

**A PROGRAMME TO PROMOTE INTERNAL RESILIENCY
AMONG FEMALE ADOLESCENTS: A COGNITIVE–
BEHAVIOURAL APPROACH**

by

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Declaration

I declare that this thesis hereby submitted by me for the degree Philosophiae Doctor at the University of the Free State is my own independent work and has not previously been submitted by me at/in another university/faculty. I furthermore cede copyright of this thesis in favour of the University of the Free State.

A handwritten signature in cursive script, appearing to read 'Jana Mould', is written above a horizontal line.

Jana Mould
20 January 2014

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1

Motivation and Exposition of the Study

Background and Problem Statement

Despite five decades of profound advances in research on the dynamic and multidimensional construct of resilience, the urgency and demand for programmes and interventions to promote personal and internal resiliency among the youth has never been more pronounced (Lee, Cheung, & Kwong, 2012; Mampane & Bouwer, 2011; O'Dougherty Wright, Masten, & Narayan, 2013).

Adolescence has been characterised as a time of significant challenge for many (Vernon & Bernard, 2006). As the adolescent bridges from the restraints of childhood to the autonomy of adulthood, so a number of unavoidable stressors and challenges emerge (Feldman, 2011). Despite the well-documented cognitive, physical, emotional, moral and social developmental milestones and tasks associated with this period, some adolescents are faced with additional burdens and adversities resultant from socio-economic and environmental stressors (Masten & Cicchetti, 2010; McCormick, Kuo, & Masten, 2011).

The South African adolescent is not elevated beyond such additional laden environmental adversities (Kruger & Prinsloo, 2008; Strümpfer, 2013; Theron & Theron, 2010, 2013). More specifically, superimposed on the expected developmental challenges inherent to this phase, the South African female adolescent community might be particularly vulnerable to a number of additional socio-economic hardships (United Nations Population Fund [UNFPA] South Africa, 2013; United Nations Children's Fund [UNICEF], 2012). Chapter 2 presents examples of the most prominent adversities encountered by South African children and adolescents. In acknowledgement of these difficulties, and the specific recommendations on intervention research by Prince-Embury (2011), this study was aimed at a single focus-area, namely the individual. The development of competencies related to individuals' personal and internal

resiliency might not only equip this population with the skills to overcome life's inevitable socio-economic and environmentally related adversities, but could also be harnessed to promote adaptation, growth and future development (Kumpfer, 1999; O'Dougherty Wright et al., 2013). (The nuanced distinction between the construct of resilience and individuals' internal resiliency is elucidated in Chapter 2). Goldstein and Brooks' (2013) are of the opinion that:

...every child capable of developing a resilient mindset will be able to deal more effectively with stress and pressure, to cope with everyday challenges, to bounce back from disappointments, adversity, and trauma, to develop clear and realistic goals, to solve problems, to relate comfortably with others, and to treat oneself and others with respect.
(p. 3)

The above, therefore, underscores the importance of promoting internal resiliency during this critical timeframe of adolescence, as the South African multicultural and ethnically diverse community is in great need of programmes promoting resiliency to empower and develop our female adolescents in politically, economically and environmentally stressful times.

The present research and intervention programme promise to be invaluable in serving the female adolescent community, and could form a basis for developing future programmes to promote resilience among all South African youth. The knowledge gained from this study could be fundamental for future resiliency programmes and interventions, and could continue to build upon the milestones already reached by a nation unified in diversity.

Aim of the Study

In acknowledgement of the above, the aim of the present study is essentially threefold:

- To develop a programme to promote the internal resiliency of female adolescents, where the conceptualisation of resilience is guided by the Resilience Framework proposed by

Kumpfer (1999), and where the implementation strategy and mode of programme delivery is informed by a cognitive-behavioural approach.

- To implement the programme for female adolescent research participants.
- To evaluate both the short- and long-term (three months) effect of the programme on the internal resiliency, and the attitudes, beliefs, and thinking processes of the female adolescent research participants by means of an experimental research design.

In short, the objective of this study is to develop, implement and evaluate a programme to promote the internal resiliency of female adolescents by means of a cognitive-behavioural approach. The domain pertaining to personal and internal resiliency will serve as the specific focus area for the present research, as reflected by the Resilience Framework proposed by Kumpfer (1999). The principles of a cognitive-behavioural approach will inform the implementation strategy and mode of programme delivery.

In an endeavour to assess the short- and long-term efficacy, value and integrity of the present programme, the following three measuring instruments are employed:

- The Resiliency Scales for Children and Adolescents: A profile of personal strengths (RSCA) (Prince-Embury, 2006, 2007)
- The Shortened General Attitude and Belief Scale (SGABS) (Lindner, Kirkby, Wertheim, & Birch, 1999)
- A Programme Evaluation Questionnaire

Dissertation Structure

This study comprises six chapters. Chapter 2 of the dissertation details a thorough literature survey with which the researcher explores the most prominent perspectives on resilience across four waves of research, both internationally and with respect to the South

African context. The chapter concludes with an in-depth exposition of Kumpfer's (1999) Resilience Framework as the dynamic conceptualisation model guiding the development of the present programme. Chapter 3 comprises the programme rationale and presents the motivation for the specific theoretical frame of reference pertaining to internal resiliency, as well as for the cognitive-behavioural approach guiding the implementation strategy. The chapter also presents the developmental perspective, structure, composition, objectives and practical implementation with respect to each module of the programme. Chapter 4 signals the beginning of the empirical section of the dissertation, and reflects the research methodology and design employed in this study, after which Chapter 5 presents the findings. Chapter 6 concludes the dissertation with an integrated discussion of the research findings. In this final chapter, attention is paid to the practical value and implications of the research findings, which are considered against the backdrop of international, as well as local, literature and research.

2

Resilience

Few would dispute the fact that the focus in psychological research has shifted from pathology and remediation to the prevention and development of people as optimally functioning human beings. Furthermore, the development of resilience has become significant for individuals and communities to overcome adversity and recover from life's inevitable challenges.

This chapter provides a comprehensive and considered literature review of resilience. In order to present a definition of resilience, the chapter commences with an overview of some of the most pertinent issues and controversies pertaining to this construct. Following on that, an extensive review is provided on the perspectives that guided the most prominent waves of research on resilience over the past five decades, both internationally and in the South African context. The chapter concludes with an in-depth discussion of the dynamic and transactional Resilience Framework proposed by Kumpfer (1999), which serves as the conceptual model of resilience in the current study.

Defining Resilience

In contrast to the past emphasis on identifying and eliminating risks, more recent findings appear to support the notion that focusing on the presence or absence of pathology alone is not the most effective or desired approach to guaranteeing positive functioning. A substantial paradigm shift was needed from risk, illness and vulnerability to resilience and successful development (Egeland, Carlson, & Sroufe, 1993; Goldstein & Brooks, 2006; Kaplan, 1999; Kumpfer, 1999; Leshner, 1999; O'Dougherty Wright, & Masten, 2006; Richardson, Neiger, Jensen, & Kumpfer, 1990; Sumsion, 2004; Turner, 1995; Ungar, 2005).

Researchers widely acknowledge that the construct of resilience and its development stimulate much debate and give rise to numerous uncertainties among researchers, resulting in an

array of perspectives, research methodologies, definitions, and frames of reference (Kaplan, 2013). Some of the most prominent and complicated issues raised in past research into the study and development of resilience include, among others, *whether resilience merely refers to individual characteristics and outcomes, and/or those of related groups, families, communities and cultures* (Fischer & Manstead, 2000; Gilligan, 2001; Kaplan, 2006; Luthar, 1993; Smith, 2006; Theron & Donald, 2012), *whether resilience might be viewed as a continuum and, therefore, the opposite of non-resilience or vulnerability, or as a set concept* (Block & Block, 1980; Kaplan, 2006; Radke-Yarrow & Brown, 1993; Rauh, 1989; Schaefer & Moos, 1992), *whether resilience refers to the desired outcome of certain interactive processes, or to the cause of the outcome as part of a transactional process, or as both* (Cicchetti, 2003; Kumpfer, 1999; Masten, 1994; Rutter, 1990; Toll, Song, & Jordans, 2013; Yates, Egeland, & Sroufe, 2003), *whether resilience is developed as a result of exposure to adversity, or whether resilience is the pre-existing ability of an individual to be able to “bounce back” after facing difficulty* (Grotberg, 2003; Kumpfer, 1999; Neenan, 2009; Schaefer & Moos, 1992), *whether resilience can be defined in terms of an overall predetermined compendium of criteria, or in terms of the specific context and ecology of an individual’s circumstances at the given time* (Boyden & Mann, 2005; Cicchetti & Garmezy, 1993; Luthar, 1993, 2003; Secombe, 2002; Toll et al., 2013; Ungar, 2004, 2005, 2008; Ungar et al., 2008) and, furthermore, *what the determined definitions of the key factors and components of resilience (such as “protective” and “risk” factors) encompass, and to what extent their roles vary in the definition, construct development, processes and outcomes of resilience* (Cicchetti & Garmezy, 1993; Kaplan, 1999, 2006; Masten, 1994; Radke-Yarrow & Sherman, 1990; Toland & Carrigan, 2011). Finally, an additional and continual debate among researchers pertains to the nuanced distinction between *resilience* and *resiliency*,

where some propose that the term *resilience* refers to all the interactive processes and constructs leading to positive adjustment and functioning of individuals following adversity, while *resiliency* refers to the personal characteristics of the individual (Luthar et al., 2000; Luthar & Zelazo, 2003; Masten, 1994; Prince-Embury, 2011). Liddle (1994) asserts that the prospective *resiliency* of *resilience* should be studied extensively in order to improve and expand on the understanding of this construct. The current study will, however, consistently make use of the terminology used by the author of the model under discussion.

Although numerous arguments and diverse perspectives are represented, researchers agree on the fact that resilience is not defined easily, and that final consensus has not been reached on the precise meaning and interpretation of all key constructs and processes of resilience (Bartelt, 1994; Cicchetti & Garmezy, 1993; Kaplan, 1999, 2006, 2013; Kumpfer, 1999; Luthar et al., 2000; Masten, 2001; Masten & Reed, 2002; Neenan, 2009; O’Leary & Bhaju, 2006; Rutter, 2000, 2013; Strümpfer, 2013; Sumsion, 2004; Windle, 2011). Nonetheless, there is increased confidence that, although variable, certain constructs and concepts are imperative in the understanding and defining of resilience (Newman, 2002; O’Dougherty Wright & Masten, 2006). More recently, Lee and colleagues (2012) proposed that definitions of resilience should reflect the individual’s capacity for adjustment and recovery, the process of resilience development and reintegration, as well as the results and positive outcomes of such adaptation following times of adversity.

Taking the above-mentioned into consideration, and in order to provide a comprehensive, yet basic understanding of resilience for the purposes of the current study, the following summative definitions of resilience are presented:

- A dynamic process in which the ability to withstand and/or overcome adversity and to “bounce back” or recover from life’s expected and unexpected stressors, while maintaining competent functioning, is displayed. It can also be defined and measured in terms of the presence or absence of protective and/or risk factors and the processes between the individual, the family, related communities and environments (Docket, Willis, Balloosingh, & Rahmaan, 2007; Goldstein & Brooks, 2006; Masten, Best, & Garmezy, 1990; Masten & Reed, 2002; Neenan, 2009; O’Dougherty Wright & Masten, 2006; O’Dougherty Wright et al., 2013; Richardson, 2002; Ryff & Singer, 2000; Sameroff, 2009; Van Breda, 2001; Werner & Smith, 2001; Wyman, Sandler, Wolchik, & Nelson, 2000).
- A multidimensional and variable construct with interrelated traits and complex transactional processes between environmental components and individual attributes and assets (De Beer, 2004; Herrenkohl, 2013; Kaplan, 1999; Kumpfer, 1999; Masten, 2007, 2012; Strümpfer, 2013; Wissing & Van Eeden, 2002), which can be mediated by internal mechanisms, including demonstrated competencies and skills, as well as successful adaptation and functioning, despite exposure to cumulative or acute life stressors (Coleman & Hagell, 2007; Garmezy, 1994; Goldstein & Brooks, 2006; Luthar et al., 2000; Newman, 2002; O’Dougherty Wright & Masten, 2006; O’Dougherty Wright et al., 2013; Prince-Embury, 2008a, 2008b; Rolf, 1999).
- The ability to draw on personal and/or social resources and identify or predict possible contingency in complex situations, to reach positive developmental outcomes, sustain effectiveness in the environment and to react flexibly, despite adversity or exposure to distress or trauma (Gilligan, 2001; Masten, 1994; Masten & Obradović, 2008;

O'Dougherty Wright & Masten, 2006; Rauh, 1989; Riley & Masten, 2005; Seccombe, 2002; Ungar, 2005, 2013).

It is clear from these proposed definitions that the concept of *resilience* has been the subject of much deliberation. The following section presents the most prominent perspectives on resilience and the manner in which this expansive field of study has evolved over an extensive period of time.

Perspectives on Resilience

Although resilience has been a field of study for over five decades (Goldstein & Brooks, 2006; Prince-Embury, 2008), the urgency for, and expansion in, research has increased considerably over the past twenty years. Studies on resilience have developed in three major waves to date (Leshner, 1999; O'Dougherty Wright & Masten, 2006; Prince-Embury, 2008; Theron & Theron, 2010), with a fourth wave of resilience research emerging on the horizon (O'Dougherty Wright et al., 2013).

During the initial wave, research provided much needed information on the fundamental and underlying concepts of resilience, as well as on the traits and characteristics pertaining to individuals, families, and communities (Garmezy, 1985; Glantz & Sloboda, 1999; Masten et al., 1990). Building upon the identified concepts and traits from the initial wave, the second wave emerged, in which transactional processes between these entities were noted and studied within the field of resilience. This laid the foundation for attempts at preventative and developmental interventions during the third wave (Egeland et al., 1993; Kumpfer, 1999; Masten, 1999; Masten & Obradović, 2006; O'Dougherty Wright & Masten, 2006; Sameroff, 2009) and contributed to the anticipated expansion on interdisciplinary and multi-systemically focused research in the future (O'Dougherty Wright et al., 2013).

The development of these four waves can, therefore, be viewed as a dynamic and interactive process in which conceptual foci of resilience progress towards promotion and prevention on multiple levels, as each wave is informed and supported by the constructs and results arising from previous waves. According to Goldstein and Brooks (2006), “it is likely that there is a complex, multidimensional interaction between risk factors, biological functioning, environmental issues, and protective factors that combine to predict outcome” (p. 6).

First Wave Perspectives on the Development of Resilience: Concepts, Factors and Correlates

Initially, resilience became the focus of study for a relatively small group of researchers during the mid 1940s and 1950s. They were curious about the ability of some individuals, at high risk of developing pathology, to overcome severe emotional, psychological, economic, developmental and/or environmental adversity, while others seemed to be defeated by the same difficulties (Goldstein & Brooks, 2006; Gutman, 2008; Leshner, 1999; Neenan, 2009; Prince-Embury, 2008; Rolf, 1999; Rutter, 1987). This first wave of research was characterised by concentrating either on variable-focused approaches through the study of resilient children at high risk for developing pathology (Anthony, 1987; Cicchetti, 1990; Cicchetti & Garmezy, 1993; Garmezy, 1985; Kaplan, 1999; Leshner, 1999; Masten, 2001, 2012; Masten & Reed, 2002; Rutter, 1990; Werner, 1993), or person-focused approaches with their emphasis on personal traits and characteristics that so-called resilient individuals or communities demonstrated amid adversity (Anthony & Cohler, 1987; Hawley, 2000; Leshner, 1999; Luthar, 1993; Masten, 1994; O’Dougherty Wright & Masten, 2006; Rauh, 1989; Rutter, 1979; Werner & Smith, 1982). Rauh (1989) stated that: “Resilience is enhanced, for example, by self-efficacy beliefs, a positive self-concept and self-esteem...” (p. 165). Such researched traits also included, among others,

psychological well-being and stable family environments as predictors and associates of resilience (Anthony, 1987; Garnezy, 1983; Kaplan, 1999; Luthar & Zelazo, 2003; Quinton, Rutter, & Gulliver, 1990; Werner & Smith, 1982). During this wave, researchers attempted to define children's predispositions, deficits and risk factors for developing pathology during or after stressful times (Grotberg, 1998, 2000; Leshner, 1999; Masten, 2001; Neenan, 2009; Prince-Embury, 2008). The interplay of risk and protective factors aided in the understanding of the interaction between concepts of resilience, and provided a platform for the shift in focus in resilience research, from debilitating risks to shielding assets. It is clear that the first wave of research contributed to the field of resilience by identifying and defining core concepts, strengths and characteristics possessed by individuals, their families and communities in order to succeed during testing times. As the first wave of research developed, so did the distinction between definitions of different concepts and factors.

From the results of numerous longitudinal studies, which included various methodologies across both variable- and person-focused approaches, researchers discovered consistencies between the findings from previous studies (Goldstein & Brooks, 2006). Subsequently, a number of recurring correlates, concepts and traits were noted over the years. These were later refined to represent the complex and cumulative nature of these factors, proving to be invaluable for the formation of basic descriptions and concept knowledge on resilience (Garnezy, 1985; Glantz & Sloboda, 1999; Herrenkohl, 2011; Masten et al., 1990; Obradović, Shaffer, & Masten, 2012; O'Dougherty et al., 2013). A summary of these key concepts, factors and definitions underlying resilience are presented in Table 1.

Table 1

Summary of key concepts, factors and definitions underlying resilience (Coleman & Hagell, 2007; Goldstein & Brooks, 2006; Masten, 2007; Neenan, 2009; Newman, 2002; O’Dougherty et al., 2013; O’Dougherty Wright & Masten, 2006)

Concept	Definition
Adversity	<ul style="list-style-type: none"> ▪ The condition/s that threaten/s and/or hinder/s optimal functioning, development and adaptation as an individual, family or community. ▪ <i>Examples: Violence, poverty or illness.</i>
Risk	<ul style="list-style-type: none"> ▪ The heightened probability of undesired or negative outcomes. ▪ <i>Example: The pre-disposition of a person to develop depression if a biological parent is diagnosed with this same disorder.</i>
Risk factors	<ul style="list-style-type: none"> ▪ The presence or absence of aggravating risk factors that predict negative outcomes in the process of resilience. ▪ Factors that place the individual, family or community at risk on an acute or chronic basis. ▪ Risk factors that might be cumulative (where multiple risks or incidents have an impact on one another), proximal (when the individual experiences risk directly), or distal (risk due to environmental context). ▪ <i>Examples: Poverty, divorce, premature birth, mental illness, substance abuse, homelessness, exposure to violence, political instability, poor education, insufficient nutrition, racism, or low social capital.</i>
Stressors and challenges	<ul style="list-style-type: none"> ▪ The catalyst or trigger initiating the resilience process. ▪ Could serve as basis for learning, growth and development for future resiliency and/or positive outcomes in some, or as compound difficulties that disable and deter others. ▪ <i>Examples: Failing a test, witnessing violence, losing a loved one, trauma, performance pressure, or inaccessible health care in a time of need.</i>
Protective factors	<ul style="list-style-type: none"> ▪ The presence of protective factors in an individual, community or environment that predict positive outcomes during times of adversity. ▪ Refers to the positive attributes and resources of the individual, their family, community and/or cultural environment that assist the process of development, adaptation and resilience. ▪ Protective factors might be cumulative, where multiple protective factors and resources are present either within the individual, family, community or environment. ▪ <i>Examples: Good cognitive skills, stable family environment, good social skills, personal awareness and good self-esteem, at least one good parent–child relationship, successful school experiences, valued social role experience, close interpersonal relationships, and internal locus of control.</i>
Developmental tasks	<ul style="list-style-type: none"> ▪ Specific milestones and expected tasks to be accomplished at the appropriate stages of development. ▪ An indication of the level of adaptation during a certain developmental phase. ▪ Developmental tasks are specific to the given society and culture. ▪ The promotion of developmental tasks serves as a foundation for future success and competence during the next developmental phases. ▪ <i>Examples: School-aged children should learn to read, write and interact with peers.</i>

From these recurrent basic concepts and correlates, a so-called short list evolved of assets (Masten 2001, 2007), characteristics and protective factors required for children and individuals, families, communities and cultures in order to be viewed as resilient (Masten, 1999; Masten, 2001; Newman, 2002; O'Dougherty Wright & Masten, 2006; Prince-Embury, 2008; Wyman, 2003). Although variable from one individual or system to the next, these protective factors and characteristics were viewed as mediators and moderators of transformation during the promotion of the development of resilience (Cicchetti, Rappaport, Sandler, & Weissberg, 2000; Gutman, 2008; Luthar & Cicchetti, 2000; Masten, 2001; Reynolds & Ou, 2003). These are considered to be localised in the physical, cognitive and social-emotional attributes of individuals, the external protection provided by their families, and the immediate environment in which they function (Newman, 2002). Masten (2001, 2007) considers the protective factors and promotive correlates on this short list to be reflective of the fundamental and imperative support systems essential to the development of human beings.

However, despite relative consensus with respect to the basic protective factors, assets and competencies deemed necessary for resilience, researchers agree that “ownership” of these do not ensure that one will remain unaffected by trauma, or that one will always function optimally during/following times of adversity. Similarly, individuals might be considered to be resilient in one domain, or at a certain point in time, and not in other or at another point in time (Cicchetti & Rogosch, 1997; Herrenkohl, 2011, 2013; Kumpfer, 1999; Masten 2012; Masten et al., 1990; O'Dougherty Wright et al., 2013; Wekerle, 2013). A summary of such protective factors and characteristics in children or adolescents, families, communities and cultures, and school systems are presented in Table 2.

Table 2

Summary of protective and promotive factors, assets and characteristics (Alvord & Grados, 2005; Benzie & Mychasiuk, 2009; Burt, 2002; Coleman & Hagell, 2007; DuMont, Widom, & Czaja, 2007; Eisenberg, Champion, & Ma, 2004; Lee et al., 2012; Louw & Louw, 2007; Luthar & Zelazo, 2003; Masten, 2007; Masten, Burt, & Coatsworth, 2006; O'Dougherty Wright & Masten, 2006; O'Dougherty et al., 2013; Riley et al., 2008; Shure & Aberson, 2013; Silk et al., 2007; Steinhardt & Dolbier, 2008; Theron, Theron, & Malindi, 2013; Tinsley Li, Nussbaum, & Richards, 2007; Vanderbilt-Adriance & Shaw, 2008)

Domain	Protective and promotive factors, assets and characteristics
The child or adolescent	<ul style="list-style-type: none"> ▪ Positive, consistent and adaptable temperament from infancy. ▪ Female care prior to, and male care during adolescence. ▪ Good cognitive skills and/or aptitude for a particular skill. ▪ Well-developed problem-solving skills and executive functioning. ▪ Effective behavioural and emotional regulation. ▪ Internal locus of control. ▪ Positive self-image, high self-esteem, self-efficacy, self-confidence. ▪ Positive future time perspective. ▪ Well-developed social skills with peers and adults. ▪ Well-developed relationships with family and experience of support. ▪ Traits and skills valued by self and others in society (autonomy, sense of humour, awareness of strengths, attractiveness to others). ▪ Sense of purpose and faith.
The family	<ul style="list-style-type: none"> ▪ Stable home environment with high parental involvement. ▪ Positive relationships among siblings. ▪ High family cohesion and warmth. ▪ Parental harmony with low levels of discord. ▪ Emotional support among family members. ▪ Parents involved in child's educational development. ▪ Socioeconomic benefits and advantages. ▪ Parents with post-secondary educational qualifications. ▪ Positive relationship between parent/s and child. ▪ A valued social role in the household. ▪ Religious affiliation and faith. ▪ In the case of parental disharmony, a close relationship with either one of the parents. ▪ Good relationships with extended family.
The community	<ul style="list-style-type: none"> ▪ Safe neighbourhood with low levels of crime and community violence. ▪ Effective schools and educational systems. ▪ Extra-curricular activities at school or in the community. ▪ Employment opportunities for school leavers. ▪ Good and accessible public health care systems. ▪ Close relationship with a mentor or pro-social peer. ▪ Valued social role and server of the community. ▪ Strong social networks.
Culture and society	<ul style="list-style-type: none"> ▪ Protective policies against child abuse, child labour, health and welfare. ▪ Resources directed at education of communities.

