Counsellors as resilience guides:
Ten ways that counselling support can develop resilience.

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Abstract

There are ten evidence-based pathways along which counsellors can support clients to develop their resilience: making connections: avoiding seeing problems as insurmountable; accepting that change is part of living; moving towards goals; taking decisive actions; finding opportunities for self-discovery; nurturing a positive view of self; keeping things in perspective; maintaining a hopeful outlook; and taking care of self. This paper advocates a pluralistic approach to practice, incorporating multiple therapy orientations and methods, that counsellors may call on to enhance client resilience along these pathways.

Counsellors as resilience guides: Ten ways that counselling support can develop resilience.

Ten basic evidence-based pathways to build resilience were identified by the American Psychological Association (APA, n.d.). The following discussion explores ways that these pathways could be navigated more effectively with pluralistic counselling support. In general, counsellors act as guides for clients seeking self-understanding, as models for emotional and behavioural stability, as teachers of self-awareness, and as collaborative strategists in problem-solving. Through engagement in a caring therapeutic relationship, clients can discover that their resilience levels are bolstered. As individual differences in resilience capacities have been identified (Graber, Pichon, & Carabine, 2015), flexibility in responding is recommended. This paper argues that flexibility in responding to clients through applying a pluralistic approach to counselling (Cooper & McLeod, 2011) may best support the development of resilience.

The APA defines resilience as "the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress, such as family and relationship problems, serious health problems or workplace and financial stressors" (APA, n.d.). Resilience refers to a dynamic process encompassing positive adaptation within the context of significant adversity (Luthar, Cichetti & Becker, 2000). Implicit within this notion are two critical conditions: (1) exposure to significant threat or severe adversity, and (2) the achievement of positive adaptation despite major assaults on the developmental process (Garmezy, 1990; Luthar & Zigler, 1991). Luthar, Cichetti and Becker (2000) also describe resilience as the ability to maintain personal and professional wellbeing in the face of on-going work stress and adversity. In everyday terms, resilience usually means "bouncing back" from difficult experiences.

Research has shown that resilience is ordinary, not extraordinary, and that people commonly demonstrate resilience; it is not a trait that people either have or do not have. The road to resilience is likely to involve considerable facing of emotional distress, and involves behaviours, thoughts and actions that can be learned and developed (APA, n.d.).

An aim of helping clients gently overcome a natural, or cultural, tendency towards experiential avoidance, a focus in Acceptance and Commitment Therapy (ACT) (Hayes, Strosahl, & Wilson, 2011), may be valuable. As we are all different, developing resilience is a personal journey, and an approach to building resilience that works for one person might not work for another. People use varying strategies, and extra-therapeutic use of a wide range of 'cultural resources' (McLeod, 2018), is recommended. Counsellors have a role in guiding clients towards greater resilience. Using the ten evidence-based pathways this paper explores many ways counsellors can become more effective guides.

Change and adaptation is always possible. New neural pathways can be developed throughout the lifespan (Cozzolino, 2017). As there is no single form for an effective resilience-promoting intervention, an integrative way of providing counselling support is indicated. The strongest interventions develop psychosocial skills and support key relationships (Graber, Pichon, & Carabine, 2015). Therefore, enhancement of clients' use of the intrapersonal intelligence (Gardner, 2006) or emotional intelligence (Salovey & Grewal, 2005) is recommended, within a person-centred (Mearns & Thorne, 2007) therapy style. Furthermore, a therapeutic goal of encouraging clients to strengthen ties with family and friends is indicated (Graber et al, 2015). As resilience interventions may also have effects on physiological functioning (e.g., Feder et al., 2009; Gallo et al., 2009; Wu et al., 2013) it may also support resilience building to help clients improve health regimes to enhance resilience (See health psychology: https://www.psychology.org.au/for-the-public/about-psychology/types-of-psychologists/Health-psychology). Key features of effective resilience interventions include use of strengths, emotional support and meaning-making (Graber et al, 2015). A range of appropriate response options may therefore include strengths-based approaches (Duncan, 2010), the incorporation of self-discovery activities (Pearson & Wilson, 2009) and integration of existential therapy (Cooper, 2016).

