youth development is largely fostered within the school setting; considering the "moratorium" adolescents experience during Erickson's Identity versus Role Confusion stage of development, additional reported fears and stress, increasing mental health concerns, and other perceived adversity, more needs to be done to help this population persevere. Thus, building resilience in adolescents would help promote healthy learning and development, and hopefully prevent mental health issues. Understanding resilience in adolescence is especially important given that adolescence is arguably one of the most challenging phases in one's developmental pathway. Teaching resilience in the school system may help youth persevere through these unfortunate circumstances with which they have been faced. Resiliency skills are tools to help children and adolescents successfully navigate through the present world and into the future. By endorsing resiliency skills, school counselors can proactively support adolescents with day to-day matters and the increasing complexity in the 21st century.

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