- Value placed upon safety and security of citizens.
- Protection against oppression and/or violence of political nature.
- Low cultural acceptance and tolerance of physical violence.
- Cultural networks in place to create opportunities for positive change.

School systems

- After-school support and developmental programmes.
- Well-trained teaching staff.
- Employment opportunities for school leavers.
- Access to support services.

As the first wave studies progressed, the second wave of research was introduced. In this second wave, researchers did not only note the recurring factors and concepts underlying resilience, but also the dynamic transactional processes responsible for the development of resilience (Goldstein & Brooks, 2006; Masten & Reed, 2002; O’Dougherty Wright & Masten, 2006; Rutter, 1994; Sameroff, 2009; Werner & Smith, 2001; Wyman et al., 2000).

Second Wave Perspectives on the Development of Resilience: Interactional Processes and Relating Constructs

First wave research defined resilience mostly in terms of protective factors or characteristics, while perhaps disregarding the more complex interactions and processes involved in the development of resilience in the individual or community. Consequently, the need arose for an improved understanding of other transactional processes related to the systems of family, community, culture and environmental contexts which aided in the conceptualisation of the definition and development of resilience (Boyden & Mann, 2005; Fischer & Manstead, 2000; Luthar, 2003; Smith, 2006; Ungar, 2004, 2005, 2008; Ungar et al., 2008). Therefore, research during the second wave was aimed mainly at exploring the interactions and processes between individuals and environmental systems to optimise development and adaptation during challenging times (O’Dougherty Wright & Masten, 2006; Richardson et al., 1990; Rutter, 1987; Zimmerman, Ramirez-Valles, & Maton, 1999). Researchers believe that resilience-associated factors, which are considered to serve as “protection” against adversity, develop from complex

systemic interactions and might be present in the individual, the family, the community, and the cultural and societal environments (Kumpfer, 1990; Masten & Coatsworth, 1998; Newman, 2002; O'Dougherty Wright & Masten, 2006; Winslow, Sandler, & Wolchik, 2006). Although much valued results stemmed from the first wave's findings, critics have challenged these initial studies and definitions of resilience as being too focused on traits and capacities within, and of, the individual (Seccombe, 2002; Ungar, 2005). According to these critics, the first wave does not allow for the impact of environmental influences, such as community and family systems, and cultural values, which could serve as protection and aid in the development of resilience during times of adversity (Lerner & Benson, 2003; Luthar, 2003; Masten & Obradović, 2008; O'Dougherty Wright & Masten, 2006; Riley & Masten, 2005; Rutter, 2005; Ungar et al., 2007).

Gilligan (2001) asserts that:

While resilience may previously have been seen as residing in the person as a fixed trait, it is now more usefully considered as a variable quality that derives from a process of repeated interactions between a person and favourable features of the surrounding context in a person's life. The degree of resilience displayed by a person in a certain context may be said to be related to the extent to which that context has elements that nurture this resilience. (p. 94)

Studies on the interrelated and transactional processes of resilience, therefore, led the way for the development of numerous conceptual models of this construct. Although these models resembled one another with regard to featured constructs, they differed noticeably with respect to their points of emphasis and the perceived relationships between resilience and positive developmental outcomes during childhood and adolescence. Concurrent with international second wave research trends, South African researchers emphasised the great demand for

research on, and development of, resilience within individuals, families and communities, which is sensitive to the contextual underpinnings and influences underlying this concept within the South African context (Cluver, Gardner, & Operario, 2007; Fincham, Altes, Stein, & Seedat, 2009; Kruger & Prinsloo, 2008; Mampane & Boucher, 2011; Morrow, Panday, & Richter, 2005; Nareadi Pasha, 2010; Theron, 2012; Theron & Theron, 2010; Theron et al., 2013).

Further investigation of this wave's research trends revealed that most studies during the second wave emphasised resilience either as a complex process in human development and adaptation (Cicchetti, 2003; Gutman, 2008; Rutter, 1990; Yates et al., 2003) or as an outcome and, therefore, the result of other interactive processes (Masten, 1999; Masten & Reed, 2002; Roberts & Masten, 2004) or as both (Kumpfer, 1999). With this more dynamic view of resilience from the second wave onwards, numerous researchers dedicated themselves to studying an array of ecological and transactional systems and processes involved in the development of resilience, such as developmental systems, adaptation systems, those related to families, community networks, as well as social- and culture-related contexts (Charney, 2004; Cicchetti & Curtis, 2007; Cowen, 2000; Cummings, Davies, & Campbell, 2000; Ford & Lerner, 1992; Luthar, 2006; Masten, 2001, 2007; O'Dougherty Wright et al., 2013; Theron et al., 2013; Toll et al., 2013; Walsh, 1998). Researchers also frequently attempted to clarify the roles of such systems and constructs on adaptation and development throughout life (Fischer & Manstead, 2000; Masten, 1990; Roberts & Masten, 2004; Smith, 2006; Sroufe, 1997; Yates & Masten, 2004). Moreover, the process-oriented and transactional-focused approaches of this wave contributed significantly to altered perceptions on processes of normal development within a specific context and, as a result, influenced opinions on developmental psychopathology (Cicchetti, 2006; Cicchetti & Blender, 2006; Ungar, Ghasinour, Richter, 2013; Wyman, 2003).

In addition, numerous researchers have invited the development of contextually directed frameworks of resilience (Boyd-Franklin & Bry, 2000; Hill, 1999; McCubbin, Thompson, & McCubbin, 1996; Rutter, 2007; Theron, 2013; Theron et al., 2013; Walsh, 1996). Some noteworthy efforts have been made also to develop more valid cross-cultural definitions and measures of resilience (Donnon & Hammond, 2007; Friborg, Barlaug, Martinussen, Rosenvinge, & Hjemdal, 2005; Ungar & Liebenberg, 2009; Werner & Smith, 2001). The role of processes as well as contextual influences in the understanding of resilience is stated by Ungar (2006, 2008) who proposes a more transactional, culturally variant, and social-ecological model of resilience:

In the context of exposure to significant adversity, whether psychological, environmental, or both, resilience is both the capacity of individuals to navigate their way to health-sustaining resources, including opportunities to experience feelings of wellbeing, and a condition of the individual's family, community and culture to provide these health resources and experiences in culturally meaningful ways. (Ungar, 2008, p. 225)

Others from the second wave supplemented this perspective by noting that an individual's resilience should, in addition, be viewed from an interpersonal perspective, and that the traits obtained by an individual occur in a relational context (Grotberg, 1996; O'Dougherty Wright et al., 2013; Walsh, 1996). In a South African study on post-divorce resilience in adolescents by Theron and Dunn (2010), the importance of the individual's use of personal resources (such as the ability to reconceptualise divorce, alter thought patterns, and express emotions regarding divorce), relational resources (friends, parents, extended family, step parents) and community resources (professionals, educators, schools) is emphasised as contributory factors in the processes and outcomes involved in the advancement of resilience.

Although cultures and communities vary with respect to the determined outcomes and definitions associated with resilience (Boyden & Mann, 2005; Kazdin, 1999; Stanley, Kuraski, & Srinivasan, 1999; Ungar, 2005; Ungar & Liebenberg, 2009), researchers reported that participation in some interpersonal, cultural activities enforces a sense of stability and belonging within a certain group, and aids in the formation of a specific cultural identity and resilience (Beauvais & Oetting, 1999; Suarez-Ojeda & Autler, 2003; Szalacha et al., 2003; Theron & Dunn, 2010; Wright & Littleford, 2002). Such activities might refer to cultural traditions, religious rituals, community support systems, family customs, culture-specific sets of norms and values, ceremonies, and everyday practices and beliefs of the community (Beauvais & Oetting, 1999; Brooks, 2006; Greeff & Loubser, 2008; O'Dougherty Wright & Masten, 2006; Theron & Malindi, 2010). Various researchers agree that such relational and societal interactions provide the individual with opportunities to develop a set of “protective traits” and strengths, while experiencing guidance and a sense of security from their communities. These traits might include, among others, the ability to affiliate with a religious organisation, manage cultural stressors and shifts in values, develop a personal life philosophy, be tolerant of different beliefs and ideologies, develop an ethnic identity, socialise with other races, and experience a sense of cultural grounding and origin (Beauvais & Oetting, 1999; O'Dougherty Wright & Masten, 2006; Szalacha et al., 2003; Wagener, Furrow, King, Leffert, & Benson, 2003; Wright & Littleford, 2002). These traits have also been reported to serve as promotional factors in the formation and process of the development of resilience (Boyden & Mann, 2005; Coleman & Hagell, 2007; Greeff & Loubser, 2008; Neill & Dias, 2001; Panez, Silva, & Panez, 2000; Rose, 2001; Statham, 2004; Theron & Dunn, 2010; Theron & Malindi, 2010; Ungar, 2008). Certain factors and processes are reported to foster resilience and good adaptation within an individual, such as the

ability to form a close relationship with a parent or guardian, the development of certain cognitive skills, the ability to self-regulate, the mastery of specific developmental tasks, and non-delinquent behaviour (Coleman & Hagell, 2007). However, it appears that the factors' functions and the extent to which they are developed might be influenced and enhanced by social context, environment, community and cultural demands and expectations (Coleman & Hagell, 2007; Cook, Herman, Phillips, & Settersten, 2002; Newman, 2002; Ungar, 2008), as well as by the development of internal processes, capabilities and perceptions of the individual (Benson, 2007; Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001; Hamilton, Hamilton, & Pittman, 2004; Kumpfer, 1999; O'Dougherty Wright et al., 2013; Scales, Benson, Leffert, & Blyth, 2000).

Research during the second wave indicate that, although there are global principles and factors embedded in the construct of resilience, one cannot ignore the fact that transactional processes and contextual influences play a significant role in the conceptualisation, process and promotion of individual, family, and community resilience (Grant et al., 2004; Liebel 2004; Prince-Embury, 2008; Ungar, 2008). In addition, the patterns, levels and processes of resilience are considered to be variable from one individual and system to another (Brown, Larson, & Saraswati, 2002; Ungar, 2006; Ungar, Lee, Callaghan, & Boothroyd, 2005; Ungar & Liebenberg, 2005), as it appears to be embedded within the complexities of such networks and the individuals themselves (Boyden & Mann, 2005; Lewis, 2000; Ungar, 2013; Ungar et al., 2008). Furthermore, Ungar (2008) stated that resilience features and so-called protective factors and assets exercise varying amounts of influence on the life of an individual, as these aspects of resilience tend to be related to one another. A South African-based study by Kruger and Prinsloo

(2008) emphasised the need for research within various countries and contextual settings in order to evaluate and compare these aspects that lead to and embody resilience.

In addition to the existing models and frameworks of resilience developed during the second wave, Ungar (2006, 2008), Boyden and Mann (2005), Lerner and Benson (2003), and Cyrulnik (2009) propose that resilience be viewed from a contextual perspective, where both processes and outcomes associated with resilience should be identified, as opposed to earlier studies where one was preferred over the other. O'Dougherty Wright and Masten (2006) agree with this viewpoint by noting the following:

Studies of resilience are more contextualized in multiple ways, including how the individual interacts with many other systems at many levels throughout life and with greater care about generalizing conclusions about risk and protective factors from one context to another or one period of development to another. (p. 25)

Similarly, others see the development of resilience and successful recovery from adversity as a result of the combination of factors and processes, including the development of individual's strengths, their existing weaknesses, and the continual interactions between the individual and surrounding environments and networks (Cowen, 2000; Docket et al., 2007; Goldstein & Brooks, 2006; Kumpfer, 1999; Masten et al., 1990; Masten & Reed, 2002; Neenan, 2009; O'Dougherty Wright & Masten, 2006; O'Dougherty Wright et al., 2013; Richardson, 2002; Riley & Masten, 2005; Ryff & Singer, 2000; Sameroff, 2009; Van Breda, 2001; Walsh, 1998; Werner & Smith, 2001; Wyman et al., 2000).

In conclusion, it is evident that various research perspectives and models of resilience seem to support the idea that both processes and outcomes be considered as constructs of the development of resilience, and that future models of resilience should include, and consider,

individual and environmental factors, as well as the dynamic and interactive processes between these factors.

One such model of resilience that considers both the transactional and interrelated processes between the person and the environmental context, as well as the outcomes of various processes involved in the development of resilience, is the Resilience Framework of Kumpfer (1999). This conceptual model subscribes to the guidelines and recommendations made by numerous researchers in that it represents both process and outcomes constructs as predictors and determinants of resilience. The Resilience Framework (Kumpfer, 1999) and its various components, including the environmental context, individual and internal resiliency factors, and the bi-directional transactional processes, are explored in greater detail as conclusion to this chapter.

Third Wave Perspectives on the Development of Resilience: Intervention for Promotion and/or Prevention

The first wave's descriptive and foundational research on the key factors and constructs of resilience were of the utmost importance in forming a proper basis for research during the waves to follow. With the second wave's focus on processes to promote resilience in individuals, developmental and ecological systems, grew the awareness and need for research on preventative, developmental and promotional interventions, which consequently became the focus of the current third wave (Kumpfer, 1999; Luthar & Cicchetti, 2000; Masten & Powell, 2003; Masten & Reed, 2002). Although more research is being conducted to advance knowledge on the concepts and processes underlying resilience, third wave researchers and practitioners predominantly conduct studies with a focus on prevention and intervention (O'Dougherty Wright & Masten, 2006; O'Dougherty Wright et al., 2013; Vernon & Bernard, 2006). Research during

the third wave builds on previous findings and aims at creating and fostering resilience through preventative and/or promotive interventions and programmes in order to reduce the risk of behavioural problems, promote greater success in the mastery of developmental tasks, change developmental pathways, and promote competence and positive functioning during or following times of exposure to adversity (Balsano, Phelps, Theokas, Lerner, & Lerner, 2009; Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2004; Donohoe, Topping, & Hannah, 2012; Greenberg, Domitrovich, Graczyk, & Zins, 2000; Guerra & Bradshaw, 2008; Lewin-Bizan, Bowers, & Lerner, 2010; Masten & Coatsworth, 1998; O'Dougherty Wright & Masten, 2006; Reynolds & Ou, 2003; Rayner & Montague, 2000; Rutter, 1993; Vernon & Bernard, 2006; Weiss, 2008; Weissberg & Greenberg, 1998). In line with these international trends, initial third wave South African-based studies encouraged the use of resources among children and adolescents as prevention against development of secondary problems following adversity such as anxiety, depression, behavioural problems, substance abuse, and delinquency (Barbarin & Richter, 2005; Koenig, 2001; Pearce, Jones, Schwab-Stone, & Ruchkin, 2003; Van der Merwe, 2001; Ward, Martin, Theron, & Distiller, 2007). These previous South African studies were directed at exploring and developing resilience and skills among individuals and families faced with specific difficulties such as exposure to violence (Barbarin, Richter, & De Wet, 2000; Fincham et al., 2009; Govender & Kilian, 2001; Smukler, 1990; Ward et al., 2007), poverty and rural life in townships (Dass-Brailsford, 2005; Ebersöhn, 2008; Mampane & Bouwer, 2006; Noble et al., 2006; Theron, 2007), sexual abuse (Collings, 2003; Edwards, Sakasa, & Van Wyk, 2005; Nareadi Pasha, 2010; Van Rensburg & Barnard, 2005), learning disabilities (Theron, 2004), child-headed households and/or orphans due to the HIV/AIDS pandemic (Cluver et al., 2007; Ebersöhn, 2007; Ebersöhn & Maree, 2006; Germann, 2005; Jewitt, 2001; Pillay & Nesengani,

2006), and other challenges faced during childhood or adolescence within the school and home environments (De Villiers, 2009; Johnson & Lazarus, 2008; Kritzas & Grobler, 2005; Kruger & Prinsloo, 2008). Although the South African *Children's Act* (38 of 2005) stresses the responsibilities of adults protecting and enabling children and adolescents, third wave South African researchers affirm the fact that care-takers and professionals from multiple disciplines (teachers, psychologists, coaches, social workers) should develop insight into and commitment towards the development of resilience for the specific South African context (Dass-Brailford, 2005; Fincham et al., 2009; Kruger & Prinsloo, 2008; Mampane & Bouwer, 2011; Nareadi Pasha, 2010; Theron, 2012; Theron & Donald, 2012; Theron & Theron, 2010; Theron et al., 2013).

Researchers agree that, since problems and stressors are inevitable, it is more important to promote protective mechanisms and processes of resilience than to focus purely on the elimination of risks (Aldwin, 2004; Rutter, 1993). Furthermore, researchers agree that those who are considered to be more resilient might not only overcome difficult and stressful times, but also be positively transformed by adversity and learn from these challenges (Goldstein & Brooks, 2013; Grotberg, 2003; Kumpfer, 1999; Naglieri et al., 2013; Neenan, 2009; Schaefer & Moos, 1992). Similarly, in her research following the September 2011 attacks on America, Walsh (2002) proposed that individuals possess the ability to “bounce forward” (p. 35) after unexpected adversity. According to O’Dougherty Wright et al. (2013), research findings from the second wave served “...as an intermediate step toward the ultimate goal of intervening to promote resilience and positive development” (p. 27). Therefore, as research on the constructs, processes and models of the development of resilience continues, so do the perspectives and models on intervention and prevention evolve.

More recently, there appears to be a sharper focus on various protective processes in the objective to enhance or promote resilience (O'Dougherty Wright et al., 2013; Patterson, Forgatch, & DeGarmo, 2010; Toth, Pianta, & Erickson, 2011; Weissberg, Kumpfer, & Seligman, 2003; Wyman, 2003; Wyman et al., 2000). Such attempts to promote resilience through intervention and protective processes appear to be directed at various levels of functioning and could include, among numerous others, encouraging individuals to utilise available support networks, increasing the availability of resources, reducing individuals' risk of exposure to trauma, intervening to improve relationships and social-emotional abilities, and developing individual and internal processes and skills (Alvord, Zucker, & Grados, 2011; Balsano et al., 2009; Barrett, Webster, & Turner, 2003; Bernard, 2003, 2004, 2005, 2006; Catalano et al., 2004; Greenberg, Kusche, Cook, & Quamma, 1995; Greenberg, Kusche, & Riggs, 2004; Guerra & Bradshaw, 2008; Kumpfer, 1999; Lewin-Bizan et al., 2010; Masten & Coatsworth, 1998; O'Dougherty Wright & Masten, 2006; Rayner & Montague, 2000; Reynolds & Ou, 2003; Rutter, 1993; Vernon, 1998a, 1998b, 1998c; Weissberg & Greenberg, 1998). Therefore, it is clear that research during the third wave is directed towards fostering resilience at the external, ecological and systems levels, as well as towards the internal and individual mechanisms and levels of development. Third wave researchers have reported numerous attempts at guiding prevention sciences in the form of expanded and improved models for promotive interventions (Galassi & Akos, 2007; Luthar & Cicchetti, 2000; Masten, 2001, 2011; Nation et al., 2003; Prince-Embury, 2006, 2007).

Interestingly, as a result of these ongoing changes to, and expansions of, models for intervention over the past decade, researchers have noted that many of the interventions and programmes that are considered to be more successful in their goal of developing resilience,

appear to be aimed at promoting competencies very similar to those set out by first wave researchers on the short list of assets and promotive factors for individuals, families, communities, cultures and school systems (Cicchetti et al., 2000; Luthar & Cicchetti, 2000; Masten, 2001,2007; Masten & Coatsworth, 1998; Masten et al., 2006; Reynolds & Ou, 2003).

In addition, the literature seems to suggest two distinct considerations for developing and implementing such protective and preventative interventions with the aim to increase their likelihood of success in the development of resilience. The first are noted clearly by Prince-Embury (2011) when she recommends that researchers make a definite choice as to which factors or dimension/s are to be targeted by intervention and assessment, namely individual factors and/or attributes, the environment and related contextual factors, or the combination and interactional processes between these two domains. According to Kumpfer (1999), interventions should focus on helping children and adolescents to develop individually with the process of reintegration after disruptions or challenges. Prince-Embury (2011) continues by stating that the quality of research findings from such studies will be directed by the extent to which the relevant developmental outcomes, pathways and protective factors are considered in creating promotive interventions. With respect to promotive interventions targeting individuals from the adolescent community, for instance, Jordan (2006, 2013) emphasises the importance of the role and functionality of gender in the mastery of developmental outcomes and in overcoming adversity. More specifically, numerous researchers agree on the fact that a variety of expected developmental outcomes are, to a large extent, influenced by gender, and that researchers should acknowledge such differences in their aim to develop resilience among individuals from various developmental cohorts (Gilligan, 1990; Jordan, 2006, 2013; Pollack, 1998, 2006; Roothman, Kirsten, & Wissing, 2003; Simmons, 2002; Taylor et al., 2000; Ward, 2002). A study by

Carnahan (1994) to prevent school drop-out among students reports that the level of specificity of programmes is correlated positively with the success of such interventions, and programmes that are “too general” in nature could actually increase school drop-out and failure rates.

Therefore, not only should researchers first decide upon a specific target for intervention and assessment, it is also recommended that the intervention be refined to accommodate the specific developmental profile of the chosen population.

This brings us to the second consideration, as reported in more recent literature and related to Prince-Embury’s (2011) perspective. In this instance, various researchers concur that the implementation of promotive and developmental programmes should be timed strategically in order to secure better results and more sustainable effects in the long run (Heckman, 2006; Luthar & Cicchetti, 2000; Masten, Long, Kuo, McCormick, & Desjardins, 2009; Masten & Cicchetti, 2010; Nation et al., 2003; O’Dougherty Wright et al., 2013). Others support this viewpoint by stating that the efficacy of such interventions might, to a large extent, be influenced by the critical periods associated with adjustment and positive reaction towards change and intervention. These “windows of opportunity” are known as turning points in the lives and developmental pathways of individuals and families. Such critical intervention periods might include specific timeframes in normative developmental challenges, for example, the period when an individual commences their educational career or enters into adolescence, or when faced with large-scale contextual or environmental changes, such as relocating or immigrating, changing schooling environments or progression to tertiary education, the process of adoption, entering the vocational market, as well as other instances in which adaptation and mastery of developmental tasks are required (Cicchetti, 2010; Eccles, Lord, & Roeser, 1996; Feiner et al., 1993; Luthar, 2006; Luthar & Cicchetti, 2000; Masten & Cicchetti, 2010; Masten et al., 2006;

Masten et al., 2009; Sampson & Laub, 1993; Steinberg, Dahl, Keating, Kumpfer, Masten, & Pine, 2006; Toth & Cicchetti, 1999; Vernon, 2002, 2006; Werner & Smith, 1992). Therefore, findings from the third wave indicate clearly that researchers who attempt to intervene to enhance or foster resilience should, firstly, choose a specific focus/target area (individual, environment or the transactional processes between them) and, secondly, aim to determine the most beneficial developmental timeframe and/or turning point reported for such interventions in order to capitalise on the effects of promotive and developmental interventions. Another point of interest in third wave research pertains to the research designs utilised in prevention and promotion studies. O'Dougherty Wright et al. (2013) postulate that researchers who are employing randomised control trials in assessing for the effectiveness of resilience models and treatments are considered to adhere to the "gold standard" (p. 27) of research designs. This standard has proven valuable in assessing for the specific patterns and processes of the development of resilience, as well as for presenting mediating factors and moderating effects of such interventions (Kellam & Rebok, 1992; Kraemer, Wilson, Fairburn, & Agras, 2002).