Pluralistic counselling

There exists a substantial amount of research evidence supporting the effectiveness of a wide range of psycho-therapeutic interventions, and therapy approaches (McLeod, 2015). Pluralism developed as an alternative to monism – "a monistic strategy is one that assumes that there is one right answer that can be found – a single truth" (McLeod, 2013, p. 1). Pluralism refers to the notion that many valid responses or answers can be found to significant questions, or "different things are likely to help different people at different points in time" (Cooper & McLeod, 2010, p. 3). Clients who come for therapy are the experts in their lives and they have an implicit understanding of what they need, when they need it, and how to achieve that result in the best possible way (McLeod, 2018). Therapists' respect for this expertise and implicit understanding may be a significant contributor to resilience-building. At the heart of the pluralistic approach there is a collaborative style of working, joint-decision making and problem solving between counsellor and client, based on transparency of ideas and viewpoints.

Ten pathways towards resilience

Each of the ten evidence-based ways to build resilience (APA, n.d.) will be described and discussed. It is likely that readers who are counsellors will recognise aspects of each pathway as integral to their clinical practice. Furthermore, for counsellors, acknowledgement of their professional strengths could lead to enhanced professional resilience.

Pathway No. 1 - Make connections

As the first pathway has a focus on interpersonal connections, good relationships, a recommendation for a person-centred approach, where good listening and development of a strong therapeutic alliance is a core aim, seems obvious. Siegel (2012) describes the brain as a relational organ. We know that the brains of babies and toddlers are stimulated in growth and development through human interactions (Schore, 2001). This pathway includes acceptance of support from those who care and will listen. For some clients

exploration of the issues that block seeking this support may involve some review of attachment patterns, along with attachment-focused interventions (e.g., Emotionally Focused Family Therapy; Palmer, 2007). The call to be active in local, civic and faith groups is made by the APA, and assisting others in their time of need also can benefit the helper (Post, 2005). Encouraging clients to become involved in social group activities is recommended.

Pathway No. 2 - Avoid seeing crises as insurmountable problems

As past events cannot be changed, some perceptual or cognitive review may be called for in relation to past challenges. This may be supported through aspects of cognitive therapy (Beck & Weishaar, 1989), such as challenging dysfunctional thoughts or cognitive restructuring. Clients can be supported to change how events are interpreted and responded to, for example, through examining beliefs and how these have been generated or activated. Furthermore, the task of looking beyond the present to how future circumstances may be better, could be guided through aspects of solution-focused therapy (de Shazer et al., 2010). For this pathway, it is recommended for clients to note any subtle ways in which they might already feel somewhat better as they deal with difficult situations. So, developing times of somatic and emotional focus may be helpful, may build emotional intelligence, recognition of growth, and support overall wellbeing (Schutte, Malouff, Simunek, Mckenley, & Hollander, 2002).

Pathway No. 3 - Accept that change is a part of living

The word ‘accept’ immediately brings to mind ACT (Hayes, et al., 2011), where values, mindfulness and flexibility are a focus. Accepting circumstances that cannot be changed can help focus on circumstances that can be altered. As certain goals may no longer be attainable as a result of adverse situations, there may be a need for some clients to grieve lost options. While there is some debate about the value of some earlier approaches to grief therapy (e.g., Larson & Hoyt, 2007), Robert Niemeyer’s multi-modal approaches to meaning reconstruction after loss may be advised (Niemeyer, 2001).

