





Resilience Builder **Program for Children** and Adolescents:

Enhancing Social Competence and Self-Regulation

Mary Karapetian Alvord, Bonnie Zucker and Judy Johnson Grados

Overview

This innovative program details 30 group sessions designed to help youth bounce back from the challenges in their lives by increasing confidence, self-esteem, self-control, and the use of coping strategies.

- Group activities help develop the following specific protective factors associated with resilience:
- Proactive orientation toward life
- Self-regulation of attention, emotions, and behaviour
- Social connections and attachments
- Achievements and talents
- · Community ties
- · Proactive parenting

Each session encourages self-awareness, flexible thinking, and social competence. Through discussion, role-play, and other hands-on techniques, group members learn about self-talk, personal space awareness, problem solving, anger/ anxiety management, friendship skills, and other topics essential to well being and social success.

Relaxation techniques including calm breathing, visualisation, progressive muscle relaxation, and yoga enhance self-regulation. Homework assignments, community field trips, and a parent involvement component help group members generalise what they learn to the world outside the group.

An accompanying CD with PDF files of all the reproducible materials is included with the book.

Distinguishing Program Features

Therapists and school counsellors leading social skills groups today have a choice of many curricula. This program is unique in that it addresses a range of diagnoses by developing competencies and effective cognitive styles that are fundamental to functioning well in the world. It is further distinguished in the following ways.

It is based on the resilience model and highly proactive. While most curricula are designed narrowly to address social skills deficits, our model is broader, teaching children other protective factors as well. Participants practice being proactive by setting goals and developing a plan to deal with challenges. They learn to recognise their emotional

triggers and irrational thoughts and come up with constructive responses. This active stance fosters resilience and improved confidence.

It applies cognitive-behavioural theory and

strategies. CBT is the most empirically supported approach to treating a variety of problems commonly seen in childhood, including anxiety, depression, attentional issues, social skills deficits, low self-esteem, and anger/oppositionality. CBT is problem focused and solution oriented. It teaches skills and strategies to address a range of presenting concerns. The goal of CBT is to alter maladaptive thinking that underlies faulty action. While the acquisition of productive behavioural skills is important, long-term change is unlikely unless underlying thought distortions and beliefs are addressed. Sessions identify, challenge, and correct distorted, or "off the mark," and pessimistic thinking. New and more balanced "on the mark" ideas are continually introduced and reinforced. Disappointments and mistakes are viewed not as failures but rather as opportunities to learn and grow.

The following is a list of some of the CBT strategies and techniques implemented in this program:

- Cognitive restructuring
- Identification and replacement of cognitive distortions
- Behavior modification and contingency management
- Coping skills (including coping thoughts and coping actions)
- Positive self-talk
- Behavioural reward system
- Relaxation strategies
- Awareness of mood states
- Self-monitoring
- Behavioral rehearsal
- Role-playing
- Modeling
- Performance feedback
- Exposure therapy (for anxiety-provoking situations)

It offers a flexible structure. One of the primary

limitations of many intervention programs is that clinicians and educators are bound to a structured curriculum that often does not meet the specific needs of the group they are leading. The program described here provides easy-to-follow sessions, but session use is flexible. Although detailed procedures are included in every session, sessions and related materials can be customised by group leaders for their use, by topic and by length.

It emphasises generalisation. Most programs stop short of making sure children take their new skills home and to the classroom. The Resilience Builder Program, by contrast, places a strong emphasis on skills generalisation. We assign weekly Resilience Builder Assignments, provide a parent letter for each session to encourage skill reinforcement within the family, and include in each unit at least one field trip to a real-world setting







—a bowling alley, for example—where group members can practice their skills. Research shows that this sort of generalisation is key to lasting change.

It is field tested. Unlike many other programs that are based on theory and perhaps short-term trials, the Resilience Builder Program has been implemented since 1992 by numerous therapists in multiple offices and settings. Our clinical practice has led hundreds of competence groups for children in kindergarten through eighth grade and currently runs approximately 36 groups led by psychologists and social workers. A pilot study during 2005 and 2006 revealed a clinically significant decrease in anxious and depressive symptoms in youth, as well as decreases in withdrawal from others.

In collaboration with Dr. Brendan Rich of Catholic University of America, pilot studies begun in 2009 find that both parents and teachers reported improved social skills, children and teachers reported improved behaviour, and parents reported improved emotional regulation.

Research Summary

Since the Fall of 2009, Alvord, Baker & Associates, LLC, have been involved in a collaborative research effort with Dr. Brendan Rich, Assistant Professor in the Department of Psychology of the Catholic University of America. Their ongoing studies are investigating the effectiveness of the Resilience Builder Program® for youth 7-12 years old with psychological and social skill deficits. Preliminary results find significant improvement in multiple domains following participation in this 12-week therapy. For example, in youth with Attention Deficit Hyperactivity Disorder (ADHD), results found that parents, children, and teachers reported significant reductions in problem behaviour and improved social functioning and emotion regulation, while parents and children reported significant reductions in hyperactivity, inattention, and emotional problems. In youth with anxiety disorders, following participation in the Resilience Builder Program®, parents and teachers reported significant improvements in social functioning, parents reported reduced depression, and teachers reported improved emotional problems and emotion regulation. Overall, research provides preliminary support for the effectiveness of the Resilience Builder Program® with children with ADHD and anxiety disorder for improving social, emotional, and behavioural functioning according to multiple informants and in multiple environments.

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