It is evident that researchers have delineated some imperative guidelines and inclusion criteria for interventions in order to increase their probability of success. Such features include the above-mentioned considerations, which pertain to selecting a specific area of focus for the intervention or programme, the strategic and critical timing of the intervention to increase positive outcomes in developmental pathways, and the recommended utilisation of experimental research designs in such preventative and promotive studies (Heckman, 2006; Kraemer et al., 2002; Masten et al., 2009; Masten & Cicchetti, 2010; O'Dougherty Wright et al., 2013; Perkins & Borden, 2003; Prince-Embury, 2011). Additional criteria for preventative and promotive programmes that are noted frequently in third wave research include that interventions be

comprehensive enough to consider individual as well as ecological and contextual factors and processes, that interventions be implemented over a sufficient timeframe, that the programmes constitute depth with respect to the outcomes measured, that attention be paid to promotion and development as well as to the reduction of risk, that varied teaching methods be employed in the implementation of programmes, that solid theoretical frameworks be utilised in the development of programmes, that programmes promote the development of positive relationships to support the development of resilience, that the programmes be socio-culturally relevant and sensitive, that the programmes have clear goals in terms of its desired outcomes and measurement, that the person/s implementing the programme be well trained and, finally, that researchers consider using multifaceted models of resilience in producing interventions to assess for their effects and to test resilience theory (Bond & Hauf, 2004; Dryfoos, 1990; Durlak, Weissberg, & Pachan, 2010; Kumpfer & Alder, 2003; Kumpfer & Alvarado, 2003; Kumpfer, Molgaard, & Spoth, 1996; Masten, 2011; Meichenbaum, 2006; Nation et al., 2003; Weissberg & Greenberg, 1998; Weissberg et al., 2003). In two comprehensive meta-analytic studies, Durlak and colleagues (2010, 2011) present extensive evidence in favour of the efficacy of, and growing need for, youth-oriented programmes that are promotive, preventative, developmentally appropriate, and based on skills development. The literature indicates three broad categories for such resilience interventions. The first two point to targeted approaches for interventions, namely *selective intervention studies* (where populations have a known “high risk” factor, such as a parent with depression) and *indicated intervention studies* (where populations present with subclinical symptoms of pathology, such as that of depression), while the third approach, *universal intervention studies*, is in contrast with the first two, as it aims to enhance resilience among

specific populations of the general public, irrespective of their “risk profiles” (Brunwasser, Gillham, & Kim, 2009).

From a review of third wave literature, a number of successful preventative and promotional programmes are frequently encountered. Although divergent objectives, themes and focus areas are noted among these programmes, the unifying and most predominant goal seems to be developing and strengthening individuals’ and/or environmental systems’ resilience and life adaptation. Examples of such programme objectives include reducing the child or adolescent’s risks for exposure to trauma and/or development of pathology, promoting the development of resilience among children and adolescents via skills development, encouraging successful mastery of developmental tasks among specific age and/or gender cohorts, strengthening families and communities, and incorporating programmes into school curricula as part of the continuous development of resilience (Alvord et al., 2011; Balsano et al., 2009; Barrett et al., 2003; Bernard, 2003, 2004, 2005, 2006; Catalano et al., 2004; Durlak, 1997; Greenberg, Kusche, Cook, & Quamma, 1995; Greenberg et al., 2004; Guerra & Bradshaw, 2008; Kumpfer, 1999; Kumpfer et al., 1996; Lewin-Bizan et al., 2010; Masten & Coatsworth, 1998; Molgaard, Kumpfer, & Spoth, 1994; O’Dougherty Wright & Masten, 2006; Rayner & Montague, 2000; Reynolds & Ou, 2003; Rutter, 1993; Shek, 2006; Shek & Sun, 2010; Vernon, 1998a, 1998b, 1998c; Weissberg & Greenberg, 1998).

Table 3 provides a selection of summarised examples of (i) evidence-based, (ii) preventative and/or promotive interventions that have been reported to (iii) reduce risk factors and/or promote resilience (iv) among children, adolescents and/or their families.

Table 3

Summarised examples of preventative and promotive programmes related to resilience

Programme	Programme Objectives and Rationale
Skills Development and Curricula-based Programmes for Children and Adolescents	
<p><i>You Can Do It! Education</i> (Bernard, 2003, 2004, 2005, 2006)</p>	<ul style="list-style-type: none"> • A universal curricula-based programme for children and adolescents between 4 and 18 years of age. • The programme is imbedded in educational and cognitive-behavioural theory, and teaches children and adolescents how to develop more rational beliefs (<i>Positive Habits of the Mind</i>), and to manage the resultant and associated emotional and behavioural outcomes. • The programme has two main long-term objectives, namely the elimination of social-emotional problems, and the development of social-emotional capabilities and skills. • The programme focuses on the development of rational thinking, problem-solving and disputing skills (<i>Positive Habits of the Mind</i>), and emphasises five social-emotional capabilities, namely emotional resilience, confidence, persistence, organisation, and getting along with others.
<p><i>The Passport Programme</i> <i>A journey through emotional, social, cognitive, and self-development</i> (Vernon, 1998a, 1998b, 1998c)</p>	<ul style="list-style-type: none"> • A universal curricula-based programme for children in three developmental cohorts (Grade 1–5, Grade 6–8, Grade 9–12). • The programme is based on rational-emotive behaviour and developmental theory. • The programme aims to support children and adolescents' development throughout their school career by teaching rational thinking and emotional management skills as foundation to other personal capabilities. • In an attempt to improve resilience, the programme focuses on the mastery of various normative developmental tasks, as well as on the management of potential stressors and challenges faced daily by children and adolescents. • The five basic concepts addressed and taught by the programme are self-acceptance, the difference between rational and irrational beliefs, feelings and their connection to cognition and behaviour, the difference between assumptions and facts, and skills to dispute irrational beliefs. • The programme may be implemented in both the classroom and counselling setting.
<p><i>PATHS Programme</i> <i>Promoting Alternative Thinking Strategies</i> (Greenberg et al., 1995; Greenberg et al., 2004)</p>	<ul style="list-style-type: none"> • A universal curricula-based programme for children that promotes social and emotional competence. • The central objective of the programme is to teach children to identify, understand, regulate and express their emotions. • The programme is based on the ABCD-model (Affective-Behavioral-Cognitive-Dynamic), and focuses on the development of skills related to problem solving, self-control, emotional awareness and regulation of emotions, cognitions and behaviours. • The programme considers five main domains of functioning, namely self-management, understanding of emotions, positive self-image, relationships, and interpersonal relationships.
<p><i>SDS-SPS Programme</i> <i>Social Decision-Making and Social Problem Solving Programme</i> (Brune-Butler, Hampson, Elias, Clabby, & Schuyler, 1997)</p>	<ul style="list-style-type: none"> • A two year universal resilience programme for children and adolescents. • The programme was known previously as <i>the Improving Social Awareness-Social Problem Solving (ISA-SPS)</i> programme. • The resilience programme targets the normative developmental issues related to adolescence and the challenges accompanying the transition to middle school. • The focus areas include personal skills development and skill building to

increase social awareness, social competence, problem-solving, decision-making and managing adjustments related to development.

RBP

Resilience Builder Programme for Children and Adolescents: Enhancing Social Competence and Self-Regulation
(Alvord et al., 2011)

- A cognitive-behavioural programme for children and adolescents.
- The programme promotes social skills through interactive group activities, and targets the protective factors that promote the ability of children and adolescents to manage life's challenges.
- Some of the targeted factors include modulating emotions and behaviour, taking initiative, initiating and maintaining relationships with others, and partaking in pleasurable activities of personal interest.
- The six foundational categories that encompass these factors are a proactive life orientation, self-regulation abilities, social connection and bonding, development of personal talents, strong communities, and proactive parenting.
- The programme relies on the involvement of parents to support their children's learning and homework activities and to practice the learnt social skills.

Resilience Therapy

A group intervention programme to promote the psychological wellness of adolescents at risk
(MacFarlane, 2000)

- A group-oriented resilience programme for adolescents at risk for pathology.
- The programme promotes resilience through developing the personal attributes of adolescents in order to strengthen them in overcoming life's difficulties.
- The programme consists of 12 sessions of one hour each.
- The programme is based on the premise that choice underlies the development of resilience, and that resilience can be learnt through developing personal skills via group therapy.

FRIENDS Programme

A cognitive-behaviour therapy intervention to promote emotional resilience
(Barrett, Moore, & Sonderegger, 2000; Barrett et al., 2003)

- A universal school-based programme to promote emotional resilience and to reduce anxiety in children and adolescents aged 7 to 16 years old.
- The programme is developed on the principles of cognitive-behavioural therapy, and consists of 10 sessions in total.
- The programme employs cognitive, behavioural and physiological strategies to teach children the skills to reduce and manage anxiety, to increase their self-esteem and to promote overall resilience against daily problems.
- A *Family Skills component* is included in the programme, where parents attend six sessions that match and address the themes and content of the children and adolescents' sessions.

Penn Resiliency Program (PRP)

(Gillham, Reivich, & Jaycox, 2008; Gilliam, Brunwasser, & Feres, 2007)

- A 12 to 18-session resiliency programme for children and adolescents.
- The resiliency programme is based on cognitive-behavioural theory, and is typically implemented in group settings.
- The programme teaches the principles of cognitive-behavioural therapy, and focuses on problem-solving skills, managing difficult situations, and emotional regulation.
- The programme aims to improve children and adolescents' social problem solving, sense of competency and mastery, assertiveness, connecting with others, negotiating, and relaxation abilities.
- Homework activities are incorporated as part of the programme curriculum, and parental involvement is encouraged throughout.
- The programme has frequently been implemented as a prevention strategy for children and adolescents at risk for developing depression and/or anxiety, as well as with children and adolescents from the general population, and in school-based settings.

Family and Systems-oriented Programmes

The Iowa Strengthening Families Program

- A resilience-focused, life skills programme for families and children between 11 and 14 years old.
- The programme consists of three skills training courses, namely a

(Molgaard et al., 1994; Kumpfer et al., 1996)

parenting programme, children's life skills programme and a family programme.

- The three sections of the programme focus on separate as well as joint parent and children sessions.
- Personal characteristics, such as optimism, empathy, self-esteem, purpose in life, and perseverance are enhanced, and life skills such as problem solving, emotional management, interpersonal skills, reflective skills, academic skills for children and adolescents, job skills for parents, and planning skills are taught.
- A programme for parents and adolescents, consisting of five programme components.
- The programme aims to foster resilience among adolescents and parents during the adolescent's early years of secondary education, to encourage within-family relatedness and connectedness, and to improve inter-community support.
- The five components of the programme are:
 - The *Student Curriculum*, which consists of ten sessions, focuses on emotional awareness, communication skills, conflict resolution, problem-solving and peer-resistance skills
 - A *Parenting Adolescents Quiz (PAQ)*
 - The *Parenting Adolescents: A Creative Experience (PACE)* programme, which consists of eight sessions for parents on listening skills, assertiveness, adolescent development, resilience, resolution of conflict, substances, and family life
 - *Building a Community of Parents*, where parents are provided the opportunity to facilitate relationships and support structures among themselves
 - A *handbook for parents* with strategies on effective parenting and assisting adolescents
- The programme is considered to prevent social and health problems in adolescents, to promote academic competence, and to increase social and emotional skills.

Resilient Families Programme
Promoting health and wellbeing in adolescents and their parents
 (Jenkin & Bretherton, 1994; Jenkin & Toumbourou, 2005; Shortt, Toumbourou, Chapman, & Power, 2006)

The examples presented in Table 3 are by no means an exhaustive list of the successful and valued programmes available, but serve as evidence for the positive contribution that has been made to this area of resilience research and development. Findings from third wave studies, furthermore, underline the necessity for, and encouragement of, the increased use of multidimensional models of resilience with the aim to expand on the existing knowledge of the mediating, moderating, and promoting factors in the processes of the development of resilience (Cicchetti, 2010; O'Dougherty Wright et al., 2013; Patterson et al., 2010; Toth et al, 2011; Weissberg & Kumpfer, 2003; Weissberg et al., 2003; Wyman, 2003; Wyman et al., 2000). In addition, Cicchetti (2010) and Cicchetti and Rogosch (1997) emphasise the importance of longitudinal studies as, firstly, resilience should not be viewed as a single, fixed “possession” by

an individual, but as a construct and process of developmental nature and, secondly, the indirect and/or delayed effect of preventative programmes should be assessed over a period of time.

Notwithstanding the fact that it is salient for researchers to continue developing and testing complex, transactional, integrated and contextually situated models and processes of resilience, the urgency for developing and implementing preventative and promotive interventions have never been more emphasised than as during third wave resilience research. Moreover, a literature review of the first three waves of resilience studies indicates that the well of information on the construct and development of resilience has by no means dried up, but that resilience studies will enter an exciting era of multi-disciplinary research in the anticipated fourth wave.

Fourth Wave Perspectives on the Development of Resilience: Neurobiology, Epigenetics and Multiple Systems

Although the fourth wave is still in its early stages of development, some researchers have commenced with interdisciplinary expansions on the findings and recommendations of the three preceding waves. Initial fourth wave studies appear to concentrate on resilience in the process of human development as it is mediated and moderated by psychological, neural, genetic and biological correlates (Charney, 2004; Cicchetti, 2010; Curtis & Cicchetti, 2003; Herrenkohl, 2013). These studies are also guided predominantly by a confluence of multi-disciplinary research, with specific foci on the influence of multiple contextual systems, individual neurobiology and the epigenetic processes in the development of resilience (Cicchetti & Blender, 2004, 2006; Gottlieb, 2007; Grillner, Kozlov, & Kotaleski, 2005; O'Dougherty Wright et al., 2013; Rutter, 2013).

Masten (2007) asserts that adaptation should be regarded essentially as a multilevel process and construct. Other fourth wave researchers seem to concur, with studies involving the probabilistic influences of the environment on gene expression and behaviour, as well as the various transactional processes involved at multiple levels of functioning, for example, gene–environment interactions and the bi-directional influences between biology and social context (Cicchetti & Blender, 2006; Gottlieb, 2007; Silk et al., 2007; Wang & Deater-Deckard, 2013). As a result of advanced access to research opportunities through improved technology and methodology (Curtis & Cicchetti, 2003; Masten, 2007), some of the more prominent fourth wave resilience studies conducted thus far have been aimed at investigating individual neurobiological development and its influences, the role of social interaction, gene expressions, brain structure and functioning, epigenetics, interactions among multiple systems, and the neuroscience and biology of resilience (Bowes & Jaffee, 2013; Charney, 2004; Cicchetti, 2010; Cicchetti & Curtis, 2006, 2007; Feder, Nestler, & Charney, 2009; Masten, 2007, 2012; Masten & Obradović, 2008; Ungar, 2013).

The collaborative work of researchers from multiple disciplines has brought forth a stimulating range of emerging resilience studies and prevention science fields. Some of the newly developing areas of intervention and development include intervention studies aimed at reprogramming individuals' adaptive systems that are considered to be poorly regulated, such as the emotional regulatory or immune function and stress-related systems (Compas, 2006; Dozier, Peloso, Lewis, Laurenceau, & Levine, 2008; Fisher, Van Ryzin, & Gunnar, 2011; Masten, & Obradović, 2006; Meaney, 2010; Yehuda, Flory, Southwick, & Charney, 2006), research and programmes on various adaptive systems in the process of recovery from adversity such as biological sensitivity to one's context, bi-directional factors and differential vulnerability in

adaptation, and the calibration of adaptive systems models (Boyce & Ellis, 2005; Del Giudice, Ellis, & Shirtcliff, 2011; Meaney, 2010), studies aimed at integrating existing theory and models of resilience with ecological perspectives and systems, social systems, the individual's biological and neurological systems, and the relationship between the development of resilience and the mechanisms of neural plasticity (Cicchetti, 2002; Cicchetti & Blender, 2006; Longstaff, 2009; Masten & Obradović, 2008), investigation of gene X environment interactions and preventative intervention effects (Bowes & Jaffee, 2013; Brody, Beach, Chen, & Murry, 2009; Cicchetti & Tucker, 1994; Kim-Cohen & Gold, 2009; Meaney, 2010) and, lastly, studies directed at assessing the effectiveness of interventions on gene expression, biological markers and neural functions (Blair, 2010; Brody et al., 2009; Cicchetti, 2010).

Although financial and practical limitations keep various scientists and practitioners from the opportunity to conduct such technologically advanced and interdisciplinary research, Cicchetti and Blender (2004) propose that it would be ideal if researchers aimed to perform analyses on multiple levels, where the function of biology, psychosocial aspects, and environmental-contextual factors are considered and measured extensively. Furthermore, according to Masten and Cicchetti (2010), researchers should note that developmental cascades and bi-directional, transactional processes influence the pathways to resilient functioning and, moreover, that biological or genetic systems do not function independently, but that a change in one system, such as the environment, will influence another system, or various other systems, such as an individual's perceptions and personal functioning (Cicchetti, 2010; Cicchetti & Curtis, 2006).

Analyses on multiple levels of functioning (psychological, biological, ecological and contextual) are anticipated to increase in future, and will continue to serve in clarifying the

crucial processes involved in the development of resilience and directing the implementation of preventative and promotional interventions, while considering factors such as the specific area of focus and the critical timing of implementation of such interventions. Despite the fact that the fourth wave is only in its foundation phase, researchers predict that future multi-level and multi-disciplinary studies and collaborations will provide a better understanding of the construct and development of resilience (Charney, 2004; Cicchetti, 2010; Cicchetti & Blender, 2006; Curtis & Cicchetti, 2002). Ultimately, the focus of such future studies should remain on the development and promotion of resilience among individuals and communities in order to increase their ability to adapt flexibly and overcome the inevitable adversities of life (Cicchetti & Blender, 2006; O'Dougherty Wright et al., 2013; Ungar, 2013).

Finally, a literature review indicates clearly that the four waves of research on resilience are not stagnant or disconnected from one another, but dynamic, variable and interactional instead, and possibly directed by a complex array of influences, constructs and processes from other waves, as well as the given psychosocial, biological, ecological and contextual factors. Despite an array of opinions represented in the literature, it appears that a noticeable degree of consensus has been reached regarding the fact that resilience should not be viewed as a static, single, fixed trait but, instead, as a construct encompassing both processes and outcomes, where individual factors and the environmental context, as well as the mediating, transactional and interactive processes between these factors, form part of the construct (Cowen, 2000; Docket et al., 2007; Egeland et al., 1993; Goldstein & Brooks, 2006; Kumpfer, 1999; Masten, 2007; Masten et al., 1990; Masten & Cicchetti, 2010; Masten & Reed, 2002; Neenan, 2009; O'Dougherty Wright & Masten, 2006; O'Dougherty Wright et al., 2013; Richardson, 2002;

Riley & Masten, 2005; Ryff & Singer, 2000; Sameroff, 2009; Van Breda, 2001; Walsh, 1998; Werner & Smith, 2001; Wyman et al., 2000).

The following section moves from the broader perspectives on resilience presented thus far to a more specific model of resilience with a discussion of the Resilience Framework (Kumpfer, 1999). In order to provide the theoretical backdrop and conceptual model of resilience, as it informs and directs the current study, the Resilience Framework (Kumpfer, 1999) and its various components are explored and discussed in detail as conclusion to this chapter.

A Conceptual Model of Resilience: The Resilience Framework (Kumpfer, 1999)

As noted earlier in this chapter, the Resilience Framework of Karol Kumpfer (1999) bridges the most prominent waves of resilience research in a unique manner. With this framework, Kumpfer (1999) considers resilience and its development in a dynamic, interactive and multidirectional manner. Moreover, this framework aligns with research that argues for, firstly, the inclusion of multiple factors, processes and levels of impact when aiming to create a better understanding of resilience and, secondly, for the development of promotive and preventative interventions (Balsano et al., 2009; Catalano et al., 2004; Cicchetti & Blender, 2004; Guerra & Bradshaw, 2008; Johnson, 1999; Kaplan, 1999; Mampane & Bouwer, 2006; O'Dougherty Wright & Masten, 2006; Patterson et al., 2010; Perkins & Borden, 2003; Theron & Theron, 2010; Weissberg & Kumpfer, 2003; Weissberg et al., 2003; Wyman, 2003).

In an attempt to organise the multitude of research on constructs, factors and processes involved in the development of resilience into one framework, Kumpfer (1999) delineated a flexible, yet organisational model with six major constructs or domains as predictors of successful adaptation throughout life. Kumpfer's (1999) Resilience Framework is primarily viewed and described in terms of, the development of resiliency in children and adolescents,

since she considers positive adaptation and resilient reintegration, during or after adverse stressors, as key components in mastering developmental tasks and as foundation blocks for mastering future developmental outcomes. Figure 1 provides a graphical representation of this conceptual model, as charted by Kumpfer (1999).

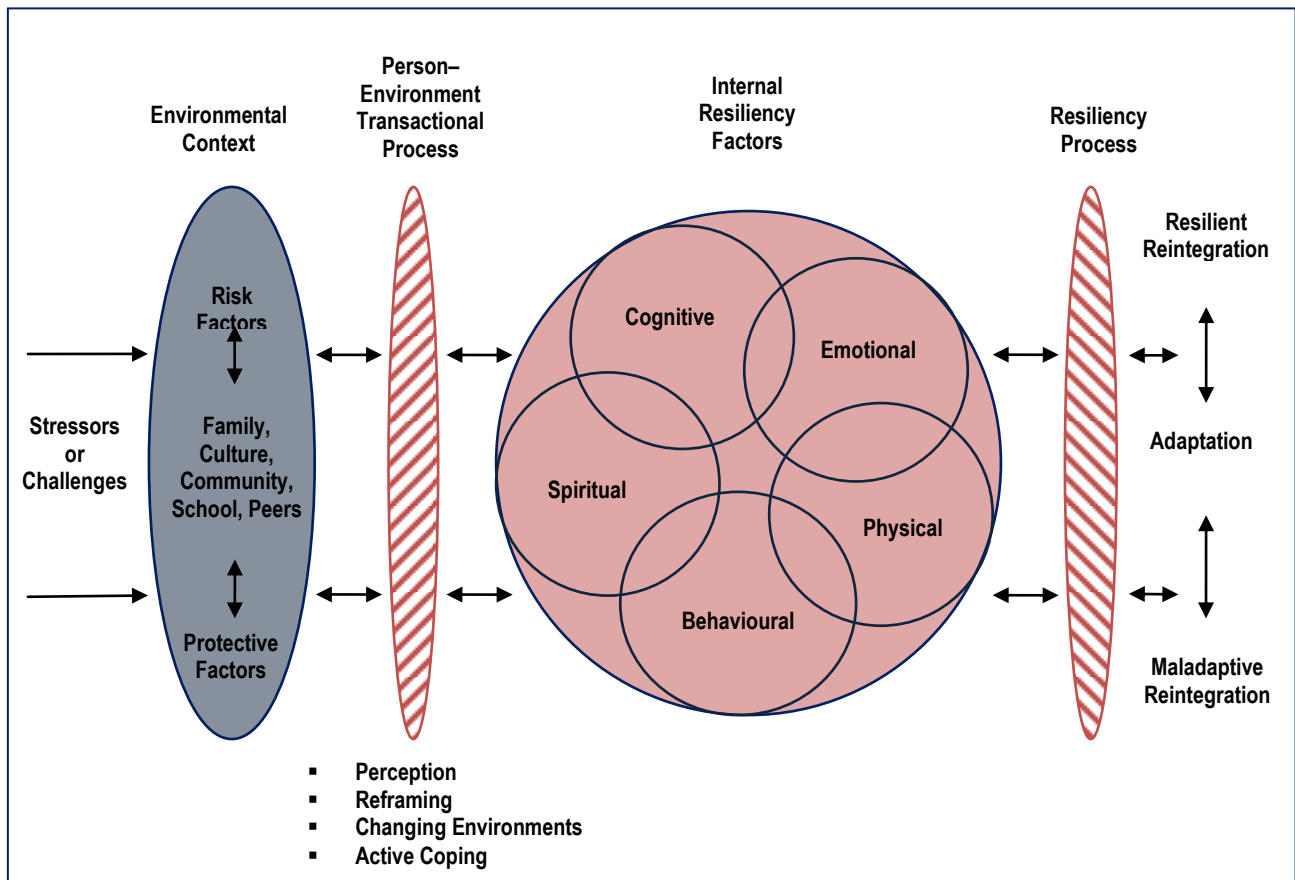


Figure 1. The Resilience Framework (Kumpfer, 1999, p. 185)

As reflected in Figure 1, four of the six major constructs refer to domains of influence, namely *Stressors or Challenges*, the *External Environmental Context*, *Internal and Personal Resiliency Factors*, and *Outcomes related to Adaptation*. The remaining two variables refer to the transactional points and processes between such domains and are the *Person-Environment Transactional Process* and the *Resiliency Process between the Person and their choice of Outcomes*. The rationale of each of these six predictors, as outlined and validated by Kumpfer

(1999), will now be explored against the backdrop of resilience literature. More specifically, the domain of influence pertaining to *Internal and Personal Resiliency* will be discussed in depth, as it represents the designated focus area for research and intervention in the present study.