Pathway No. 4 - Move toward your goals

Experiences of confronting and successfully managing stressful situations can lead to resilience (Fleig-Palmer, Luthans, & Mandernach, 2009). In moving toward goals a recommended first step is to develop realistic ones. The challenge of discerning goals may take some time, and the discernment of emerging goals will benefit from inward focus. The stage of emergence and awareness of what we want, that precedes an intention to act, may benefit from some use of interior focus, such as using Gendlin's 'felt sense' internal search (2012). Additionally, reflection on the solution-focused 'miracle question' (de Shazer, 2007) can support a clearer view, that does not grow from a problem base. Research on setting realistic goals points to the value of developing approach goals (moving towards something) and intrinsic goals (that rely on us) which both lead to higher levels of psychological wellbeing, compared with avoidance goals (a focus on moving away from something) and extrinsic goals (that depend on attaining other's approval), which are not associated with wellbeing (Cooper, 2018). Moving towards goals is one area where the field of coaching has much to contribute (Whitmore, 2010).

Doing something regularly - even if small - that enables movement toward goals can build resilience, for example, inviting clients to ask: "What's one thing I know I can accomplish today that helps me move in the direction I want to go?"

Pathway No. 5 – Take decisive actions

After discovering and formulating goals it is time to take decisive actions. Planning these action steps, and finding motivation to be active may be supported by simple behavioural techniques, such as setting up rewards to reinforce positive action. Actions may include addressing adverse situations as much as possible, and discovering any past conditioning that may explain self-sabotaging tendencies.

Rather than detaching from problems and stresses and wishing they would just go away, which could be a hidden pattern associated with a background culture of experiential avoidance, it is time to face problems and solve them. Many clients find value in using CBT problem-solving worksheets, finding it energising to entertain

absolutely all possible options, not matter how far-fetched, before choosing a practical way forward. For some, trauma-informed therapy (e.g., Bath, 2008; Elliott, Bjelajac, Fallot, Markoff, & Reed, 2005), may support a reduction in dissociation, and add to the preparation to face challenges.

Pathway No. 6 – Look for opportunities for self-discovery

What encourages and supports an interest in self-discovery? Some counsellors find that experiential approaches that generate activation of, and increases in, emotional intelligence (Schutte, Malouff, & Thorsteinsson, 2013) have been found useful. For example, after experiencing subtle emotional and cognitive changes from mindfulness practice, some gain an expanded sense of self, which may include better emotional regulation (Hill, 2011), improvement in patterns of thinking, reduction in negative mindsets, enhancement of physical functioning, including: healing immune responses, reducing stress reactivity, and improved well-being (Siegel, 2007).

Therapeutic approaches that incorporate mindfulness practices have been shown to be supportive of clients, for example: the introduction and practice of mindfulness meditation within psychological therapy (Davis & Hayes, 2011), Acceptance and Commitment Therapy (Pull, 2008; Walser et al., 2015), Mindfulness-based Stress Reduction (Kabat-Zinn, 1982), Mindfulness-based Cognitive Therapy (Segal, Williams, & Teasdale, 2002), Dialectical Behavior Therapy (Lynch et al., 2007), and relapse prevention in drug and alcohol treatments (e.g., Witkiewitz, Marlatt, & Walker, 2005).

People may have grown as a result of their struggles, and recognition of this growth will contribute to resilience. For this self-acknowledgement, discerning if clients have habits of ‘shifting the goals posts’ may be useful. Many people who have experienced tragedies and hardship have reported better relationships, a greater sense of strength even while feeling vulnerable, increased sense of self-worth, a more developed spirituality, and heightened appreciation for life (APA, n.d.). Brené Brown (2017) found that tolerance for discomfort was a common factor in people who appeared resilient. Experiential avoidance has been identified and worked with in a several therapeutic

approaches, for example through mindfulness (Mitmansgruber, Beck, Höfer, & Schüßler, 2009), acceptance-based treatments (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996), and in addressing cognitive aspects for clients with eating disorders (Rawal, Park, & Williams, 2010). Discovery of automatic patterns of avoidance is the first step in being motivated to 'stay with' discomfort.

