Child Abuse & Neglect 73 (2017) 30–41

Contents lists available at ScienceDirect

Child Abuse & Neglect

journal homepage: www.elsevier.com/locate/chiabuneg

Research article

Children's resilience and trauma-specific cognitive behavioral therapy: Comparing resilience as an outcome, a trait, and a process

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ARTICLE INFO

Keywords:
Resilience
Maltreatment
Trauma-specific CBT
PTSD

ABSTRACT

Resilience, which is associated with relatively positive outcomes following negative life experiences, is an important research target in the field of child maltreatment (Luthar et al., 2000). The extant literature contains multiple conceptualizations of resilience, which hinders development in research and clinical utility. Three models emerge from the literature: resilience as an immediate outcome (i.e., behavioral or symptom response), resilience as a trait, and resilience as a dynamic process. The current study compared these models in youth undergoing trauma-specific cognitive behavioral therapy. Results provide the most support for resilience as a process, in which increase in resilience preceded associated decrease in posttraumatic stress and depressive symptoms. There was partial support for resilience conceptualized as an outcome, and minimal support for resilience as a trait. Results of the models are compared and discussed in the context of existing literature and in light of potential clinical implications for maltreated youth seeking treatment.

1. Introduction

Child maltreatment is common, with annual victimization rates between 9.5 and 20.6% for youth ages 6–17 years old in the United States (Finkelhor, Turner, Shattuck, & Hamby, 2013). Numerous negative consequences result from child maltreatment, including posttraumatic stress disorder (PTSD), depression, and externalizing behavior problems (Alisic et al., 2014; Arata, Langhinrichsen-Rohling, Bowers, & O'Farril-Swails, 2005). Identifying how to best aid maltreated children in recovery is an important goal for researchers and clinicians.

Although negative consequences of child maltreatment often are emphasized, researchers also have explored potential positive paths that emerge from maltreatment, including the phenomenon of resilience (Luthar, Cicchetti, & Becker, 2000). Broadly defined as "the process of, capacity for, or outcome of successful adaptation despite challenging and threatening circumstances" (Masten, Best, & Garmezy, 1990, pg. 426), resilience is a complex phenomenon spanning the lifespan (van der Walt, Suliman, Martin, Lammers, & Seedat 2014). Resilience is most frequently studied relative to a significant challenge or stressor and, in studies with maltreated youth, it is vaguely conceptualized as a protective factor that influences outcomes following trauma. Research on resilience in maltreated youth will be reviewed; this will be followed by a discussion of discrepancies in the literature and an introduction of three conceptualizations of resilience.

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http://dx.doi.org/10.1016/j.chiabu.2017.09.021
Received 11 April 2017; Received in revised form 12 September 2017; Accepted 14 September 2017

2. Resilience and maltreatment victims

For youth with a history of trauma and particularly, maltreatment, those displaying resilience demonstrate positive outcomes, frequently described in terms of symptom reduction and adaptive outcomes, compared to those without resilience (Haskett, Neaers, Sabourin & McPherson, 2006). For example, adolescents with a history of child maltreatment classified as having resilient personality profiles were less likely than those without resilience to show maladaptive outcomes (Oshri, Rogosch, & Cicchetti, 2013). Resilience also has been associated with positive constructs, such as prosocial behavior and social participation (Sanders, Munford, Thimasarn-Anwar, Liebenberg, & Ungar, 2015). For youth who experienced a natural disaster, resilience partially explained a lesser amount of stress symptoms (Stratta et al., 2015).

Unfortunately, levels of resilience tend to be low in maltreated children compared to non-maltreated peers (Cicchetti & Rogosch, 2007). A review of maltreated children concluded that the proportion of children who can be classified as resilient (compared to non-maltreated peers), defined as the ability to function in developmental tasks, ranged from 0 to 20% across samples measured at various points in development (Haskett et al., 2006). It also is important to note that rates of resilience vary significantly based on the conceptualization of the resilience used (Haskett et al., 2006); although resilience levels are accepted as low in maltreated children, it is difficult to elucidate the specific percentage of youth considered resilient.