Stressors or Challenges

The stressors or challenges confronting individuals, families, communities or groups are considered to be the stimulus that serves as activator for the onset of the resilience process. Kumpfer (1999) states that the emergence of such stressful triggers causes a disruption in the child, adolescent or system, and that the extent of such disequilibrium and levels of discomfort are related directly to individuals' perception and cognitive evaluations of such stressors or challenges. Others appear to agree with Kumpfer (1999) in that some form of stressor, whether acute or cumulative, proximal or distal, must be present in order for someone to be able to develop resilience, and that significant positive transformation, growth and adaptation could result from such adverse experiences (Garmezy & Masten, 1991; Grotberg, 2003; McMahon, 2007; Neenan, 2009; Schaefer & Moos, 1992).

The External Environmental Context

The second construct in this framework refers to the external environmental context surrounding a child or adolescent, which comprises risk and protective factors and processes as they are represented in the domains of family, culture, community, school and peers (Kumpfer, 1999). As this model and other researchers indicate, such risk and protective processes and factors are in constant interaction with one another, and could have either a promoting or deterring impact on the child's opportunity to develop resilience, as well as on their future adaptation (Boyden & Mann, 2005; Goldstein & Brooks, 2006; Kumpfer, 1999; Lee, Kwong, Cheung, Ungar, & Cheung, 2010; O'Dougherty Wright & Masten, 2006; Richman & Fraser,

2001; Sameroff, 2009). However, Kumpfer (1999) cautions researchers on their definitions of risk when she notes that children from “high risk” environments should not necessarily be considered as “high risk” individuals, but that the child’s perceptions of such environments be considered along with various other demographic factors, including age, culture, geographic location and specific historical period. Others provide support for Kumpfer’s (1999) theory with regard to the fact that “high risk” environments are not inevitably prognostic of negative outcomes, and report that various factors play a role in this process, such as the child’s perception, experience and management of the risks from the external environment (Almedon, 2005; Bernard, 1993, 2003, 2004, 2005, 2006; Conrad & Hammen, 1993; Gordon & Song, 1994; Luthar, Doernberger, & Zigler, 1993; Werner & Smith, 1992; Wyman, Cowen, Work, & Kerley, 1993); the prevalence, incidence and balance of protective factors in the environment, serving to shield the child and to compensate for the existing risk factors (Greenberg et al., 2004; Jenkin & Toumbourou, 2005; Masten & Coatsworth, 1998; Molgaard et al., 1994; Newman, 2002; Radke-Yarrow & Brown, 1993; Richters & Martinez, 1993; Shortt et al., 2006; Winslow et al., 2006); and the developmental tasks faced by children and adolescents (Alvord et al., 2011; Barrett et al., 2003; Bruene-Butler et al., 1997; Gilliam et al., 2008; Kumpfer, 1999; Vernon, 1998a, 1998b, 1998c).

Person–Environment Transactional Process

As indicated in Figure 1, the first opportunity for interaction between the external environment and the child or adolescent is at the person–environment transactional process point. Various researchers acknowledge the complexity of interaction between individuals and their environments in the process of developing resilience, and continue to agree that resilience as outcome cannot be achieved unless the importance of the transactional processes between

various domains are also considered (Egeland et al., 1993; Goldstein & Brooks, 2006; Luthar et al., 2000; Masten & Reed, 2002; O'Dougherty Wright & Masten, 2006; Rutter, 1994; Sameroff, 2009; Ungar et al., 2008; Werner & Smith, 2001; Wyman et al., 2000). More to the point, Kumpfer (1999) proposes that this domain of transactional interaction between the person and the external environment represents the child or adolescent's processes of selective perception, cognitive analysis and reframing, planning and dreaming, actively changing the environment, identifying and interacting with supportive and significant others, and making use of active coping strategies. Similarly, she states that this domain also refers to the processes pertaining to the roles of significant others as they enhance and support the development of resilience through prosocial behaviours such as role modelling, guiding and advising, responding with empathy, and maintaining healthy levels of involvement (Kumpfer, 1999).

Internal and Personal Resiliency Factors

As noted earlier in this chapter, findings from the third wave indicate clearly that researchers attempting resilience studies and interventions would be wise to choose a specific focus area in order to increase practical application value. In an attempt to comply with these recommendations, the perimeters are drawn even closer in presenting the following section on *Internal and Personal Resiliency*, as this dimension of influence in the conceptual model will inform and direct the present study.

This fourth component of the Resilience Framework (Kumpfer, 1999) encompasses five major domains of internal resiliency, including *Spiritual and Motivational Characteristics*, *Cognitive Competencies*, *Behavioural and Social Competencies*, *Emotional Stability and Management*, and *Physical Competencies*. These dimensions pertain to areas of competence and strength within the child or adolescent which serve as predictors of resilience and are said to

intersect and overlap with one another in a dynamic manner (Kumpfer, 1999). Kumpfer (1999) based the five domains of internal resiliency on a multitude of research that has been reported in resilience literature and are aligned with traditional wisdom on the positive development of children and adolescents. Figure 2 provides a graphical representation of the five domains pertaining to *Internal and Personal Resiliency* as it informs the current study.

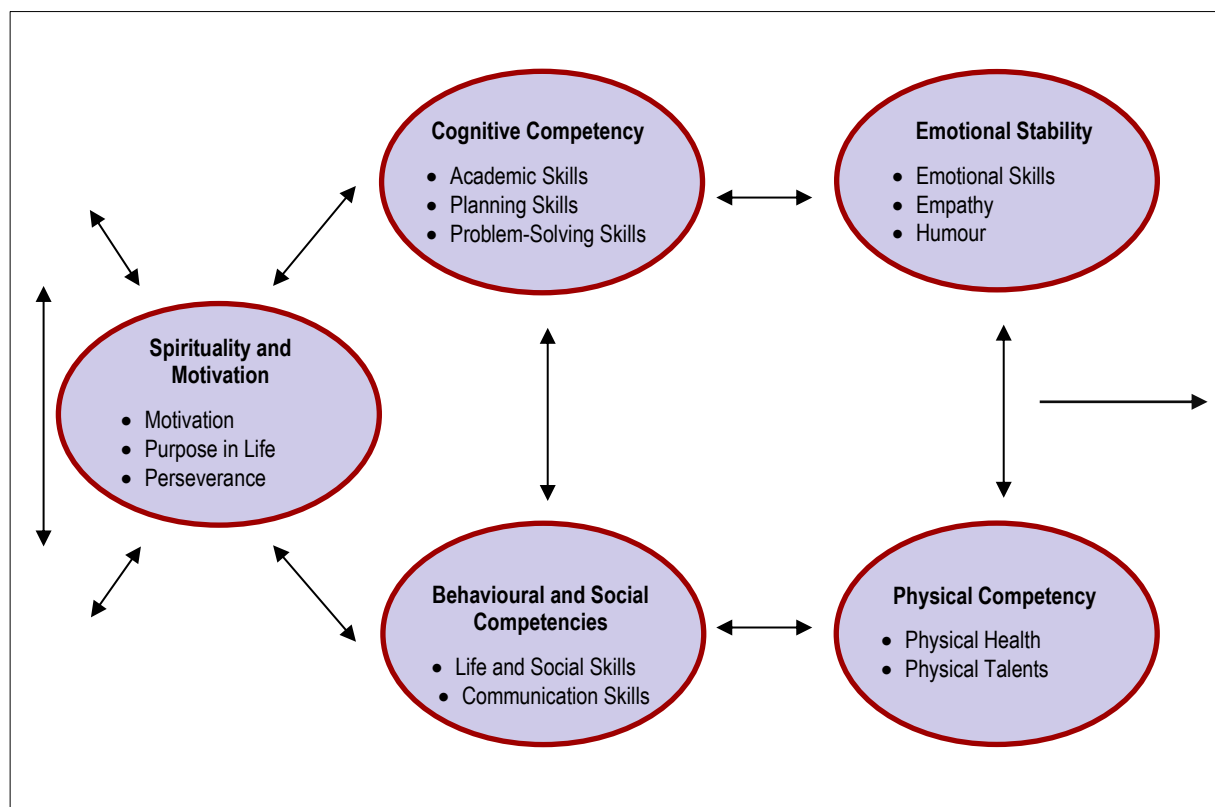


Figure 2. The Five Domains of Internal Resiliency (Kumpfer, 1999, p. 198)

Kumpfer (1999) states that the five domains of internal competencies and life skills reflected in Figure 2 constitute the core of strengths and characteristics which numerous researchers attempt to enhance among children and adolescents. Although there are several variables hypothesised for each of the five domains, a child or adolescent does not necessarily have to “possess” or demonstrate all such variables to be perceived as a resilient individual (Kumpfer, 1999). In fact, children vary with respect to their strengths and competencies:

Individual development, specific points in time and a number of other factors play a substantial role in the development and existence of these capabilities (Kumpfer, 1999; Masten, 2012; Masten et al., 1990; O'Dougherty Wright et al., 2013; Wright & Masten, 1997).

The following section explores these five major domains of personal competency and strength, as theoretically formulated, defined and outlined by Kumpfer (1999).

Spiritual and Motivational Characteristics

According to Kumpfer (1999), this domain refers primarily to the "...cognitive capabilities or belief systems which serve to motivate the individual and create a direction for their efforts" (p. 197). In addition, spirituality and adhering to a spiritual or religious belief system are considered to be predictive of positive functioning and adaptation in the face of adversity (Dunn, 1994; Gordon & Song, 1994; Kumpfer, 1999; O'Leary & Ickovics, 1995).

Kumpfer (1999) asserts that this domain encompasses a cluster of interrelated variables reported in the literature spanning numerous years. These include:

- *Dreams, Goals and Purpose in Life*, which refer to a child's ability to dream and create a realistic mission or purpose in life and have been linked to resilient outcomes among children and adolescents facing adversities (Bandura, 1989; Benard, 1991; Richardson et al., 1990; Rutter & Quinton, 1984).
- *Belief in Oneself or one's Uniqueness* denotes the cognitive processes and beliefs that one is "special" and unique, which motivate and encourage children and adolescents to achieve their goals (Gordon & Song, 1994; Kumpfer, 1999).
- *Internal Locus of Control, Hopefulness and Optimism* represent the child or adolescent's cognitions regarding their perceived ability to influence or modify their current environment and, ultimately, their future. Resilient children and adolescents with well-

developed internal locus of control do not deny the existence of difficulty, but focus their attention on that which is controllable, and release that which is not. This variable also relates to one's hope for the future, and the perceived ability to plan for it (Luthar, 1991; Parker, Cowen, Work, & Wyman, 1990; Werner & Smith, 1992).

- *Determination and Perseverance* refer to the cognitive styles applied by children and adolescents in their attempts to reach their goals or overcoming difficulty, and include practicality in their coping styles, life skills, creativity, cognitive flexibility, the capability to bear discomfort, and “street smarts” to function efficiently within various environments (Bandura, 1989; Flach, 1988; Garmezy, 1985; Werner, 1986; Wolin, 1989).

Cognitive Competencies

Cognitive competencies and skills are considered to assist an individual in achieving their dreams and goals (Kumpfer, 1999). Although there is a multitude of cognitive competencies associated with resiliency, the availability and strength of these competencies vary from one individual to another. Kumpfer offers the following cluster of variables as components of the domain pertaining to cognitive competencies:

- *Intellectual Competence and Academic Skills* refer to a child's intelligence as protective factor and buffer against stress and adversity, where intellectual ability is influenced by various factors such as biological and genetic variables, postnatal health and nutrition, exposure to physical trauma, and exposure to learning. In addition, academic competencies and homework skills, reading ability, and achievement motivation are included in this domain as predictors for academic functioning and later career success (Garmezy & Masten, 1991; Kandel et al., 1988; Luthar & Zigler, 1992; Masten, 1994; Masten et al., 1988; White, Moffit, & Silva, 1989).

- *Moral Reasoning* refers to the cognitive aspects of morality, such as the child's ability to discern between right and wrong, to develop standards for normative or correct behaviour towards others, to develop a sense of value for what is fair and decent, and to serve and be compassionate towards others (Coles, 1989; Kagan, 1984; Kumpfer, 1999; Selman, 1980; Wolin & Wolin, 1993).
- *Insight, Intrapersonal Reflective Skills and Interpersonal Awareness* denote the child or adolescent's personal insight and capability to reflect on their own interpersonal and intrapersonal skills and functioning and to compare these skills with others. These variables also refer to the child or adolescent's ability to apply "adaptive distancing" from dysfunctional environments, to remain empathetic and caring towards others, and to develop good interpersonal skills and social support networks (Beardslee, 1989; Beardslee & Podorefsky, 1988; Bennett, Wolin, Reiss, & Teitelbaum, 1987; Berlin & Davis, 1989; Doernberger, 1992; Flach, 1988; Luthar, 1991; Werner, 1993; Wolin & Wolin, 1993).
- *Self-efficacy, Self-esteem and the Ability to Restore Self-esteem* signify the resilient child or adolescent's self-perception and accurate evaluation of competencies and strengths to perform certain tasks, as well as the ability to develop a sense of certainty and predictability in such strengths. This, furthermore, includes the child or adolescent's capability to develop "resilient self-efficacy" in that they are able to restore these perceptions of self during or following times of adversity and that the evaluations of these perceptions will influence future choices as well as the child or adolescent's self-esteem and self-efficacy (Bandura, 1989; Flach, 1988; Lawrance & McLeroy, 1986).

- *Planning Ability* refers to the child or adolescent's cognitive ability to envisage the results of their choices or events and to plan in accordance. Planning competence will effect emotional and behavioural outcomes, influence the direction of the child or adolescent's future choices, and is considered to relate to the ability to delay gratification (Anthony, 1987; Clausen, 1991; Garnezy & Masten, 1991; Mann, Harmoni, & Powers, 1989; Rutter & Quinton, 1984).
- *Creativity* reflects a child or adolescent's cognitive ability to create new things and ideas and to express themselves via creative activities during times of difficulty. This variable also contributes positively to a child or adolescent's problem-solving skills, self-esteem and ability to optimally utilise whatever restricted resources are available within the given environment (Jacobs & Wolin, 1991; Wolin & Wolin, 1993).

Behavioural and Social Competencies

This third domain of *Internal and Personal Resiliency* builds on cognitive competencies in that a child or adolescent cannot merely acknowledge their circumstances on a cognitive level – behavioural action is demanded to follow (Kumpfer, 1999). However, Kumpfer (1999) states that not all children are able to demonstrate behavioural and social skills, despite the fact that they might be cognitively competent to know what is expected of them. Furthermore, this domain reflects the child or adolescent's social and behavioural competence across various environmental settings, and encompasses critical competencies related to resilience, such as social and life skills, communication abilities, problem-solving skills and peer resistance capabilities (Garnezy & Masten, 1986; Kumpfer, 1999). The cluster of variables delineated by Kumpfer (1999) for inclusion in the behavioural and social domain is presented below.

- *Problem-Solving Skills* reflect the resilient child or adolescent's capability to make use of creative problem solving, to be flexible and original, to focus on the desired outcomes of tasks, to decide on the most effective solutions, to implement such solutions, and to evaluate the outcomes. These skills are considered to promote initiative, belief in perceived control over problems, and optimism for future endeavours. This dimension of the behavioural and social domain might refer to both general and specific problem-solving skills, which are either practised when new problems occur or applied to specific types of problems such as peer pressure for drug use. In general, problem-solving skills are characterised by: Motivation and interest to solve problems via cognitive-behavioural responses, accurate identification of said problems, generating any number of possible solutions and consequences involved in such, consideration of available resources, selection and implementation of the chosen solution and, finally, reflection and verification of results for future problems (Anthony, 1987; Cohler, 1987; Demos, 1989; D'Zurilla & Nezu, 1990; Flach, 1988; Kumpfer, 1999; Neiger, 1992; Rutter & Quinton, 1994; Wolin & Wolin, 1993).
- *Empathy and Interpersonal Social Skills* represent a number of relational skills and strengths related to the child or adolescent's interpersonal and social interaction. Among those included in this cluster are the resilient child or adolescent's communication and listening skills, sense of social responsibility, the capacity to respond empathetically towards the needs of others, the ability to resist peer pressure, the capacity for attachment and intimacy with others, the skills to locate, engage and draw on the support of others during times of crisis, and the capability to develop and improve such social skills (Berndt & Ladd, 1989; Demos, 1989; Felsman, 1989; Garmezy, 1985; Garmezy &

Masten, 1986; Jacobs & Wolin, 1991; Kumpfer, 1999; Pentz et al., 1989; Werner, 1986; Werner & Smith, 1992; Wolin, 1991; Wolin & Wolin, 1993).

Emotional Stability and Emotional Management

The cluster of emotional stability and emotional management skills are said to result from the cognitive domain of internal resiliency in a similar manner than the behavioural and social dimension (Kumpfer, 1999). The cluster variables outlined and hypothesised for inclusion by Kumpfer (1999) involve the following:

- *Recognition and Management of Emotions*, which refer to a child or adolescent's ability to recognise or identify accurately the emotion/s experienced within a given context or following adversity. These also refer to the child or adolescent's capability of regulating such emotions in relation to the difficulty that is experienced and of expressing such emotions in a functional manner (Beardslee, 1989; Kumpfer, 1999; Richardson et al., 1990).
- *Humour, Hopefulness and Happiness* signify the resilient child's capacity to be hopeful and optimistic towards the future, and is related to the ability to build and restore one's self-esteem as a result of past successes. Moreover, this cluster of variables refers to the child or adolescent's effective and appropriate use of humour during or following stressful times, and is considered to be a salient emotional coping strategy of resilient children and adolescents to reduce tension and regain perspective. The use of humour among resilient children and adolescents are considered to enhance the development of interpersonal skills with peers. Finally, this cluster considers the importance and impact of biology and genetics on aspects such as temperament, as well as that of individuals'

mental health practices, diet and exercise as role players in emotional functioning and stability (Kumpfer, 1999; Masten, 1982; Werner, 1993 Wolin & Wolin, 1993).

Physical Competencies

The fifth and final domain pertaining to internal and personal resiliency relates to physical competencies. Kumpfer outlined the following cluster of variables relating to physical competencies and physical well-being.

- *Good Health and Health Maintenance Skills* refer to the child or adolescent's history and current status of physical health, which might be a result of genetic factors as well as the practice of good health maintenance in everyday life. Such health maintenance factors could include a nutritious and balanced diet, sufficient and restful sleep, and participation in regular exercise, and are considered to predict higher levels of resilience in children and adolescents (Cicchetti & Garmezy, 1993; Kumpfer, 1999; Werner, 1993; Werner & Smith, 1992).
- *Physical Talents and Accomplishments* embody the physical skills and competencies that can be improved or developed by a child, and might be regarded as valuable assets by others, as well as by the child. These variables are considered to lead to increased perceptions of control and mastery and, in turn, enhanced self-esteem. They could, furthermore, provide the child or adolescent with opportunities for social interaction and social skills development when practised within a group format or guided by teachers and coaches (Kumpfer, 1999; Masten, 1994; Werner & Smith, 1992).
- *Physical Attractiveness* refers to the physical appearance which a certain group or culture perceive as being desirable, and is reported to be related to the positive functioning and life adaptation of resilient children and adolescents. More specifically, this variable

refers to the increased number of opportunities for the development of social skills for physically attractive children, as they are reported to be “more liked” by others (Elder, Caspi, & Van Nguyen, 1986; Kumpfer, 1999).

It is clear from the exploration of the five domains related to internal resiliency, that these domains do not present and function in isolation, but that the clusters of variables overlap and influence one another in a dynamic and interactional manner (refer to Figure 2). Furthermore, in line with Kumpfer’s (1999) reasoning, findings from more recent studies provide support for the various outlined cluster variables and, although they might not necessarily be organised along the exact same domains as those from Kumpfer’s (1999) model, these internal and individual characteristics and skills are consistently noted as salient attributes and strengths of resilient children and adolescents (Alvord & Grados, 2005; Benard, 2004; Benson, 2007; Campbell-Sills, Cohan, & Stein, 2006; DuMont et al., 2007; Durlak et al., 2010, 2011; Flemming, Mackrain, & LeBuffe, 2013; Guerra & Bradshaw, 2008; Hamilton et al., 2004; Luthar & Cicchetti, 2010; Mampane & Bouwer, 2006; Masten, 2007; Naglieri, LeBuffe, & Shapiro, 2013; Steinhardt & Dolbier, 2008; Tedeschi & Kilmer, 2005; Tinsley Li et al., 2007; Vanderbilt-Adriance & Shaw, 2008).

Attention will now be redirected to the remaining two constructs of the Resilience Framework (Kumpfer, 1999).

The Resiliency Process

As can be seen in Figure 1, this dimension represents the point of interaction between the internal characteristics and competencies of the individual and the final outcomes related to resilience. Kumpfer (1999) states that this dynamic and transactional process serves as a significant predictor of positive outcomes related to resilience and adaptation. Others agree by

noting that researchers intervening to foster resilience among children and adolescents should not merely aim to determine protective and/or risk factors involved, but to also gain a better understanding of such individual factors and the processes involved in developing resilience (Baldwin et al., 1993; Egeland et al., 1993; Glantz & Sloboda, 1999; Johnson, 1999; Luthar et al., 2000; Richardson et al., 1990).