Acknowledging and celebrating changes that have emerged from challenges may be effectively emerge from strengths-based practices in general (Jones-Smith, 2013), and through specific components of solution-focused and narrative therapies (de Shazer, 2007; Madigan, 2011). Gaining hope that some of these growthful changes will emerge could be supported through the use of bibliotherapy (Marrs, 1995). For example, suggesting clients search for autobiographies that demonstrate how others have overcome difficulties. The use of books, literature and poetry falls under the pluralistic focus on using 'cultural resources' (Cooper & McLeod, 2007), "the wide range of healing practices that are available within a culture" (McLeod, 2015, p. 9). Inclusion of the use of cultural resources is a recommended addition to therapeutic support in pluralistic counselling and psychotherapy (McLeod & Cooper, 2012).

Pathway No. 7 - Nurture a positive view of yourself

Smith (2006) depicts resilience as a process that leads to "strength awareness" (p. 35). For some, to begin to nurture a positive view of self may require discovery of any tendency to maintain a negative view of self, or focus on 'weaknesses'. For example, using CBT to start a search for any negative core beliefs and the ensuing automatic negative thoughts, to challenge these, or to develop a mindfulness practice that disempowers over-identification with our cognitive processes. This pathway to becoming more resilient may also be strengthened by work targeting the inner critical voice (Elliott, 1992; Stone & Stone, 1993), as well as collaborative, strengths-based work in general (e.g., Poulin, 2009).

A recommended component of this pathway is the development of confidence in problem-solving abilities. Again, use of CBT problem-solving worksheets, can both

support arriving at solutions, and educate a client in the most useful steps in the process. One misinterpretation of solution-focused therapy that is sometimes anecdotally reported, involves counsellors providing solutions. While the expectation of the provision of solutions may be widespread, particularly in some non-European cultures (e.g., Guez & Allen, n.d.), providing solutions could be interpreted by a client, even at an unconscious level, as suggesting the client is not capable, thereby reducing confidence. And, of course, externally provided solutions may well not be appropriate for individuals, and may not suit their lifestyle.

Trusting instincts is noted as a contribution to nurturing a positive view of self. Some clients report mistakes that have emerged from presuming their 'instincts' were trustworthy. How do we understand what guides us? How do we use emotions as guiding information (Greenberg, 2004), and discern the difference between reactive, or secondary, emotions that can lead to poor behaviour choices? For some clients a trust in self is supported by focussing (Gendlin, 2012), and/or through the development of emotional intelligence (Schutte, Malouff, Simunek, Mckenley, & Hollander, 2002), as well as practice with somatic awareness. For some, mindfulness is an answer as it can encompass non-identified holistic awareness of body, emotion and cognition.

Pathway No. 8 – Keep things in perspective

One aim in Cognitive Therapy (Dobson, 2009) is to keep things in perspective, to identify and understand thinking styles that may lead, for example, to black and white thinking or catastrophising. A dose of cognitive therapy after challenging events may be very helpful. Supporting clients to re-connect with their core values (Schmeichel & Vohs, 2009), as in ACT (Hayes, et al., 2011), may lead to the ability to prioritise and gaining clearer perspectives.

When facing painful events, the effort to consider the stressful situation in a broader context, and keep a long-term perspective will be helpful. The advice to "avoid blowing the event out of proportion" (APA, n.d.) suggests examining thinking styles (see CBT thinking styles worksheets at: ww.sharc.org.au/wp-

content/uploads/2017/06/Unhelpful-thinking-styles-Psychology-Tools.pdf) reduction in reactivity, self-calming techniques, including progressive relaxation, and finding an internal home ground through meditation (Nada, 2005).