3. Resilience and mental health treatment

Less is known about how resilience influences and is influenced by mental health treatment. Researchers have sought to test resilience-based programs for various populations, including children with parents with mental illness (Fraser & Pakenham, 2008), war exposure (Baum et al., 2013), and internalizing symptoms (Brunwasser et al., 2009). However, not all programs measured resilience change directly, relying on symptom and/or adaptive behavior improvement to determine effectiveness.

Researchers have sought to identify treatment factors that are associated with, and may enhance, resilience. Padesky and Mooney (2012) argue that a cognitive-behavioral therapy (CBT) approach can activate and build resilience. Coping skills, which are central in CBT, may be an important mechanism through which treatment affects resilience (Baum et al., 2013; Fraser & Pakenham, 2008). Preliminary support for a link between resilience and coping skills comes from a study by Stratta et al. (2015), who found that resilience partially mediated the negative correlation between positive coping (e.g., acceptance) and PTSD symptoms. CBT also addresses social skills and support, which have been associated with higher levels of resilience (DuMont, Spatz-Widom, & Czaja, 2007; Peltonen, Qouta, Diab, & Punamaki, 2014). Components associated with resilience, including coping skills, problem-solving (Watson et al., 2014), meaning-making (Baum et al., 2013) and social support, are targets of Trauma-Focused CBT (TF-CBT; Cohen, Mannarino, & Deblinger, 2012), an empirically supported treatment for maltreated children. Results from a recent study demonstrate that resilience can increase during TF-CBT (Deblinger, Pollio, Runyon, & Steer, 2017). Examining the relation between trauma-specific CBTs and resilience is a necessary next step to advance the field.

4. Inconsistencies in the definition of resilience

One challenge to understanding how resilience influences treatment outcomes is the numerous conceptualizations of resilience in the literature. More specifically, there are discrepant theories regarding the stability and flexibility of resilience as well as the timing in which resilience intercedes with symptomatology and post-traumatic functioning (Domhardt, Munzer, Fegert, & Goldbeck, 2014). This leads to global discrepancies in how resilience is conceptualized and hinders development in the field (Haskett et al., 2006; Luthar, Cicchetti, & Becker, 2000). Although many researchers are proponents of specific conceptualizations, others subscribe to vaguer definitions. For example, Stratta et al. (2015) defined resilience as “positive adaptation despite adversity. It describes and explains unexpected positive outcomes despite high risk of maladjustment when one is exposed to any type of trauma” (p. 56). The mechanism through which resilience functions is not clearly stated, and could either be a protective factor prohibiting an individual from developing psychopathology or a process through which they regain equilibrium from trauma symptoms.

Discrepancies also are evident in the assessment methods used in resilience research. Researchers subscribe to specific conceptualization of resilience, which influences measurement choices (e.g., measuring personality traits, assessing global functioning to indicate resilience, using resilience-specific scales). Using different assessment strategies makes comparison between studies of different conceptualizations difficult. Contrasting definitions and inconsistent measurement has led to conceptual and methodological issues in the resilience literature, including difficulty conducting *meta*-analyses and systematic reviews (Haskett et al., 2006).

5. Models of resilience selected for the current study

There are numerous theories, models, and definitions of resilience published in the 40 years of literature on the phenomenon (Luthar, Cicchetti, & Becker, 2000). Based on our critique of models that are both commonly cited and empirically testable, we selected three models to explore in the context of children’s trauma treatment. Consistent with the literature, the models include resilience as an immediate outcome of trauma (i.e., symptom or behavior response to trauma, independent of treatment/intervention), as a trait, and as a process (Bonanno, 2012; Hu, Zhang, & Wang, 2015). They are not exhaustive of all conceptualizations of resilience; however, they encompass major trends in the field, address the timing and flexibility of resilience, and hold clinical significance to the identification and response to resilience in maltreated children seeking treatment.