Positive Outcomes and Adaptation

This sixth and final stage of the Resilience Framework (Kumpfer, 1999) signifies the positive outcomes related to resilient children and adolescents. Kumpfer (1999) proposes that various levels of outcomes result from the dynamic transactional interactions and processes, factors and competencies encompassed in the preceding domains of the Resilience Framework. As reflected in Figure 1, the three main options of outcomes are:

- *Resilient reintegration*, which refers to a higher degree of strength and resilience obtained by the individual following adversity. Higher levels of adaptation and resilient reintegration are considered to predict the mastery of developmental tasks and to serve as foundation for future development.
- *Adaptation*, which refers to a homeostasis and similar degree of resilience and adaptation as prior to the occurrence of challenges or stressors.
- *Maladaptive reintegration*, which refers to a lower degree of reintegration and resilience outcomes following adversity. Increased levels of maladaptive reintegration could lead to *dysfunctional reintegration*, where children or adolescents might not be able to recover from adversity and a significant reduction in functioning is observed.

Kumpfer (1999) states that these levels of outcomes indicate the degree of adaptation and resilient reintegration of a child or adolescent, which serves to support the mastery of developmental tasks as foundation for future growth.

In conclusion, it is clear that the Resilience Framework offers a comprehensive and organised, yet flexible and transactional framework for the conceptualisation of resilience, as it represents both processes and outcomes of this construct (Johnson, 1999; Kumpfer, 1999; Mampane & Bouwer, 2006; Perkins & Borden, 2003). According to the literature, authors vary in their opinions on the organisation and specific loading of cluster variables encompassed by the domains of influence. However, the foundational principles of this model resonate with trends and recommendations made by numerous researchers in that it considers the aspects of children and adolescent's individual competencies and those of the environmental context, as well as the transactional relationships and processes between these dimensions (Johnson, 1999; Kumpfer, 1999; Perkins & Borden, 2003). In addition, this model acknowledges the complexity and influence of biological and demographical factors such as gender, culture, environmental issues, and individual developmental tasks in the enhancement of resilience among children and adolescents (Kumpfer, 1999). Johnson (1999) likens the Resilience Framework of Kumpfer (1999) to the cognitive developmental stage sequencing theory of Piaget (1952, 1972), where the specific characteristics of each stage of development is noted, as well as the movement from one stage to the next, as children attempt to develop higher-order cognitive functioning. According to Johnson (1999), this framework of resilience adds a dimension that focuses on the role of transactions between children and adolescents and their environments, which is considered to "create opportunities" for the continuance of movement in order to reach higher levels of adaptation or resilient integration.

Although this model was developed during the latter part of second wave resilience studies, the fact that recent research findings emphasise similar perspectives, processes, domains and factors as predictors of resilience, is testament to the dynamic, interactional and complementary nature of resilience research over time, as well as to the practical application value of this model for the present study.

Conclusion

A literature review of resilience studies conducted over the past five decades has emphasised numerous attempts at clarifying and conceptualising this multifaceted construct. From the outset of the current chapter, the most prominent issues and controversies associated with resilience were explored, prior to presenting a multi-level and comprehensive definition of this complex construct. Perspectives on resilience across four waves of research were discussed in depth, and the author emphasised the major trends and findings associated with each. It is evident from this literature review that resilience research has demonstrated profound growth. Recent international studies, as well as local research findings, indicate the necessity of resilience acquisition among children and adolescents. This chapter moved from the broader perspectives on resilience research to the discussion of a specific conceptual model, namely the Resilience Framework (Kumpfer, 1999). The theoretical principles of this model and its six major components were explored and discussed against the backdrop of resilience theory, as it informs and directs the current study.

In recognition of the inevitable daily demands placed on children and adolescents, and the existing hiatus pertaining to promotive and developmentally appropriate resilience programmes for youth in the South African context, the current study will attempt to rise to the

challenge and develop a programme to promote internal and personal resiliency among adolescent females.

We now turn our attention to the next chapter, which provides an exposition of the proposed resiliency programme as theoretically guided by the Resilience Framework (Kumpfer, 1999) as conceptualisation model. This programme will be informed further by the developmental considerations pertaining to female adolescents as the target population, and implemented via a cognitive-behavioural approach as implementation strategy and mode of delivery.

3

Programme Rationale

The previous chapter provided an extensive literature review with perspectives on the construct and development of resilience across four research waves. It became increasingly evident throughout this review that the venture of promoting resilience via promotive programmes is by no means a simplistic endeavour, but one that is complicated by a number of pertinent considerations. The present chapter departs from a similar perspective, and focuses predominantly on the rationale underlying the development of the resiliency programme implemented in the present study. Emphasis is placed on the most pertinent guidelines and recommendations from existing literature which were followed and integrated throughout the development, implementation and evaluation of this programme.

This chapter commences with a brief review of, and motivation for, the utilisation of the previously discussed theoretical frame of reference (the Resilience Framework of Kumpfer, 1999) as it pertains to the domain of *Internal and Personal Resiliency*. Special attention is paid to developmental phase and gender as two of the specifiers for the development of internal resiliency. The chapter proceeds to a discussion of the rationale for a cognitive-behavioural approach as the programme's implementation strategy and proposed mode of delivery. Thereafter, the rationale and developmental perspective, the structure, composition, objectives and practical implementation of the resiliency programme are presented for each of the programme modules respectively. As a practical guide to the implementation of this programme, the Facilitator's Manual will be discussed briefly. The chapter concludes with a motivation for, and exposition of, a three-dimensional programme assessment protocol to evaluate the efficacy, quality and integrity of the resiliency programme implemented in the present study.

Theoretical Frame of Reference: Internal Resiliency

From a detailed literature review presented in Chapter 2, the Resilience Framework (Kumpfer, 1999) was considered a suitable frame of reference to serve as the overarching conceptualisation model of resilience in the current study. The domain of influence pertaining to internal resiliency was selected as the main focus of intervention and development. A number of aspects and key features motivated the selection of this theoretical frame of reference for the present study. These considerations and features integrated by Kumpfer (1999) include the following:

- The development and organisation of the framework is based on a vast amount of existing research on the construct and development of resilience.
- This framework includes multiple factors, outcomes, as well as transactional processes of resilience and their development.
- Individuals' uniqueness and varying levels of personal development are considered to be a part of the development of resilience and adaptation throughout life. Such levels of resilience might vary during different times and under different circumstances.
- The framework is described mainly in terms of the positive factors and processes related to the development of resilience among children and adolescent populations, as these inform the mastery of developmental outcomes and encourage future developmental successes.
- The model and its delineated constructs are not prescriptive and rigid in nature, but dynamic, transactional and interactional instead.
- The framework acknowledges the complexity of the construct of resilience and its development and, therefore, delineates six multi-dimensional domains and predictors of

positive development. Four of these domains are considered to be modalities of influence for the promotion of resilience and positive development.

Therefore, this model was deemed an appropriate theoretical frame of reference to provide the current study with an extensively researched, comprehensive, dynamic and transactional, structured yet flexible, foundation for understanding the construct and development of resilience. It further outlines the most prominent outcomes, processes and factors included in each domain.

More specifically, in line with recommendations made by numerous third wave researchers, a specific area of focus for the present research was chosen, namely the individual, as reflected in the Resiliency Framework's (Kumpfer, 1999) domain of *Internal and Personal Resiliency*. In review, this domain pertaining to internal resiliency encompasses five dynamic, transactional and overlapping modalities of personal and internal competencies and strengths:

- *Cognitive Competencies*
- *Emotional Stability and Management*
- *Behavioural and Social Competencies*
- *Spiritual and Motivational Characteristics*
- *Physical Competencies.*

In addition to selecting the individual as specific target area for the present study, a second decision was made in accordance with the reported guidelines for developing promotional programmes. This second decision acknowledged the complexity of developing internal resiliency, as guided by critical timeframes and the factors embedded in the participants' developmental phase and gender. Consequently, serving as the target area for intervention in the present study, a collective set of skills, strengths and competencies was selected from those

encompassed by each of the five domains related to internal resiliency. (For an exposition on the various factors related to each of the five domains, refer to Chapter 2.) Furthermore, a gender focus and a developmental stance informed and directed the present study's perspective on internal resiliency, and drove and directed the selection of the set of skills, strengths and competencies addressed in the resiliency programme. This collective, interactive and dynamic set of individual skills, strengths and competencies, as they are related to the five domains of internal resiliency in the present study, is presented in Figure 3.

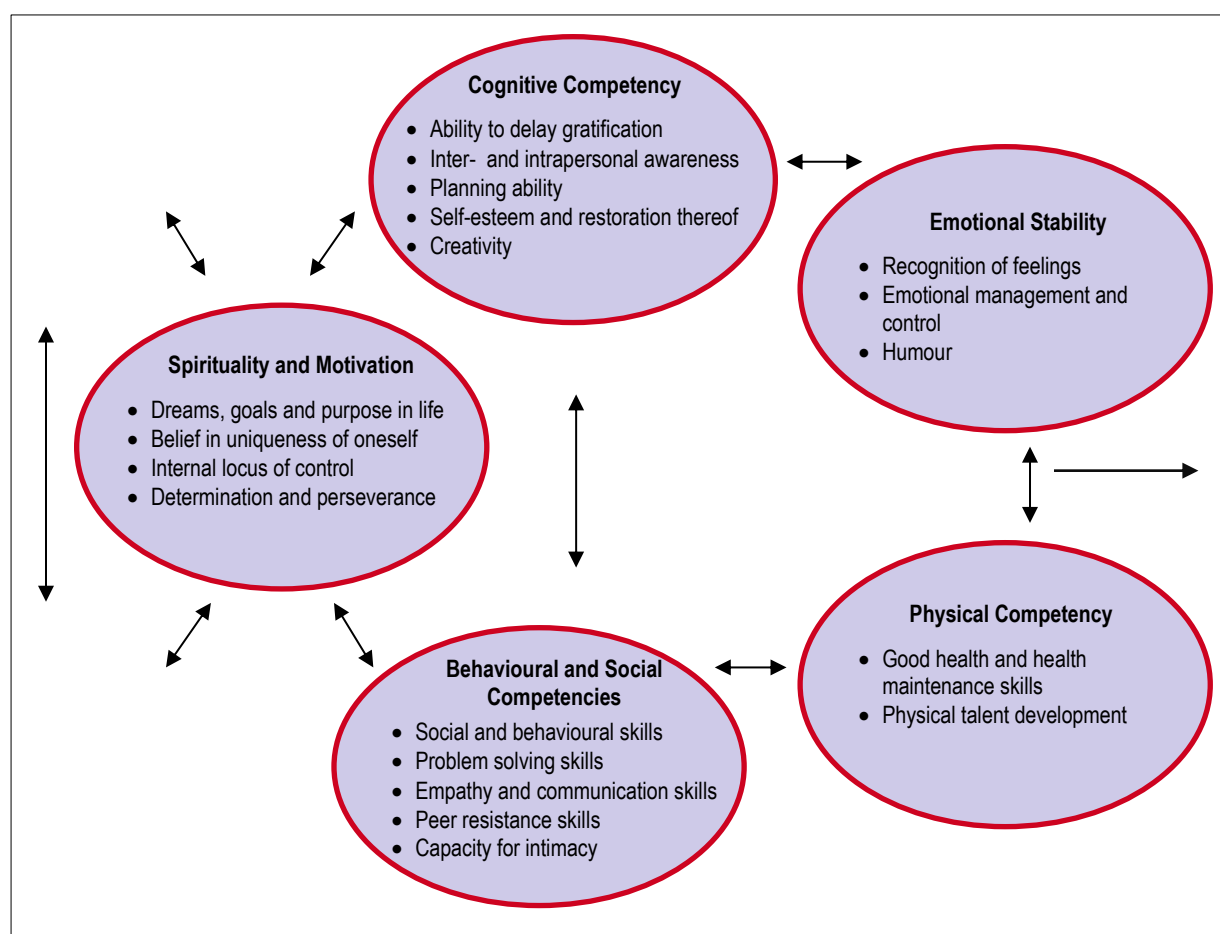


Figure 3. Skills, Strengths and Competencies pertaining to Internal Resiliency (adapted from Kumpfer, 1999, p. 198)

The skills, competencies and areas of strength delineated for promoting internal resiliency in the current study correlate with those reported repeatedly in resilience literature. Furthermore, the development of internal resiliency is considered to promote positive development as precursor and foundation for future development (Kumpfer, 1999). These factors were, therefore, identified as the targeted resiliency outcomes of the present study, as they are considered to be embedded in the domain of *Internal and Personal Resiliency* in a complex, dynamic and interactive manner. (These skills, strengths and competencies are presented as part of an integrated matrix in Figure 4 later in this chapter. This figure is a visual representation of the conceptualisation of, and foundation for, the development of the resiliency programme in the present study.)

It is clear that the Resilience Framework (Kumpfer, 1999), more specifically, the domain pertaining to internal resiliency, provides a research-validated, theoretical frame of reference for the development of a resiliency programme for the specifically selected target population in the current study, namely female adolescents. Furthermore, it is evident that the two specifiers for internal resiliency in the present study pertain to the developmental phase of adolescence and the female gender.

The following section presents the underlying rationale and developmental considerations pertaining to female adolescents as the specific target population for promoting internal resiliency in the present study.

Female Adolescents: Developmental Considerations

In acknowledgement of the recommendations noted across numerous studies, the rationale underlying the development of the resiliency programme for the target population is

embedded in the more prominent and salient considerations represented throughout resilience literature. In review, these considerations and recommendations include the following:

- *Interventions focused on individuals should be timed strategically to ensure that the critical periods of personal development and the “windows of opportunity” associated with positive reaction to promotive and/or preventative interventions are considered* (Heckman, 2006; Luthar & Cicchetti, 2000; Masten et al., 2009; Masten & Cicchetti, 2010; Nation et al., 2003; O’Dougherty Wright et al., 2013; Susman, Dorn, & Schiefelbein, 2003).
- *The complexity of individual developmental outcomes and pathways, protective factors and processes, and positive adaptation during such critical timeframes should be considered in the development of interventions that promote individual resiliency* (Durlak et al., 2010; Lewis, 2000; O’Dougherty Wright et al., 2013; Prince-Embury, 2008, 2011).
- *Resiliency programmes should not only focus on specific age or developmental cohorts as critical periods and so-called turning points in personal development, but should also be refined to be gender specific* (Gilligan, 1990; Jordan, 2006, 2013; Pollack, 1998, 2006; Roothman et al., 2003; Simmons, 2002; Taylor et al., 2000; Ward, 2002).

Therefore, to substantiate the selected target population in the present study, it is paramount to emphasise the critical period of adolescence as developmental phase and “window of opportunity” for the promotive intervention prior to discussing some of the complexities and considerations pertaining to the female gender.

It is an undisputed fact that adolescence is characterised as a time of challenge for many an adolescent. Puberty signals the onset of this transitional phase between childhood and the beckoning freedoms and opportunities associated with adulthood (Coleman & Hagell, 2007;

Schmied & Tully, 2009; Susman et al., 2003). Traditionally, this developmental phase was divided into three broad stages, namely early adolescence (ranging from the age of 10 to 12 years), middle adolescence (ranging from 13 to 16), and late adolescence, also referred to as “emerging adulthood” (ranging from 17 to 21) (Arnett, 2006; Kruger & Prinsloo, 2008).

However, these age-related margins and boundaries appear to be shifting continuously as adolescents are expected to mature, develop and function at a faster pace and higher level than ever before (Susman et al., 2003; Vernon & Bernard, 2006).

According to Vernon and Bernard (2006),

today’s youth are growing up too fast, too soon, and while they may be young chronologically, they are exposed to adult issues through the media and the Internet, as well as from their day-to-day experiences. Despite this exposure, many are not developmentally equipped to deal with many of the issues they are confronted with. (p. 418)

Theoretically, the research participants included in the present study were considered to be in middle adolescence. However, in recognition of the fact that individual development is not necessarily directly proportionate to chronological age, and in order to acknowledge differences, a more flexible and inclusive developmental stance was assumed throughout this study.

The period of adolescence is signified by rapid transitions, calls for adjustment, physiological, psychological, cognitive and behavioural changes, developmental milestones to fulfil, and typical stressors. The literature highlights the fact that middle adolescents are exposed to numerous potential adversities in their environments daily and that these challenges are often superimposed on those already inherent to this developmental phase (Kruger & Prinsloo, 2008; Reivich, Gillham, Chaplin, & Seligman, 2013; Vernon & Bernard, 2006). Moreover, this period

is considered to be one of diversity in developmental pathways, owing to intra-individual changes in development, and inter-individual differences in such intra-individual changes. It is clear that not all adolescents experience this period in a similar manner, nor do they develop at the exact same pace, or present with the exact same outcomes (Lerner, 2005; Lerner & Steinberg, 2004; O'Dougherty Wright et al., 2013). Therefore, developmental changes and challenges might present themselves in numerous forms, such as the adjustment to, and acceptance of, hormonal and physical changes as a result of puberty, scholastic performance pressure, peer group resistance, conflict with parents and others, poor communication skills, low self-esteem, underdeveloped emotional, behavioural and cognitive regulation, poor inter- and intrapersonal skills, a lack of motivation, low self-confidence, stress, and insufficient problem-solving skills (Coleman & Hagell, 2007; Eccles, Wigfield, & Byrnes, 2003; Galambos & Costigan, 2003; Kerr, Stattin, Biesecker, & Ferrer-Wreder, 2003; Lerner, 2005, 2006; Lerner & Galambos, 1998; Lerner & Steinberg, 2004; Perkins & Borden, 2003; Susman & Rogel, 2004; Susman et al., 2003). In addition, for some adolescents, the stressors and expectancies created by society, peers, teachers, parents, as well as those placed on themselves, might be overwhelming and somewhat detrimental to their development and adaptation, should they not be equipped to manage and overcome these in a developmentally appropriate manner (Guerra & Bradshaw, 2008; MacFarlane, 2000; Masten et al., 2008; Masten & Cicchetti, 2010). Coleman and Hagell (2007) state that this phase is characterised by numerous transitions, many of which might cause adolescents to experience apprehension and anxiety about the future, uncertainty and ambiguity about their current status and identity, and constant pressure to readjust psychologically. It is evident that adolescence is considered to be a critical timeframe for the implementation of preventative and/or promotive and developmental interventions, as this phase is frequently

associated with numerous challenges, experimentation on various levels, and decision making that could influence adolescents' futures in profound ways (Biglan, Brennan, Foster, & Holder, 2004; Coleman & Hagell, 2007; Guerra & Bradshaw, 2008; Heckman, 2006; Jordan, 2006; 2013; Kruger & Prinsloo, 2008; Kumpfer, 1999; Lee et al., 2012; Lerner, 2005; Luthar & Cicchetti, 2000; Masten, 2001; Masten et al., 2006, 2008, 2009; Masten & Cicchetti, 2010; Nation et al., 2003; O' Dougherty Wright et al., 2013; Patterson et al., 2010; Perkins & Borden, 2003; Schmied & Tully, 2009; Shortt et al., 2006; UNICEF, 2012). Moreover, various studies on the promotion of internal and personal resiliency within the adolescent community have acknowledged the importance of developing individuals' personal skills, strengths and flexibility in order to foster and promote positive developmental outcomes and trajectories and to ensure that adolescents become better equipped at managing and overcoming life's challenges in future (Balsano et al., 2009; Bradshaw, Brown, & Hamilton, 2008; Catalano et al., 2004; Choi et al., 2003; Coleman & Hagell, 2007; Larson, 2006; Lerner, 2005; Lewis, 2000; Masten, 2001; Masten & Powell, 2003; O'Dougherty Wright et al., 2013; Ruini et al., 2009; Theron & Dunn, 2010). Kumpfer (1999) maintains that adolescents should be active contributors in creating their own environments, whereas Brandtstaedter and Lerner (1999) consider individuals to be responsible and capable of producing and enhancing their own development. Other researchers concur by stating that adolescents are able to learn personal skills, even if they were not born with the "ideal" genetic and biological foundation (Durlak et al., 2010; Goldstein & Brooks, 2013; MacFarlane, 2000; Naglieri et al., 2013; Ungar, 2013). However, resilience theorists appear to agree that such skills, competencies and strengths related to internal resiliency are not considered to arise without some level of discomfort and difficulty. More than two decades ago, Bandura

(1989) stated that “if people experience only easy successes, they come to expect quick results and their sense of efficacy is easily undermined by failure” (p. 1179).

Statements such as these are congruent with, and reminiscent of, the fact that the participants in the present study were not perceived as isolated from their environmental contexts, but that they possessed the capacity to develop internal resiliency on an individual level, while interacting with, functioning within, and drawing from their various environmental and contextual domains. Furthermore, the present study assumed a strength-based perspective and considered this formative period as characterised by numerous opportunities for growth and development in the face of challenges and demands inherent to this developmental phase. Adolescents might also follow unique individual developmental trajectories as they mature and develop at different strides, levels and points in time.

The rationale underlying the selection of participants from this developmental phase was primarily justified and motivated by the following:

- *Numerous challenges relate to the mastery of developmental milestones, and overcoming of these daily demands and unavoidable stressors are, for the most part, typical of adolescence. Adolescence is considered to be a critical period and “window of opportunity” for promotive and/or preventative interventions related to the development of personal and individual resiliency (Kumpfer, 1999; Kruger & Prinsloo, 2008; MacFarlane, 2000).*
- *The development of individual resiliency in adolescents is strongly associated with successfully adapting to, and managing and overcoming daily expected and unexpected challenges. The development of resiliency is considered to be critical in directing developmental pathways, predicting positive developmental outcomes and functioning in*

future, and increasing the likelihood of success in overcoming adversities superimposed on the challenges already inherent to this phase (Kumpfer, 1999; Lerner, 1998; Masten, 2001; Masten & Powell, 2003; Prince-Embury, 2008; Reivich et al., 2013).

- *Individuals' levels of resiliency might vary across different areas of strength and competence, circumstances and timeframes (Kruger & Prinsloo, 2008; Kumpfer, 1999; Luthar et al., 2000; O'Dougherty Wright et al., 2013; Perkins & Borden, 2003).*
- *Individuals can utilise and draw from any/or all of the five domains related to internal resiliency as well as from their environmental resources and support networks at any given time (Kumpfer, 1999; Nareadi Pasha, 2010; Ungar, 2008, 2013).*
- *Finally, adolescents can learn from challenges, develop new strengths and competencies as a result, and become better equipped to manage future stressors, where such positive developments and growth might be enhanced through the promotion of internal and personal resiliency, and vice versa (Cicchetti, 2010; Coleman & Hagell, 2007; Lewis, 2000).*

It is clear from the discussion thus far that the motivation for developing internal resiliency among the adolescent community is justified. However, although the development of resiliency during this critical timeframe is considered to be equally important for both males and females, existing resilience literature on successful programme development highlights clearly the necessity for interventions that are additionally refined to be gender specific (Gilligan, 1990; Jordan, 2006, 2013; Pollack, 1998, 2006; Roothman et al., 2003; Simmons, 2002; Taylor et al., 2000; Ward, 2002).

In agreement with third wave resilience theorists, the present study focused on the development of a gender-specific programme to promote internal resiliency among females

within the developmental phase of adolescence. In this instance, gender was deemed a specifier for internal resiliency, informing and influencing several facets of functioning and processes during adolescence.

Researchers agree on the fact that males and females from a similar developmental phase will experience and exhibit numerous differences with respect to individual development. The literature frequently highlights such gender differences during adolescence with regard to physical, emotional, social and cognitive development (Feldman, 2011). Consequently, such gender differences are expected to have significant practical implications for developing and implementing promotional programmes similar to that of the present study.