Pathway No. 9 - Maintain a hopeful outlook

We are advised that an optimistic outlook enables expectation that good things will happen. There is evidence that optimism is related to achievement and positive outcomes (Seligman, 2007). The therapeutic work with pessimism and optimism may include some of the core Positive Psychology methods of keeping a gratitude diary (Cheng, Tsui, & Lam, 2015), regularly noting achievement (Seligman, 2011), and visualising a "best possible self" (Meevissen, Peters, & Alberts, 2011, p. 372). Furthermore, understanding and engaging with the psychological roots of pessimism may call for psychodynamic psychotherapy, i.e. longer-term therapy that unlocks habitual patterns that were established in the past. Another approach here may be to use the Solution-focused Therapy task of visualising what is wanted as clearly as possible, rather than worrying about fears and failures. In Narrative Therapy this may involve leaving behind a "problem-saturated story". Practice with visualisation and drawing can consolidate a positive forward focus (Hall, 2006), as can an explicit focus on hope during a counselling session (Larsen, Edey, & Lemay, 2007).

Pathway No. 10 - Take care of yourself

The provision of nurturing caregiving environments has been shown to build stress resilience (Siebert, 2016). However, an aspect of maturing may be, while remaining open to external support, turning to self for provision of nurture. Paying attention to our own needs and feelings may feel selfish to some clients, however, there is good evidence now that self-compassion practice leads to positive outcomes (Neff, 2003). Through work with a counsellor, the acknowledgment of good and poor past models of self-care can illuminate assumptions about self-worth and the barriers to self-care. Core beliefs about worthiness for care may need to be explored as barriers to recognising needs and maintaining self-nurturing. One of the best types of homework for clients is to discover new ways to strengthen their self-care.

Increasing engagement in activities that are enjoyable and relaxing has been recognised as enhancing self-care. Creative arts therapists, who encourage spontaneous play within sessions, for example in Sandplay Therapy or Play Therapy, sometimes note the difficulty some adult clients have in allowing spontaneity or play. Providing materials for clients to set free their creativity can be one way to awaken an interest in self-care. McLeod (2018) describes the value of encouraging clients to make use of a range of available cultural resources, that can generate relaxation and social connection.

In addition to cultural resources, counsellors should be aware of the growing research evidence that shows that mental health can be improved when clients exercise regularly (Taylor, Sallis, & Needle, 1985), follow a healthier diet (Jacka et al., 2011), are able sleep well (Reid et al., 2006), have time in nature (Barton, & Pretty, 2010) and increase the quality of their social connections (Kawachi, & Berkman, 2001). These ways of taking care of self also help to keep mind and body primed to deal with situations that require resilience.

Conclusion

The recommended pathways towards enhanced resilience that we can support clients to follow include making connections; avoiding seeing problems as insurmountable; accepting that change is part of living; move towards goals; taking decisive actions; finding opportunities for self-discovery; nurturing a positive view of self; keeping things in perspective; maintaining a hopeful outlook; and taking care of self. Every client will need support to find or strengthen their own preferred pathways to greater resilience. As the essence of a pluralistic approach to therapy is that different people need different things at different times, it is recommended as a resilience support framework for counsellors.

The three key tenets of resilience theory (Graber et al., 2015) are 1) it is a developmental process – unfolding over time; 2) it involves a complex interaction of multiple mechanisms, and 3) understanding how people survive, and also how they thrive

in the face of adversity (similar to Seligman's concepts of 'flourishing' [2007]). The interventions we choose when we are in the support role must draw on knowledge of an individual's resources (psychological, social or material) and the context of their life, so there is a better chance that the therapeutic outcomes will emerge in their life. Resilience researchers state: "It is essential to target interventions appropriately to obtain maximum benefits rather than adopting a 'one-size-fits-all' approach: individuals will respond differently depending on gender, age, culture, risk exposure and access to protective resources" (Graber, et al., 2015, p. 17). It was noted that "clients in pluralistic therapy are active agents of change and their willingness to engage with treatment is crucial" (Antoniou, Cooper, Tempier, & Holliday, 2017, p. 137). Therefore, it is recommended for counsellors, working with engaged clients, to adopt an integrative approach that respects individual differences, and has the capacity to activate client resilience, the most comprehensive of these is Cooper and McLeod's (2007) pluralistic approach.

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