Therefore, in brief, the present study attempted to promote internal resiliency among female adolescents as reflected by its five domains of personal competency and strength delineated by Kumpfer (1999), namely *Spiritual and Motivational Characteristics*, *Cognitive Competencies*, *Behavioural and Social Competencies*, *Emotional Stability and Management*, and *Physical Competencies*. Special attention was paid to accommodate the gender-specific and developmental profile of female adolescents as the target population for this intervention. These gender-specific and developmentally directed considerations informed the development and implementation of each module in this programme.

The following perspectives and gender-specific considerations are presented as integrated summaries from various studies as they pertain to the reported experiences and more typical presentations of females during adolescence (Bolognini, Plancherel, Bettschart, & Halfon, 1996; Benson et al., 2006; Belgrave, Chase-Vaughn, Gray, Addison, & Cherry, 2000; Cohen-Sandler, 2005; Coleman & Hagell, 2007; Feldman, 2011; Hensley Choate, 2007; Jordan, 2006, 2013; Kostanski & Gullone, 1998; Levine & Smolak, 2002; Miller & Stiver, 1997; Nguyen-Gillham,

Giacaman, Naser, & Boyce, 2008; Prentice & Carranza, 2002; Rand & Wright, 2000; Robins, Trzesniewski, Tracey, Gosling, & Potter, 2002; Roothman et al., 2003; Rosenblum & Lewis, 1999; Scales & Leffert, 2004; Scales, Sesma, & Bolstrom, 2004; Shaffer & Kipp, 2007; Stice & Bearman, 2001; Stice & Whitenton, 2002; Taylor et al., 2000; Ward, 2002):

- *Traditionally, female adolescents are associated with distinctly expressive and interpersonally focused gender roles and standards, which might involve being kind towards, caring for, and nurturing others. In general, female adolescents appear to be more relationally oriented than their male counterparts. They might exhibit a tendency to value the needs and opinions of others above their own, and often rate their self-worth in terms of the perceived success of their relationships with significant others.*
- *Female adolescents are considered to cope with stress and adversity in a relational manner, where connections with significant others and support networks are reinforced and nurtured constantly. They frequently express the need to be part of significant and enduring relationships in which mutual growth, support and understanding are cultivated.*
- *A number of researchers are of the opinion that female adolescents often risk “missing out” on opportunities to develop authentic individual identities in their attempts to conform to, and gain acceptance from, their friends, teachers, families, peers and/or male counterparts. The extent of some female adolescents’ efforts to belong and contribute to a specific friendship and/or social group may, in some cases, be considered to inhibit identity formation and individual development.*
- *The literature indicates that females are more likely than their male counterparts to present with unhealthy preoccupations with body image during adolescence. They are*

reported to frequently experience high levels of body dissatisfaction which could, in part, be due to weight gain and changing body shape resultant from the physiological changes inherent to this phase. In addition, adolescent females are considered to experience unrelenting pressure to conform to the so-called female ideal, and find it difficult to meet the media's and society's standards and expectations for thinness and attractiveness.

- *Females tend to be highly self-critical during adolescence and, in contrast to their male counterparts, are more prone to attribute failure to internal factors and shortcomings, while they are likely to attribute success to external circumstances and chance. Female adolescents appear to place a high amount of pressure on themselves to be “perfect” as individuals and to be exceptionally successful in all/most areas of their functioning.*
- *In addition, for females, this phase is often marked by increased levels of depression and stress, as well as significant decreases in self-esteem, self-confidence and perceived self-worth. Researchers are of the opinion that, compared with their male counterparts, they tend to overload their activity schedules, set unrealistic goals with regard to achievement, and are inclined to internalise and “hide” their stress resultant from their need to please others and to be perceived as “in control” of their worlds.*

For the purposes of the present study, these above-mentioned factors and perspectives were not considered as exclusively and/or absolutely representative and reflective of all female adolescents' individual developmental experiences and trajectories per se – inter- and intra-individual differences are recognised. Furthermore, these factors were considered in order to create an awareness of the more distinctive issues reflected by the literature on females during this period and to acknowledge the existing and well-documented perspectives on general adolescent development. For the purposes of this study, the typical developmental milestones

and tasks related to adolescent development, as well as the reported gender-specific considerations, informed the development, implementation, and evaluation of the study's resiliency programme in an integrated and transactional manner. (The specific physical, moral, social, emotional, and cognitive developmental factors related to this target population will not be discussed independently, but will be integrated as part of the developmental perspective and rationale for each of the respective programme modules.)

In addition to the distinctive gender-specific factors and perspectives, as well as the more familiar and expected developmental milestones and challenges inherent to this developmental phase, female adolescents are considered particularly vulnerable to a number of possible additional gender-related adversities.

According to a UNICEF (2012) report, female adolescents worldwide run an exceptionally high risk of school dropout, as well as HIV, domestic violence and early childbearing. Similarly, research conducted in South Africa emphasised that this community is especially vulnerable to socio-economic stressors such as teenage pregnancies, physical and sexual abuse, child-headed households as a result of HIV, future unemployment, and human trafficking (Boer & Tshilidzi Mashamba, 2007; Brook, Morojele, Zhang, & Brook, 2006; Cluver et al., 2007; Dass-Brailsford, 2005; Fincham et al., 2009; Hallman, 2005; Jewkes, Levin, Mbananga, & Bradshaw, 2002; Kaufman & Stavrou, 2004; Kruger & Prinsloo, 2008; Le Roux, 1992; Louw & Louw, 2007; Luke, 2003; MacPhail & Campbell, 2001; Mampane & Bouwer, 2011; Manzini, 2001; Nareadi Pasha, 2010; Simbayi, Chauveau, & Shisana, 2004; Theron & Dunn, 2010; UNFPA, 2013; UNICEF, 2006; Varga, 2003; Wood, Fidelia, Maforah, & Jewkes, 1998). In addition, South Africa's current stressful political, economic and environmental climate could contribute to female adolescents' uncertainty with respect to their futures.

According to Le Roux (1992), the adolescent population suffers most during times of political and economic transitions, as the nature of their developmental phase and the already challenging developmental tasks they face might be complicated by the necessity to adjust to additional socio-economic stressors. The South African female adolescent community could benefit greatly from programmes to empower them through promoting strengths and competencies (internal resiliency). These programmes need to increase their opportunities for, and the likelihood of, reaching positive outcomes in developmental trajectories, despite the possible adversities associated with the current politically, economically and environmentally stressful times.

In summary, thus far, the chapter presented the rationale for using the Resilience Framework (Kumpfer, 1999) as an appropriate theoretical frame of reference and conceptual model of resilience, with particular reference to the domain of internal resiliency as the designated target area for intervention in the present study. More specifically, the complexity of developing internal resiliency was acknowledged, as distinctive gender-specific and developmental factors were considered as two specifiers for the development of internal resiliency among female adolescents. Olsson and colleagues (2003) and Durlak and colleagues (2008, 2010) assert that the process and manner in which interventions are performed should receive a similar degree of attention as determining the specific focus areas of such interventions. Therefore, in adhering to such recommendations, the specific implementation strategy and mode of programme delivery in this study pertained to a cognitive-behavioural approach.

The following section presents the underlying rationale and practical implications related to a cognitive-behavioural approach as selected implementation strategy for the current resiliency programme.

Implementation Strategy: Cognitive-Behavioural Approach

The detailed philosophical foundations underlying all aspects of the cognitive-behavioural therapy (CBT) model will not be discussed in depth in this section, as it is beyond the scope of the current study. However, the relevant premises and practical implications of this theoretical approach will be outlined and motivated to the extent to which these contributed to the development, implementation, and mode of delivery of the resiliency programme for female adolescents in the present study.

A substantial number of psychotherapies and interventions have their origins and foundations in what is known as CBT. To date, various CBTs exist and, although the traditional CBTs developed from separate schools of thought, a number of corresponding principles unite these therapeutic approaches (Dobson & Dozois, 2010; Froggatt, 2005, 2006; Rachman, 2007; Westbrook, Kennerley, & Kirk, 2007). Westbrook and colleagues (2007) list a number of theoretically-related CBTs such as, mindfulness-based cognitive therapy (MBCT), dialectal behavioural therapy (DBT), interacting cognitive systems (ICS) therapy, and rational emotive behaviour therapy (REBT) as some of the existing interventions embedded in the general principles of CBT. The basic, overarching and most prominent propositions of such theories and therapies are that emotions and behaviours result predominantly, although not exclusively, from a number of cognitive processes, inferences, evaluations and beliefs; and that individuals possess the ability to change and adapt such cognitions to redirect their feelings and adjust behaviours (Ellis, 2000; Froggatt, 2005, 2006; Teasdale, 2007; Westbrook et al., 2007). Therefore, CBT is considered as a generic term for all such cognitively oriented approaches, and will be utilised as such in the present study.

Cognitive-behavioural approaches are widely acknowledged and indicated as effective, empirically-based and research-validated interventions for an array of disorders and problems (Butler, Chapman, Forman, & Beck, 2006; Dryden & Branch, 2008; Ford, 2004; Gelder, 2007; Holland, 2006; Hollon & Beck, 2004; L'Etang, 2011; Seligman & Ollendick, 2005; Westbrook et al., 2007), as well as for its efficacy and practical applicability as intervention strategy across diverse preventative, promotional and/or educational and developmental settings (Bernard, 2001, 2003, 2004, 2005; Dryden & Branch, 2008; Gonzalez et al., 2004; Vernon, 2006; Vernon & Bernard, 2006).

A number of modern-day CBT approaches to intervention and development have evolved from the traditional schools of thought, where increased attention has been paid to the role of emotions and individual biology, in addition to cognitions and behaviours. According to Vernon and Bernard (2006), "...if we can teach children how to think rationally, they will approach both developmental and situational challenges in a healthier manner..." and, furthermore, that "...rational thinking principles need to be an inherent part of every young person's experience" (p. 457).

A similar contemporary CBT perspective and approach was assumed throughout the development and implementation of the resiliency programme in the present study with the aim to resemble the tenets of the rational-emotive behavioural theory of Ellis (1994, 2000). The following main principles from rational-emotive behavioural theory informed the development and implementation of the resiliency programme in the present study:

- Individuals are perceived from an integrated and a developmentally focused perspective which sees biological, psychological, emotional, cognitive, social and environmental factors and systems as interrelated.

- Cognition is deemed the most predominant factor in determining individuals' emotional reactions and associated behaviours. This implies that individuals' thoughts, beliefs and interpretations about themselves, others or the world, have a significant impact on their emotions and behaviour.
- Individuals are born with an innate ability to think both rationally as well as irrationally, and are considered to view themselves and the world around them at three levels, namely (i) inferences, (ii) evaluations, and (iii) core beliefs. Alterations in the way individuals think about themselves and in the meanings they attribute to events and the world around them will, ultimately, result in changes with respect to their behaviour and experience of emotions.
- Individuals possess the ability to contribute to, and promote, their personal development and growth. Similarly, individuals' habitual, automatic, and self-defeating beliefs and the "rules" they maintain about themselves and the world are considered to inhibit them from actualising their potential for personal growth and development.
- Rational-emotive behavioural theory is process driven and posits that irrational and dysfunctional cognitions are at the core of emotional disturbance. The active and vigorous disputation of such irrational cognitions might assist individuals in developing more rational, logical, and empirical alternative thinking.
- Four types of irrational and evaluative beliefs are postulated, namely *Demands*, *Awfulising beliefs*, *Frustration Intolerance beliefs*, and *Self-, Other- or Life-rating and Depreciation beliefs*. Such irrational and evaluative beliefs are rigid and/or extreme in nature, inconsistent with reality, illogical, largely unhealthy in their behavioural,

emotional and cognitive consequences, and obstruct individuals from reaching their goals.

- Individuals possess the potential to develop rational beliefs that are essentially consistent with reality, flexible, non-extreme, logical, functional in their expression of emotions and behaviours, and which might assist them in attaining dreams and goals. Such more rational and functional core beliefs include *Non-dogmatic preferences*, *Non-awfulising beliefs*, *high Frustration tolerance beliefs*, and *Self-, Other- and Life-acceptance beliefs*.
- A number of cognitive, behavioural and emotive strategies and techniques might be employed to promote positive change and growth at different levels of functioning. These may include, among others, relaxation, role-playing, reframing, imagery, desensitisation and exposure, skills training, and psycho-educational exercises and techniques.
- The goal of a rational-emotive behavioural approach is to create lasting change at a fundamental and philosophical level through modifying and restructuring individuals' underlying irrational or dysfunctional and evaluative core belief systems. Change at other levels (such as behavioural or physical) is also considered to have an influence on cognition and emotion.
- Rational-emotive behavioural therapy is a cognitive, transparent, collaborative, educative, interactional, dynamic, structured, and active-directive-oriented therapeutic approach, with an emphasis on homework assignments and self-help activities (such as thought records, activity schedules, practical exercises) that actively engage clients throughout the therapeutic process.
- Rational-emotive behavioural therapy could be practised within a range of modalities to include individuals, groups, couples and families.

- An empathetic and warm client–therapist relationship is highly important, although not the only determinant or sole prerequisite and sufficient condition for change – this relationship facilitates the process, and does not replace the therapy itself.

These principles informed and established the foundation for the implementation strategy, process, and mode of programme delivery for the current resiliency programme. These CBT underpinnings and propositions were, furthermore, utilised and inculcated throughout each module of the programme. These principles informed the method and/or approach in which internal resiliency was to be promoted among female adolescents. Some individual skills, strengths and competencies were addressed directly as part of the objectives of a particular module, while others were addressed indirectly by creating opportunities for the development of creativity, social comparison and observations, imitative behaviour, interpersonal learning, the provision of mutual support, and the opportunity to act as “group therapist”. In addition, this cognitive-behavioural approach and implementation strategy directed the practical implementation of each of the modules of the current programme, while particular attention was paid to the gender-specific and developmental profile of females during the period of adolescence. Moreover, the various dimensions related to female adolescents’ development and functioning, as reflected within the cognitive, behavioural, moral, emotional, social and biological developmental spheres, were not perceived as entities that function and develop independently. Instead, these spheres were all considered significant in shaping the developmental trajectories of female adolescents, as they have a bi-directional influence on one another and are related in transactional and dynamic developmental processes across the individual’s entire life span. An integrated developmental perspective is provided as an integral part of the rationale for each of the respective modules included in the resiliency programme, as

it served to inform the development and implementation of the programme via a cognitive-behavioural approach. (For a discussion on these developmental perspectives related to the outcomes of each module, refer to the section on the programme structure later in this chapter.)

Researchers have outlined numerous advantages of applying cognitive-behavioural theory within group settings, for example, that a large number of individuals might be influenced positively in a research-validated and cost-effective manner (Alvord & Grados, 2005; Dryden & Neenan, 2002; Lynch, Berry, & Sirey, 2011; Mennuti, Freeman, & Christner, 2006; Morrison, 2001; Petrocelli, 2002; Rosenstein & Seedat, 2011; Stewart, Christner, & Freeman, 2007; Yalom & Leszcz, 2005). Ellis (1997) regards both the rational-emotive behavioural therapeutic approach and CBT to be especially suitable and applicable to group contexts. The author motivated this stance explicitly when he stated that:

Rational-Emotive Behaviour Therapy (REBT) and Cognitive-Behavior Therapy (CBT) are efficient kinds of group therapy, because they involve people who regularly meet together with a leader in order to work on their psychological problems, they focus on the members' thoughts, feelings and behaviours, and they encourage all the participants to help each other change their cognitions, emotions and actions. (Ellis, 2002, pp. 51)

At this point we are necessitated to consider the practical implications of a cognitive-behavioural approach as implementation strategy and mode of programme delivery within a group modality. In this instance, the aforementioned theoretical foundations of the cognitive-behavioural approaches, as well as those which govern skills development, training, and strength-based group interventions, have informed and refined the development and practical implementation strategy of the present resiliency programme for female adolescents functioning in the so-called normal parameters of adjustment.

The following foundational principles, benefits and cautions of cognitive-behavioural group therapy (CBGT), which focus on promoting personal skills development and training, were considered essential and informative in the development and implementation of the present resiliency programme:

- In addition to teaching the principles of CBT approaches, CBGT utilises the dynamics inherent to the group format to address and change dysfunctional and irrational cognitive processes, inferences, perceptions, evaluations and behaviours (Bieling, McCabe, & Antony, 2006; Corey, 2012; Hagen, 2008).
- CBGT aims to promote the skills and functioning of individuals on two primary levels, namely cognition, where attention is paid to addressing cognitive distortions and developing more functional and rational alternatives, and behaviour, where skills acquisition exercises and activities provide opportunities for skills acquisition, application and assimilation (Stewart et al., 2007; Stone, 2007).
- The format of CBGT is strong psycho-educational in nature, where sessions might be presented in manualised or open-ended form, and where the duration of such group sessions might vary in accordance with the format, goals, outcomes of the sessions, and other variables (Corey, 2012; Hagen, 2008; Terjesen & Esposito, 2006).
- Group size is deemed an important factor in CBGT. Researchers report the “ideal” skills development group to consist of eight to ten members (Bieling et al., 2006; Flores & Georgi, 2005; Grantham, Budnik, & Musham, 2013; Yalom & Leszcz, 2005).
- CBGT is considered effective for acquiring a variety of new skills, as well as for creating opportunities for implementing and practising these. The acquisition and implementation of these skills might develop naturally as a result of interaction among group members, or

via other practical activities inherent to the cognitive- behavioural approach. The realisation and development of other skills could result from direct training methods, where group members might experiment with newly acquired cognitive-behavioural strategies. These include the development of coping strategies such as emotional identification and monitoring, problem-solving strategies, relaxation, planning skills, goal setting, as well as interpersonal and social skills such as communication skills, empathy development, listening skills and conflict management (Bieling et al., 2006; Erdlen & Rickrode, 2007; Ford, 2004; Hagen, 2008; Stewart et al., 2007; Terjesen & Esposito, 2006).

- The possibilities for group-oriented psycho-educational skills development can be enhanced additionally through social comparison, imitative behaviour, interpersonal learning, social observation, mutual support among group members, and the opportunity to act as “group therapist” (Erdlen & Rickrode, 2007; Morrison, 2001; Stewart et al., 2007; Yalom & Leszcz, 2005).
- Group members are offered immediate feedback on their efforts. Thus, the group setting might facilitate opportunities for repetitive practice opportunities prior to implementing these new skills and strategies in “real world settings” (Erdlen & Rickrode, 2007; Stewart et al., 2007).
- Some of the frequently reported benefits and advantages of CBGT include:
 - The convenience of reaching a larger number of adolescents within a shorter timeframe, with potential savings on financial expenses for individuals without losing out, or compromising on, the quality and efficacy of the intervention when

compared to individualised therapy (Bieling et al., 2006; Hagen, 2008; Morrison, 2001; Stewart et al., 2007).

- Psycho-educational CBGT presents adolescents with opportunities for acquiring and developing salient life skills – which could be useful in their daily lives and critical for overcoming additional and unexpected challenges – and/or for refining and expanding on those skills they already possess (Stewart et al., 2007).
- CBGT provides the facilitator with an opportunity to follow up on individuals' progress by means of continual assessment. Furthermore, observation, monitoring and more formal assessment techniques could provide valuable information on the process and possibilities of adjusting interventions to suit the needs and outcomes of a specific group (Erdlen & Rickrode, 2007; Gresham, 2002; Stewart et al., 2007).
- Yalom and Leszcz (2005) state that group settings offer the opportunity to recognise, share and “normalise” behaviour and experiences, and might contribute to adolescents' sense of “being understood” and to group cohesion.
- CBGT serves as a “natural laboratory” where the principles of CBT might be learnt and practised within a safe environment. Group members might become aware of their own cognitive distortions through sharing their perspectives and beliefs with group members, they might be provided with opportunities to rehearse their new beliefs and acquired skills, and might obtain examples from others on how to develop more functional and rational alternatives (Bieling et al., 2006; Erdlen & Rickrode, 2007; Stewart et al., 2007; Terjesen & Esposito, 2006).

- Engagement and motivation are enhanced through group members' active participation in defining personal goals and activities, self-disclosure and exposure through sharing irrational beliefs, emotions and behaviours, practising and experimenting with skills and strategies during activities, providing and receiving feedback and support, and implementing homework and self-help exercises to integrate skills to the environmental context (Stewart et al., 2007).
- The cautions surrounding CBGT include the following:
 - Despite the fact that social comparison can promote a sense of unity and cohesion, some adolescents might experience tension should they not perceive themselves to be capable of making similar progress than their group members. In this instance, it is advisable that individuals be motivated to set separate goals for themselves from that of the group, and to monitor their personal gains as individual victories (Stewart et al., 2007).
 - Group facilitators are encouraged to be actively involved in managing group sessions and to be aware of possible negative patterns that might develop in groups. For example, when groups divert from the intended practice of cognitive and behavioural skills and focus on motivating and strengthening the function and existence of dysfunctional beliefs and behaviours; or when a single individual appears to dominate the group to the extent that others are unable to contribute to and/or benefit from activities, or when the development of subgroups causes some to be excluded, or when conflict between group members are unfavourable to the group's or individual's learning experience (Hagen, 2008; Morrison, 2001; Stewart et al., 2007; Yalom & Leszcz, 2005).

When developing a programme intended to improve internal resiliency among female adolescents via a cognitive-behavioural approach and within a group setting, it is important to discuss the variables influencing the efficacy of such an undertaking.

Stone (2007) states that the effectiveness of cognitive-behavioural group interventions with adolescents is governed by three main components, namely (i) individuals as group members, (ii) the facilitator conducting the group, and (iii) the setting in which the group sessions are conducted. The author presents the following factors inherent to these three components:

- *Member variables* include individuals' gender, age, developmental level, educational level, ethnicity and culture, socio-economic status, personal characteristics, psychosocial strengths and weaknesses, levels of motivation and willingness to cooperate, and possible presenting problems.
- *Facilitator variables* include the facilitator's personal attributes and skills level, as well as the approach taken to the specified functions, where the initial efficacy of the session outcomes are considered to be dependent on these facilitator variables. In addition, facilitators are strongly advised to model the theoretical principles through their behaviour throughout implementation of group sessions, to monitor the group members' processes, and to guide their conceptualisation.
- *Setting variables* include the practical issues relating to accommodation of the group and the commitment of the facilitator to the role, organisation and implementation of the cognitive-behavioural group intervention. These variables are considered to be important in supporting the functions of group sessions through continual commitment to the intervention outcomes and processes.

Similarly, Stewart and colleagues (2007), as well as others (Erdlen & Rickrode, 2007; Freeman, Pretzer, Fleming, & Simon, 2004; Hill & Coulson-Brown, 2007; Knauss, 2007; Lynch et al., 2011; Mennuti et al., 2006; Vernon, 2002), consider the following components and provisions of cognitive-behavioural group-oriented intervention with adolescents to be vital in promoting its success and efficacy:

- Maintaining a warm and collaborative therapeutic relationship between facilitators and participants
- Establishing group cohesion, a sense of shared responsibility, collaboration among participants on various levels such as setting group rules, and sharing of ideas
- Establishing the type of group, for example, open, closed or rotating groups
- Setting agendas and specific attainable goals for group sessions, while remaining flexible in terms of content and process
- Implementing a variety of assessment strategies to monitor individual as well as group progress and difficulties
- Selecting specific interventions, activities and exercises depending on the group's and individuals' diverse personal and developmental profiles, personal and group-related goals and related outcomes
- Utilising homework and self-help activities as integral part of the intervention process, where continual skills building and integration of principles across various settings are encouraged and promoted
- Considering and practising ethical values and guidelines throughout the course of intervention, where the most fundamental principle of mutual respect forms the basis of such interventions.

Interestingly, there appears to be a number of principles and propositions of cognitive-behavioural group-oriented intervention strategies that complement the previously reported gender-specific characteristics and considerations for working with female adolescents. This strategy was considered especially suited to the current target population, as the developmental profile of female adolescents indicates their preference for socially interactive and mutually supportive collaborations in which they might develop individual skills and strengths, while participating in, and being part of, a group.

While the resiliency programme in the present study was presented primarily in group format, not all the outlined outcomes and activities were based exclusively on collaborative group work. A number of individualised exercises were also included – some of which the personal experiences and outcomes were later shared and discussed among group members, and others which were considered more private and of an individual-focused nature, and for personal development and goal attainment purposes.

A final aspect relating to the success of cognitive-behavioural group-oriented interventions pertains to the competence of the programme facilitator or group leader. Terjesen and Esposito (2006) provide group leaders and facilitators with a number of tasks and recommendations to guide them in the implementation of cognitive-behavioural and rational-emotive behavioural principles, specifically with groups of adolescents. These authors' recommendations are as follows:

- Group leaders are recommended to establish a good working relationship and to build alliance with adolescent group members. The three components in this regard is (i) agreeing on the goals of the group sessions, (ii) agreeing on the types of activities and

tasks of the group sessions, and (iii) building a transparent and trusting working relationship.

- As the majority of such group interventions are primarily of a psycho-educational nature, group leaders are tasked with educating and training adolescent group members in the age- and developmentally appropriate practical applications of the theory underlying the group sessions, as they relate to the interactive functions and roles of cognition, behaviour and emotion.
- Group leaders are encouraged to focus on providing practical information to assist adolescent group members in reaching their goals and not to merely inspire or motivate them.
- Group leaders are advised to consider the developmental issues and levels of functioning of group members, where factors such as age-appropriate language use and explanatory models might contribute to successful outcomes.
- Group leaders are encouraged to discuss and explain the relationship of emotions, cognitions and behaviour from the first/initial sessions as a means of establishing a theoretical foundation, communicating the intended direction of future sessions, and modelling the theoretical principles that will inform such sessions.
- Group leaders should focus on, and be cognisant of, the content, related outcomes, and the processes of group sessions. Group leaders attend to the content of sessions through educating and training adolescent group members in more helpful ways to think, behave and feel, and are concerned with the processes involving the activities and exercises that participating members must complete. Therefore, group leaders are advised to focus on both the content and the processes.

- Group leaders could review and adjust the course of the session contents in order to meet the focus and outcomes of the group.
- Should they wish to be of greater value to the group and to increase the participants' opportunities for optimal learning, group leaders are strongly advised to have a firm conceptual knowledge and understanding of CBT and its related techniques, as well as of the individuals' specific developmental phase and the related vulnerabilities.

These recommendations informed and guided the present study's facilitator in the implementation strategy and mode of delivery of the intended programme. (Refer to Appendix B for the Facilitator's Manual that was developed and utilised during the study.)

It is evident that a cognitive-behavioural approach may be considered a suitable implementation strategy in the attempt to promote internal resiliency (as reflected by the Resilience Framework of Kumpfer, 1999) among a target group of female adolescents.

For the purposes of the present study, an integrated conceptual matrix was developed, serving as the practical foundation and graphical representation of the theoretical conceptualisation. This matrix also informed the development and implementation of the proposed resiliency programme and reflects an integration of the following:

- i. The theoretical frame of reference as it pertains to the five domains inherent to personal and internal resiliency (including the skills, strengths and competencies to be addressed in the programme)
- ii. The cognitive-behavioural approach and implementation strategy to be followed throughout the programme (which addressed a number of skills and competencies directly, and others indirectly, through teaching, implementing and practising the principles of CBT)

- iii. The ten modules included in the resiliency programme, each of which consisted of a developmental perspective relevant to the current target population, the module objectives, required materials, and practical implementation guidelines and self-help/homework activity.

Figure 4 presents the integrated graphical matrix reflecting the practical implications of a cognitive-behavioural approach as implementation strategy in the present study's attempt to promote internal resiliency (on five domains of competency and strength) among a target group of female adolescents.

	MODULES									
	The island and I	Feeling good on the island	One of a kind in my tribe	A worthy challenge	Challenging relationships	Networking on the island	Strategies, strategies	If at first I don't succeed	Fighting fit	Finishing strongly
DOMAINS OF INTERNAL RESILIENCY										
Cognitive Competencies										
- Ability to delay gratification	*	*	*	*	*	*	*	*	*	*
- Inter- and intrapersonal awareness	*	•	•	•	•	•	*	*	*	•
- Self-esteem and ability to restore self-esteem			•	•			*	•	•	*
- Planning ability	•	•	•	•	•	•	•	•	•	•
- Creativity	•*	*	•*	*	•*	•*	•*	•*	•*	•
Emotional Stability and Management										
- Recognition of feelings	•	•	•	•	*	•	*	•	*	•
- Emotional management and control		•	•		*	•	*	*	*	*
- Ability to restore self-esteem			•	•			*	•	•	*
- Humour	*	*	*	*	*	*	*	*	*	*
Behavioural/Social Skills										
- Social and behavioural skills	*	*	*	*	•	•	*	*	*	•
- Problem-solving skills	*	•	*	•	•	•	•	•	*	•

- Empathy and communication skills	*	*	*	*	•	•	*	*		*
- Peer resistance skills		*	*		•		*		•	*
- Capacity for intimacy	*	*	*	*	*	*	*	*	*	*
Spirituality										
- Dreams, goals and purpose in life	*		*		*	*	• *	•	•	•
- Belief in uniqueness of oneself		*	•	•			*	•	•	*
- Internal locus of control		*	*	*	•	*	*	•	•	•
- Determination and perseverance	*	*	*	*	*	*	*	*	*	•
Physical Well-Being										
- Good health and health maintenance skills						*		*	•	*
- Physical talent development	*	*	*	*	*	*	*	*	*	*

Figure 4. Matrix reflecting the integration of the strengths and competencies inherent to the five domains of internal resiliency and the implementation strategy followed throughout the ten modules of the resiliency programme. • = Strengths and competencies addressed directly; * = Strengths and competencies addressed indirectly.

It is clear from Figure 4 that the resiliency programme was rooted securely in the theoretical frame of reference of Kumpfer (1999) in its aim to promote and develop internal resiliency (on five domains of competency and strength) via the principles of a cognitive-behavioural approach as implementation strategy and mode of programme delivery. In addition, a gender-specific and developmentally appropriate stance informed the study's perspectives on females during the critical period of adolescence.

The following section pays special attention to the manner in which these goals were achieved. A comprehensive discussion of the design, physical structure and content, and practical implementation of the resiliency programme follows. This discussion, firstly, provides an overview of the programme as a whole, after which each module is presented individually. Finally, as a supplement and practical guide to the implementation of the resiliency programme, attention is paid to the facilitator's manual. The respective modules are considered on three levels:

- The integrated developmental perspective underlying the rationale for inclusion of the module
- The objectives of the module
- The practical implementation of the module.

Programme Structure

By teaching and implementing cognitive-behavioural principles and techniques, this programme continually aimed to promote female adolescents' skills, strengths and competencies inherent to internal resiliency from a developmentally considerate and a gender-specific stance.

The literature review indicated that adolescence is considered to be a critical period and a “window of opportunity” for interventions of a promotional and developmental nature.

Furthermore, the female adolescent community is vulnerable particularly to a number of gender-related adversities superimposed on those inherent to this developmental phase. From this review, there is consensus amongst researchers that although adolescence constitutes a period of increased potential and possibilities, it is also one of amplified vulnerability. Various physiological, cognitive, emotional, social and moral developmental changes accompany this phase during which many adolescents find the added stressors and challenges of daily life to be overwhelming. Such challenges are frequently reported to be in spheres such as those of identity development, psychosocial development, emotional and behavioural regulation, management of performance stressors and group pressures, conflicting relationships with parents and significant others, efficacy in communication and collaboration with others, and problem solving.

The present programme addressed the need for developing resiliency among this population, where the development of personal and internal resiliency encompasses both outcomes and processes. Furthermore, the cognitive, social, emotional, moral and physical

aspects related to the development of female adolescents were considered throughout the development and implementation of the programme. These characteristic developmental features are presented as part of the developmental perspective and rationale for the inclusion of each of the ten programme modules.

In order to “set the scene” for growth and development, the present programme adopted an overarching and metaphorical theme, namely *Overcoming the Odds!* This theme was considered as developmentally appropriate, indicative of the possibilities of individual growth and development, and reminiscent of the premises related to resilience theory. *Overcoming the Odds!* served as the metaphorical and thematic backdrop against which the ten modules were presented. These modules were designed and included in the Participant’s Activity Book and supplemented by the Facilitator’s Manual and a number of programme-related hand-outs. (The Participant’s Activity Book and the Facilitator’s Manual are included as Appendix B, and the additional materials and programme-related hand-outs as Appendix C).

The ten modules are the following:

- Module 1: The Island and I
- Module 2: Feeling Good on the Island
- Module 3: One of a Kind in my Tribe
- Module 4: A Worthy Challenge
- Module 5: Challenging Relationships
- Module 6: Networking on the Island
- Module 7: Strategies, Strategies
- Module 8: If at first I don’t succeed
- Module 9: Fighting Fit

- Module 10: Finishing Strongly

In addition, the following considerations informed the content, structure and implementation of the resiliency programme as reflected in the Participant's Activity Book, the Facilitator's Manual, and the additional programme-related hand-outs:

- The programme was of a psycho-educational nature, where participants were provided with opportunities to practise the skills and competencies that were taught and addressed during each module.
- Following the completion of each module, participants were presented with additional opportunities to practise, integrate and assimilate the relevant skills and competencies within their environmental contexts through their continual participation in module-related self-help activities (homework).
- The programme was presented in a structured, yet flexible manner and attention was paid to accommodate each individual with regard to her frame of reference and personal development.
- Both collaborative group work and individual exercises were conducted throughout the programme.
- The physical appearance and overall theme of the programme, as reflected in the participants' activity books and all related materials and activities, were compiled and designed to be visually attractive, age appropriate and stimulating.

The following section details the integrated developmental perspective, rationale, objectives, and the practical implementation of each module. The practical implementation of each module is discussed in broad terms and from a second point of reflection. A comprehensive

exposition of the specific instructions and guidelines pertaining to each module is presented in the Facilitator's Manual in Appendix B.

Module 1: The Island and I

This first module introduced the aims and objectives of the programme, and established the working relationships that would reign throughout the programme. Emphasis was placed on creating interest in the programme and encouraging committed participation. In an attempt to facilitate group cohesion, rapport building with, and among, participants received special attention.

Objectives of the session

- To introduce the programme objectives, format, procedures and rules
- To create curiosity and interest in the programme
- To establish rapport with, and group cohesion among, participants
- To encourage investment in the ongoing programme.

Rationale and developmental perspective

The importance of establishing good rapport with adolescents as foundation to the therapeutic alliance has been well documented in the literature. For many researchers, the working relationship between facilitators and participants, as well as group cohesion among participating members, is considered to be pivotal in predicting positive outcomes in interventions. Furthermore, establishing and promoting group cohesion have been reported to enhance participants' attendance to interventions, predict positive outcomes and goal attainment, create a sense of security and value, promote active participation, and increase assimilation and ongoing practice of learnt skills (DiGiuseppe & Bernard, 2006; Joyce, Piper, & Ogrodniczuk, 2007; Piper, Ogrodniczuk, Lamarche, Hilscher, & Joyce, 2005; Yalom & Leszcz, 2005).

Similarly, it is imperative to involve adolescents in the process of establishing rules for participation in programmes (Terjesen & Esposito, 2006). In doing so, they develop mutual respect for fellow participants, responsibilities are shared, and active collaboration increases as adolescents become aware of the significance of their contributions. Cognitive-behavioural theory emphasises the necessity for collaboration and transparency between facilitators and participants of group interventions: The goals and objectives of sessions need to be communicated at the outset in order to foster positive treatment outcomes (Ellis, 2002; Erdlen & Rickrode, 2007; Freeman et al., 2004; Hill & Coulson-Brown, 2007; Lynch et al., 2011; Mennuti et al., 2006; Terjesen & Esposito, 2006; Vernon & Bernard, 2006). Finally, resilience theory underscores the value of creating interest in programme outcomes among adolescent populations, as this is expected to increase enjoyment in the process and encourage continued practice, assimilation and retention of newly developed skills (Bernard, Ellis, & Terjesen, 2006).

Practical implementation

An introductory discussion signalled the start of the first session, focusing on initiating rapport with participants and creating interest and curiosity in the programme. This was reinforced by furnishing each participant with an activity book, providing them with background information on the nature of the programme, introducing its key objectives, the general format and procedures, and establishing mutually agreed upon rules and guidelines (relating to confidentiality, respect for fellow participants, and participation in the sessions).

The practical aspects relating to this session, and those to follow, were introduced and executed (including establishing five permanent groups of 10 members each, furnishing participants with the necessary materials and equipment for activities, and informing participants that some activities would be executed and accomplished as a group, and some attempted and

achieved individually). A discussion with the larger group of participants introduced the theme of the programme (*Overcoming the Odds!*). In an attempt to reinforce the theme, the facilitator adopted and utilised theme-related titles and phrases throughout the implementation of the programme.

Group cohesion and identity were initiated and encouraged through the implementation of two group activities. The first exercise involved the use of differently coloured scarves, followed by a group-naming activity and the design and presentation of a poster/banner representing the group, made from the materials supplied by the facilitator.

Once the objectives of interest, rapport and group cohesion had been achieved, the participants were encouraged to invest in the ongoing programme by means of two additional group activities. These activities served to raise participants' awareness of the challenges and stressors in their lives and to create an expectation that ongoing participation in the programme would help them to address these. A discussion with the larger group served to obtain feedback from participants and to demonstrate the "universality" of daily stressors, challenges and adversities.

In concluding the session, the facilitator attempted to instil a sense of optimism and anticipation within the participants about the sessions to follow, and motivated that each participant is considered to possess the ability to develop the necessary skills to overcome their identified adversities.

The facilitator introduced the self-help (homework) activity for the ensuing week and furnished each participant with a token (in the form of a sticker with a module-related quote) as a reminder of the programme objectives and as motivation to participate actively in the self-help

activity. Finally, participants were requested to complete the *Evaluation of Today's Survivor Challenges* questionnaire, and practical arrangements were finalised for the following session.

Module 2: Feeling Good on the Island

This module aimed to communicate and impart the basic principles of cognitive-behavioural theory as the principal foundation and strategy for growth regarding a number of internal resiliency skills and competencies. The first part of the module focused on the identification and assessment of emotions. The second part emphasised that thoughts and beliefs influence emotions, and focused on teaching cognitive and behavioural skills with the aim to learn to regulate cognitions and express emotions in healthier ways.

Objectives of the session

- To obtain feedback of the self-help (homework) activity of the previous week
- To learn how to identify different emotions
- To learn how to assess the functionality of emotions
- To learn the relationship between thoughts, emotions and behaviours
- To learn how to regulate cognitions and express emotions in healthier and more appropriate ways.

Rationale and developmental perspective

Adolescence is characterised as a time of intense emotional experiences, many of which the adolescent does not understand. However, emotional stability and the management of one's functioning during times of adversity contribute to resiliency (Dishion & Connell, 2006; Galambos & Costigan, 2003; Herrenkohl, 2011; Kumpfer, 1999). Many adolescents tend to be overwhelmed by the intensity, frequency and diversity of negative emotions (Landy, 2002). In addition, they often feel inadequate and incapable of managing their emotions, while issues such

as hormonal and physical changes, development of autonomy while identifying with peer groups, and development of their own identity call for constant adaptation (Feldman, 2011; Hill & Coulson-Brown, 2007). These challenges tend to occur simultaneously, placing the adolescent under emotional strain. Assisting adolescents in increasing their internal resiliency through identifying, understanding, regulating and expressing their emotions appropriately is important for their emotional development and other associated developmental processes (Bernard, 2003; Bernard & Pires, 2006; Eisenberg et al., 2004; Galambos & Costigan, 2003; Kumpfer & Summerhays, 2006; Prince-Embury, 2013).

Practical implementation

As a preamble to the present module, the previous session and the self-help activity completed during the previous week were reviewed and discussed briefly. To enhance group cohesion and identity, the groups' photos (which were taken during the previous session), were added to the groups' posters/banners.

The objectives of the session were introduced and discussed briefly with the participants. An individual exercise (guided by the *Feelings on the Island* worksheet and *Island Feeling Words* page) taught and assisted participants in developing emotion identification skills and expanding their "emotional vocabulary". A follow-up individual activity inculcated the rating of the intensity of emotions on a continuum. Further learning, practice and assimilation of these skills were encouraged by means of a group activity. A discussion led by the facilitator highlighted the most prominent differences and similarities with respect to the outcomes of these activities.

After establishing participants' skills in identifying the emotions and rating their intensity, the relationship between thoughts, feelings and behaviours was taught by means of a

group-oriented case study exercise, namely *The Emotional Challenge Scenario*. This thought-restructuring exercise was introduced to elucidate the premises of cognitive-behavioural theory and to present participants with the opportunity to alter their own cognitions. The *Island Rules for Changing Thoughts and Feelings* worksheet served as a systematic and practical aid in assisting participants to comprehend and practise this principle. By affording the participants the opportunity to practise altering their cognitions, assimilation of the principle was encouraged.

The session concluded with a discussion in the larger group and a review of the cognitive-behavioural principles as imparted and practised during the various activities. The principles underlying the relationship between thoughts, emotions and behaviours in daily functioning were reiterated.

A three-column journal was introduced as the self-help (homework) activity for the ensuing week. Participants completed the second module's *Evaluation of Today's Survivor Challenges* questionnaire, and practical arrangements were made for the following session.

Module 3: One of a Kind in my Tribe

This module focused on developing and establishing a positive personal identity and self-concept, developing and restoring one's self-esteem, encouraging unconditional self-acceptance, and fostering the belief in one's uniqueness as an individual.

Objectives of the session

- To obtain feedback of the self-help (homework) activity of the previous week
- To establish and develop a personal identity and positive self-concept
- To develop self-esteem and to promote the ability to restore self-esteem
- To increase the belief in one's uniqueness
- To encourage unconditional self-acceptance.

Rationale and developmental perspective

Although adolescents frequently express the need to function with more autonomy and to be viewed as individuals, their personal identity development, self-concept and self-esteem are still, to a large extent, dependent on their acceptance by others and conformation from a specific peer group (Cohen-Sandler, 2005; Guerra & Bradshaw, 2008). They frequently question their uniqueness as individuals while, at the same time, struggle to differentiate from others. Despite their advances in terms of abstract thinking abilities (Eccles et al., 2003; Feldman, 2011; Hill & Coulson-Brown, 2007; Kuhn & Franklin, 2006), adolescents tend to experience a number of emotional and behavioural difficulties as a result of their innate tendency to think irrationally (Bernard et al., 2006).

One of the salient developmental tasks during adolescence is that of identity development (Guerra & Bradshaw, 2008). Adolescents need to develop insight into the way they perceive themselves in order to build upon their personal identity, self-image and self-acceptance as unique, yet fallible, individuals. By learning to develop a positive identity, self-esteem and self-concept, and by promoting unconditional self-acceptance, adolescents might develop internal resiliency and the ability to withstand preconceived pressure to uphold an unrealistic and perfectionistic ideal (Galambos & Costigan, 2003).

Practical implementation

The session commenced by reviewing and discussing the former session and the self-help activities done during the previous week.

To commence the session, the concept of “self-esteem” was introduced and discussed as part of personal identity, where emphasis was placed on the role of rationality in the development and restoration of self-esteem and self-concept over time. The *I am Unique*

individual activity (involving brown paper bags as reflections and representations of themselves) increased participants' awareness of their personal identity, self-esteem and self-concept.

Following the first part of the session, an interactive group activity encouraged the development and establishment of a positive personal identity, and served to enhance the development and restoration of self-esteem and self-concept. Individual uniqueness was highlighted and unconditional self-acceptance was encouraged in this group activity. Constructive feedback among group members provided additional opportunities for self-reflection and learning.

The facilitator concluded the session with a discussion including the larger group of participants. This discussion was aimed at increasing participants' awareness of their uniqueness and their ability to contribute positively to their own identities and self-esteem, encouraging unconditional self-acceptance and creating more realistic perceptions and beliefs about themselves.

The self-help (homework) activity for the following week was introduced. In closing, participants completed the *Evaluation of Today's Survivor Challenges* questionnaire, and practical arrangements were made for the following session.

Module 4: A Worthy Challenge

This module was directed primarily at cognitive restructuring, and specifically addressed the concept of equating one's self-worth and personal value to achievement.

Objectives of the session

- To obtain feedback of the self-help (homework) activity of the previous week
- To learn that one's total self-worth does not merely depend on external performances

- To create awareness of the dysfunctional impact of maintaining unrealistic cognitive demands and expectations on one's personal functioning and perceived self-worth
- To identify and practise ways to restructure cognitions in order to promote unconditional self-acceptance.

Rationale and developmental perspective

Even though adolescents start to display more abstract reasoning skills, they often tend to evaluate and equate their self-worth with, and according to, their performances (Bernard et al., 2006; Terjesen & Esposito, 2006). Adolescents find it difficult to demonstrate self-acceptance and to acknowledge the fact that they have worth as human beings, even though they are fallible. Owing to their need to conform to specific peer groups and their rules, adolescents compromise themselves and might experience a lack of individuality. This, in turn, causes them to feel disappointed in themselves and to strongly criticise their self-worth. It is vital for adolescents to learn that they are able to develop positive personal identities, that their value as humans does not depend on external performances, and that they are able to develop internal resiliency by restructuring their cognitions, practising rational thinking skills and changing their evaluations and perceptions of themselves.

Practical implementation

Following a review of the previous session's main objectives, the facilitator encouraged feedback on the self-help activity completing during the past week.

As an introduction to this session's objectives, the concept of equating one's self-worth to external performance/s was introduced by utilising a metaphor. A discussion with the larger group emphasised the emotional and behavioural consequences often accompanying rigid and unrealistic cognitions and expectations of perfectionism.

A group activity (the *Island Trivia Challenge* board game) reinforced the objectives of the module pertaining to self-worth evaluations. It created opportunities for participants to practise altering their perceptions and cognitions in order to encourage self-acceptance and to reduce their internal pressure to uphold an unrealistic ideal. A follow-up discussion with the larger group of participants served to encourage sharing of the groups' results and to emphasise the fact that failure at any/all of the trivia challenges does not determine their individual worth.

The session was brought to a close by a group activity, where utilisation of the *Self-acceptance Statements* poster reiterated the module's objectives.

The *Self-acceptance Statements* self-help (homework) activity was introduced for the succeeding week, and participants were furnished with a token (in the form of a sticker with a module-related quote) as a reminder of the programme objectives and as motivation to participate actively in the self-help activity. The practical arrangements were confirmed for the following session.

Module 5: Challenging Relationships

This module was primarily aimed at addressing irrational thinking and its consequences as it relates to social interaction. It encouraged the development of rational thinking and problem-solving skills, as well as positive communication and good social interaction.

Objectives of the session

- To obtain feedback with respect to the self-help (homework) activity of the previous week
- To identify irrational thinking and its emotional and behavioural consequences with regard to social interaction and communication with others
- To apply and practise rational thinking skills to social and relationship scenarios

- To practice problem-solving skills and positive communication.

Rationale and developmental perspective

As adolescents develop their abstract thinking skills, their need increases to be seen as unique individuals and, simultaneously, gain social acceptance. Despite these cognitive developments, they often find it difficult to maintain positive and rational relationships with others (Öz & Aysan, 2011). These relationships are frequently characterised by peer pressure, competition, conflict, rejection, a lack of communication skills and efforts to maintain popularity (Cohen-Sandler, 2005; Kalkan, 2008; Kerr et al., 2003). Researchers consider the development of relationships with significant others as critical protective factors in developing resiliency and in creating a secure support network (Herrenkohl, 2011; Lerner, 2005; Masten, 2006, 2007; Masten & Cicchetti, 2010; Nguyen-Gillham et al., 2008). True to their developmental phase, adolescents tend to hold irrational beliefs about themselves and others, and how they would want the world to work. They tend to jump to conclusions, act on assumptions, display dichotomous thinking and over-generalise events. In addition, some adolescents struggle to communicate effectively and to comprehend the true intentions of people's actions and events (Feldman, 2011). The importance of developing positive and rational relationship skills is, therefore, emphasised not only to facilitate adolescents' current functioning, but also to increase their resiliency for future relationship-related challenges, to ease the transition into young adulthood, and to serve as a foundation for future rational relationships (Demir & Kaya, 2008; Dilmaç, Kulaksizoğlu, & Ekşi, 2007; Nezu & D'Zurilla, 2005; Theron et al., 2013).

Practical implementation

As an introduction to this session, the previous session's objectives and the self-help activities of the previous week were reviewed.

The session commenced with an interpretive listening exercise involving a popular song. A discussion with the larger group of participants emphasised the role of rational and irrational thinking and how it affects social interaction and communication with others. The principles of this concept was reinforced by guiding the participants through the list of *Survival Traps* in their activity books, followed by a discussion on the functions, implications and consequences of each of the cognitive distortions listed on the page.

A collaborative group activity (*The Social Disaster*) focused on identifying cognitive distortions in a social and relationship scenario. A brief discussion with the larger group promoted integration of the principles imparted, after which a second group activity encouraged the practice and application of rational thinking skills as alternatives to the cognitive distortions identified in the initial *Social Disaster* group activity. In addition, the second group activity promoted positive communication and problem solving. Learning was reinforced by means of group-by-group feedback to the larger group of participants.

The week's self-help (homework) activity was introduced and participants were encouraged to partake actively. The participants completed the *Evaluation of Today's Survivor Challenges* questionnaire, and practical arrangements were finalised for the following session.

Module 6: Networking on the Island

This module focused on improving participants' identification of, and effective communication with, guidance specialists and/or professionals from various support networks during times of adversity.

Objectives of the session

- To obtain feedback of the self-help (homework) activity of the previous week

- To learn to identify different types of social support networks that are available during times of adversity
- To identify the key people in social networks who are able to provide support and guidance during such times
- To encourage effective communication with key people and support networks.

Rationale and developmental perspective

Adolescence can be characterised as a phase during which numerous demands are placed on adolescents, not only by society, parents, teachers and peers, but also by themselves. Because they are still striving for social acceptance and approval of others, adolescents often attempt to face challenges on their own. Consequently, they could end up feeling isolated, defeated, depressed and anxious. Lerner (2005) states that:

...a major source of diversity in developmental trajectories are the systematic relations that adolescents have with key people and institutions in their social context, that is, their family, peer group, school, workplace, neighbourhood, community, society, culture, and niche in history. (p. 8)

Therefore, the role of supporting significant others and secure support networks cannot be emphasised enough in the process of developing individual resiliency during adolescence (Martin, 2012). Adolescents need to be informed about the various support structures that exist, as well as how to access these. Adolescents could then develop resiliency by learning to identify and communicate effectively with the possible support networks and key supporting people during times of trial (Herrenkohl, 2011, 2013; Kerr et al., 2003; Ungar, 2013).

Practical implementation

The session commenced with a review of the previous session and the self-help activity of the previous week.

A retrospective discussion with the larger group of participants introduced the current session's objectives and highlighted the importance of identifying suitable support networks during or following adversity.

A story-developing group activity (*People in Peril*) served to establish the foundation for identifying suitable support networks and key people to assist during times of difficulty, as well as to emphasise the manner in which positive and efficient communication could help improve one's chances of obtaining good support. Opportunities for additional learning were created by means of utilising and consulting the *Island Network and Key Persons* worksheet and the feedback session involving a member from each group.

The facilitator led a positive and summative discussion on the outcomes of the group activity, where emphasis was placed on the concept of effective communication as a tool in obtaining the most appropriate and effective support during times of difficulty.

A debriefing discussion led by the facilitator concluded the session, and the module-related self-help (homework) activity was introduced for the following week. The practical arrangements for the following session were confirmed, after which participants completed the *Evaluation of Today's Survivor Challenges* questionnaire.

Module 7: Strategies, Strategies

This module was directed at identifying effective and ineffective problem-solving skills, and promoting effective and creative problem-solving skills and planning abilities. In addition,

the module promoted participants' communication skills, as well as collaborative working towards a common goal.

Objectives of the session

- To obtain feedback of the self-help (homework) activity of the previous week
- To enhance creativity in problem solving
- To learn to identify ineffective problem-solving skills
- To learn to identify and practise effective problem-solving skills
- To enhance effective communication and collaborative working towards a common goal.

Rationale and developmental perspective

One of the key factors in building individual resiliency is the ability to learn effective problem-solving skills (Prince-Embury, 2011; Shure & Aberson, 2013). Such thought processes and reasoning skills could form the basis of the adolescent's motivation for behaviour and, consequently, contribute to their emotional state (Bernard 2005, 2006). Solving problems effectively and making rational decisions are, however, difficult tasks to accomplish for many an adolescent. Some adolescents are still prone to making decisions based on assumptions, neglecting to take the relevant facts into consideration, ignoring the risks they might expose themselves to, and attempting to please other people (Stone, 2007). For these, a lack of rational reasoning skills often leads to impulsive decision making, only to find themselves in worse situations than before. With the ever-increasing challenges faced and demands placed upon them, effective problem-solving skills are essential to adolescents' future functioning and ability to develop resiliency (Alvord et al., 2011; Bernard, 2005, 2006; Greenberg et al., 2004; Martin, 2012; Masten et al., 2006; Masten & Obradović, 2006; Nezu & D'Zurilla, 2005).

Practical implementation

The previous session's objectives and the accompanying self-help activity were reviewed in brief. Three creative problem-solving exercises (*Brain Boosters*) introduced the objectives of this session. A discussion with the larger group provided an opportunity to explain the solutions to the problems, as well as to generate additional solutions. Participants' self-awareness with respect to problem-solving under pressure was increased through completing a group activity in which they had to share problem-solving strategies.

Collaboration, effective communication, the identification of different problem-solving strategies, and the implementation of effective problem-solving skills were promoted through a group problem-solving activity. A feedback session presented opportunities for further development and integration of these skills.

The concept of effective and ineffective problem solving was reviewed, emphasising the function of thoughts, feelings and behaviours in problem solving. A group activity (utilising the *Unhelpful Strategies List* as a point of reference) reiterated and promoted assimilation of these cognitive-behavioural principles in problem solving. The session concluded with an activity in the form of a "tribal council" with the aim to identify the most effective solution/s to a problem.

The self-help (homework) activity was introduced, and active participation was encouraged. Participants completed the session's *Evaluation of Today's Survivor Challenges* questionnaire, and practical arrangements were finalised for the next session.

Module 8: If at first I don't succeed

This module focused on identifying and formulating personal values as foundation to one's dreams and goals. Attention was paid to teach and differentiate between short- and long-

term goals, as well as between realistic and unrealistic goals. The cognitive-behavioural principles underlying such goals were taught and future goal attainment was encouraged.

Objectives of the session

- To obtain feedback of the self-help (homework) activity of the previous week
- To identify and establish different personal values
- To distinguish between short-term and long-term goals
- To differentiate between realistic and unrealistic goals
- To learn the cognitive-behavioural principles underlying goal establishment and attainment
- To establish realistic short-term and long-term goals.

Rationale and developmental perspective

In order to increase their resiliency, adolescents' cognitive abilities and belief systems should serve to support their value systems, dreams, goals, and their perspectives on their purpose in life (Guerra & Bradshaw, 2008). For adolescents, these are interdependent on factors such as motivation, faith in one's own judgement, perseverance and determination (Kumpfer, 1999). As adolescents often display dichotomous thinking about their performances, they find it challenging to separate their performance in one area from their worth as human beings. Adolescents' ability to formulate good value systems on which to base their dreams and goals, and their ability to acknowledge success or failure without negative self-evaluation, is considered salient attributes to develop for future direction and personal development (Antony & McCabe, 2005; Guerra & Bradshaw, 2008; Schmied & Tully, 2009). It is, furthermore, important for adolescents to distinguish between realistic and unrealistic goals, and short-term and long-term goals, as well as to learn to be realistic in their expectations and planning of these goals.

Practical implementation

Following a review of the previous session and the related self-help activities practised throughout the previous week, the facilitator introduced this session with a well-known phrase on success and determination. A discussion on this phrase served to establish the foundation for the session to follow.

The concept of dreams and goals was introduced via a practical demonstration. In this demonstration, a theme-related case study was utilised to illustrate the differences between short- and long-term goals, and between realistic and unrealistic goals, as well as the importance of flexibility and perseverance in such goals. The role of thoughts, feelings and behaviours in goal direction and attainment was highlighted, and emphasis was placed on the possible impact of upholding and/or failing at unrealistic goals. The previously addressed concept of performance not equating to self-worth (as dealt with in module 4), was applied to the case study in the practical demonstration and promoted integration of this session's objectives.

The role of personal values in goal direction and attainment was explained, and an individual exercise (the *Things I Value Most* activity) encouraged the identification and establishment of personal values. An opportunity to formulate and establish realistic short- and long-term personal goals was provided via the *Aim for the Stars* worksheet and accompanying activity. Participants were provided an opportunity to share their dreams and goals with members from their respective groups.

The session concluded with feedback from the larger group of participants on the objectives and outcomes of the session.

The week's self-help (homework) activity was discussed, and each participant was furnished with a token (in the form of a sticker with a module-related quote) serving as a

reminder of the session objectives and as motivation to encourage ongoing implementation of new skills.

Participants completed the *Evaluation of Today's Survivor Challenges* questionnaire, and the practical arrangements for the following session were attended to.

Module 9: Fighting Fit

This module was directed at establishing a positive body image and developing realistic perspectives on personal health and well-being through implementing cognitive-behavioural strategies. The identification of the factors contributing to physical and mental health received special attention, and the development of health maintenance skills was encouraged.

Objectives of the session

- To obtain feedback of the self-help (homework) activity of the previous week
- To determine current body image
- To promote the development of a positive body image
- To identify the factors contributing to physical and mental health
- To learn and practise cognitive-behavioural strategies to improve physical and mental health
- Learning personal health maintenance skills.

Rationale and developmental perspective

In addition to the various challenges faced and demands placed upon adolescents, this developmental phase introduces numerous physical and hormonal changes, which the individual is expected to adapt to. As many adolescents strive to conform to what they perceive to be the stereotypical “perfect profile”, they often neglect their physical health (Antony & McCabe, 2005; Cohen-Sandler, 2005; Levine & Smolak, 2002). With mounting pressure from the media to be

thin, female adolescents are particularly prone to eating disorders and, as such, might damage their health in the dangerous race for acceptance and attractiveness (Feldman, 2011; Mould, Grobler, Odendaal, & De Jager, 2011; Susman et al., 2003). The ability to acknowledge the importance of, and relationship between, good physical and mental health, as well as to practise the skills to maintain it, is seen as a significant contributing factor in the development of internal resiliency in adolescents.

Practical implementation

The session commenced by reviewing the previous session's objectives. A rehearsal of the self-help activity ensured that all participants commenced the session with similar preparation and information on the theme to follow.

Two self-awareness activities, and their subsequent discussions with the larger group of participants, served to increase participants' self-awareness, assist them in determining their current body image, and consider both internal and external characteristics. The discussions which followed each of these two activities respectively created opportunities for participants to become aware of their cognitions and beliefs with respect to their bodies, and to review the concept of physical appearance not equating to their total worth as individuals.

The principle underlying the complementary relationship between good physical and mental health was introduced by the facilitator and inculcated further by means of an individualised activity. A question-based feedback session with the larger group of participants addressed themes pertaining to the positivity of participants' body image, the realism and flexibility of their personal demands, the expectations placed on the physical self, and the factors associated with good mental and physical health.

The development of a positive body image and good health maintenance skills was attempted through the *Challenging Care* activity. This emphasised the role of cognitions in body image and the maintenance of health, and presented participants with the opportunity to alter cognitions and behaviour in order to address the relevant areas.

The facilitator concluded the session by providing a summary of the key concepts addressed during the session.

The ensuing week's self-help (homework) activity (involving the *Caring Cube*) was introduced. Practical arrangements were confirmed for the final session to take place, after which participants completed the *Evaluation of Today's Survivor Challenges* questionnaire.

Module 10: Finishing Strongly

This final session focused on reviewing and reaffirming the objectives and outcomes of the programme, providing opportunities for programme-related feedback from participants. It also concluded the programme by encouraging continual practice of the internal resiliency skills developed over the course of the programme in order to promote the generalisation of change.

Objectives of the session

- To obtain feedback of the self-help (homework) activity of the previous week
- To reaffirm and reintegrate the skills learnt during the programme
- To encourage continual practice and assimilation of the skills learnt throughout the programme
- To summarise and conclude the programme.

Rationale and developmental perspective

Despite the fact that the adolescents are capable of more abstract reasoning and that they have acquired a number of skills and competencies related to internal resiliency over the past

nine weeks, the importance of continual development and growth could not be emphasised enough. It is widely acknowledged that personal and individual development is an ongoing process throughout one's life span, and that adolescence is considered a privileged, yet critical, timeframe for laying the foundation for future developmental trajectories (Louw & Louw, 2007). The advantages of continued practice and maintenance of newly developed skills and strengths are reported in the literature, which also states that assimilating and integrating such skills are enhanced through the process of reintegration and adaptation (Alvord & Grados, 2005; Bernard & Pires, 2006; Kumpfer, 1999; Vernon, 2006; Vernon & Bernard, 2006). Through the sustained practice and implementation of internal resiliency skills, adolescents can create opportunities for themselves to receive and review feedback from others and to become flexible in the reintegration of this into their personal functioning and environmental contexts.

Practical implementation

The final session commenced by reviewing the previous session's objectives and the self-help activities completed during the week.

As an introduction to this final session, the participants completed a group activity in which they reviewed, discussed and reflected on their personal development and successes by addressing some of the challenges they initially noted in the first session of the programme.

A final group activity (adapted from Grotberg, 1998) and a subsequent feedback session with the larger group created opportunities to review personal growth and development, to further assimilate the skills and cognitive-behavioural principles learnt during the programme, and to encourage continual practice and integration of such skills.

The facilitator concluded the programme by reviewing the past ten weeks' sessions with the larger group of participants. The main aim was to highlight the different objectives,

processes and outcomes of the sessions, and the various skills learnt and practised throughout the programme. Specific emphasis was placed on the importance of, and necessity for, further practice and implementation of the newly acquired skills in order to promote internal resiliency by continued assimilation and development. Participants were encouraged to provide feedback and to reflect on their experiences of, and opinions on, any or all of the sessions and the programme as a whole.

Each participant was furnished with a *Troubleshooting Kit* as a supplement to the programme and as a point of reference with the aim to encourage continual practice, revision and promotion of the resiliency skills learnt throughout the programme. Participants completed the last of the *Evaluation of Today's Survivor Challenges* questionnaire, and were thanked for their willingness to partake in the programme.

Facilitator's Manual

The Facilitator's Manual is a theoretical and practical resource to guide the facilitator through the process of programme implementation. This manual not only presents the practical guidelines for each module, but also provides a frame of reference for the theoretical foundations and associated implementation strategies inherent to the resiliency programme.

An introductory *Developmental Perspective* is provided at the outset of each module in this manual. This developmental perspective provides the facilitator with a rationale and establishes a foundation for each module, prior to its implementation, as it pertains to the specific objectives of each module. It also serves to inform the practical implementation of these. Following this introductory developmental perspective, the module's *Objectives* are outlined, making the facilitator aware of the specific foci of each module. The *Materials* and *Equipment* required for the module are indicated for both the participants and the facilitator. The

Facilitator's Manual then presents step-by-step instructions and recommended guidelines with respect to the procedure and aspects related to the practical implementation of the module. As conclusion to each module, the manual presents the module's objective-related self-help (homework) activity with the aim to reinforce the module's objectives, to encourage assimilation of skills through continued practice, and to strengthen the foundation for future modules to come.

It is clear that this Facilitator's Manual serves as a theoretically founded, structured, yet flexible, highly accessible and complementary guide to the internal resiliency programme. Therefore, the final section of this chapter will discuss the assessment strategy that was employed in determining the success of the resiliency programme in the present research.

Programme Assessment Rationale

For more than a decade, researchers of prevention science have repeatedly emphasised the need for effective evidence-based interventions that enhance resiliency, aid development and reduce possible negative outcomes among children and adolescents. Despite the existence of a large number of reputable evidence-based resiliency programmes, various researchers have additionally called for the implementation of experimental research designs, and for the assessment of both the outcomes associated with interventions and the specified methods and processes of change. In this way, opportunities are created to verify and strengthen the integrity of such programmes (Dane & Schneider, 1998; Domitrovich & Greenberg, 2000; Kellam & Rebok, 1992; Kraemer, Wilson, Fairburn, & Agras, 2002; Luthar & Cicchetti, 2000; Masten & Coatsworth, 1998; Masten, Herbers, Cutuli, & Lafavor, 2008; Masten & Obradović, 2006; Mihalic, 2001; O'Dougherty Wright et al., 2013; St Pierre & Layzer, 1998; Vernon & Bernard, 2006; Weissberg et al., 2003; Zins, Elias, Greenberg, & Kline Pruett, 2000). In this instance, the field of education has made noteworthy contributions with respect to programme development

and implementation in the past, with a variety of evidence-based psycho-educational programmes proving to be effective in reaching their objective to promote factors of resilience (Barrett et al., 2000; Barrett et al., 2003; Bernard, 2003, 2004, 2005, 2006; Greenberg et al., 1995; Greenberg et al., 2004; Vernon, 1998a, 1998b, 1998c). (For examples of psycho-educational programmes related to resilience, refer to Chapter 2.)

Interestingly, medical literature has introduced a three-dimensional assessment strategy to optimise the quality assurance of healthcare programmes and interventions. According to the father of quality assurance in healthcare, Avedis Donabedian (1966, 1988, 1990, 2003, 2005), and other colleagues in the medical field (Birkmeyer, Dimick, & Birkmeyer, 2004; McQuestion, 2006; Physician Consortium for Performance Improvement® [PCPI™], 2011; Wiseman & Kaprielian, 2005), researchers need to evaluate interventions and programmes in three dimensions should they want to assess the true efficacy of their efforts. Traditionally, these three dimensions of quality assessment are the defined *outcome/s*, the *process* and the *structure*, and constitute the following:

- i. The defined *outcome/s* refer/s to the most important quality indicator of the final product, “end result”, primary objective or main target of intervention. Usually, this is defined concretely and measured precisely, and reflects the effects and impact of an intervention, for example, improved health status as the result of a specific intervention.
- ii. The *process* refers to the method of delivery, or manner in which interventions have been implemented. This specifies all the procedure-specific processes and actions relevant to an intervention, reflects the interactions between parties throughout implementation of interventions, and is frequently strongly associated with improved

primary outcomes, for example, how a procedure is communicated to a client and the manner in which it is then performed.

- iii. The *structure* refers to all the attributes and factors affecting the context in which an intervention is implemented. It typically includes the physical equipment and facilities, the settings in which interventions take place, physical and human resources, the qualification, and skills level and organisation of practitioners. These indicators are often tangible and/or accessible, but more difficult to evaluate (Birkmeyer et al., 2004; Donabedian, 1966, 1988, 1990, 2003, 2005; McQuestion, 2006; PCPITM, 2011; Wiseman & Kaprielian, 2005).

These three dimensions serve as quality indicators and provide both researchers and practitioners with an increased level of confidence regarding the results they obtained and the value and integrity of their programmes and interventions (Donabedian, 1966, 1988, 1990, 2003, 2005).

Regrettably, however, there appears to be a hiatus in results from resilience studies employing similar comprehensive and multilevel evaluation strategies (Durlak & DuPre, 2008; Salzer, Nixon, Schut, Karver, & Bickman, 1997). This could limit researchers' scope for the interpretation of results and the interactive connections between them, impede researchers from drawing accurate conclusions regarding the outcomes and possible chains of causation, and could lessen the possibility of effective programmes' being repeated or replicated in different settings in future.

In an endeavour to improve the quality and integrity of the present study, and to ensure that the current resiliency programme is research validated and field tested, a wider assessment base was consulted, which gave heed to the above-mentioned three-dimensional assessment

protocol. In this manner, an attempt was made to contribute towards, and expand upon, the field related to quality and integrity assessment of resiliency programmes and interventions.

Moreover, through the implementation of a similar three-dimensional assessment strategy in the present research, an attempt was made to evaluate the effect, value and integrity of the resiliency programme (independent variable) in the following three dimensions applicable to the dependent variables:

- (i) Most importantly, the *Resiliency Outcome* (the internal resiliency of adolescent females as reflected by five domains of personal competency and strength)
- (ii) The *Cognitive-behavioural Outcome* (the cognitive-behavioural approach taken as implementation strategy and mode of programme delivery)
- (iii) The *Programme Evaluation* (the physical composition and layout, contents, presentation, practical application value and structure of the resiliency programme).

Conclusion

This concludes the chapter on the rationale underlying the resiliency programme in the present study. In summary, this chapter, firstly, presented the theoretical frame of reference that served as the conceptualisation model for the development of internal resiliency (as reflected by five domains of internal resiliency) among a group of female adolescents. The focus then shifted to consider gender and developmental phase as two important specifiers for developing internal resiliency among this target population. A rationale was presented for a cognitive-behavioural approach, serving as the selected implementation strategy and mode of programme delivery in the present research. In addition, an integrated, graphical matrix reflected the practical implications inherent to a cognitive-behavioural approach as implementation strategy in this study's attempt to promote internal resiliency in the course of 10 weekly sessions. The third

section of this chapter was devoted to the rationale underlying each of the ten modules of the resiliency programme, followed by a brief discussion on the Facilitator's Manual supplementing the programme. Finally, the chapter reflected the rationale for utilising a three-dimensional assessment strategy in an attempt to assess the efficacy, value and integrity of the resiliency programme.

The following chapter will address the scientific and methodological aspects that were utilised in assessing the efficacy of the resiliency programme.

4

Research Methodology and Design

The previous chapter presented an exposition of the rationale underlying the resiliency programme implemented in the current study. An in-depth discussion was provided on the three core dimensions and assessment outcomes relevant to the resiliency programme, namely the *Resiliency Outcome* (the internal resiliency of female adolescents), the *Cognitive-behavioural Outcome* (the cognitive-behavioural approach as implementation strategy and mode of programme delivery), and the *Programme Evaluation* (physical composition, objectives, presentation and practical implementation of the resiliency programme). These three dimensions were presented against the backdrop of the theoretical Resilience Framework proposed by Kumpfer (1999), the development of internal resiliency among the female adolescent community, the implementation strategy and mode of programme delivery as guided by a cognitive-behavioural approach, and the structural design, composition, presentation and contents of the resiliency programme itself.

The aim of the current study as depicted in Chapter 1 is threefold:

- To develop a programme to promote internal resiliency among female adolescents in which the conceptualisation of resilience is guided by the Resilience Framework proposed by Kumpfer (1999), and where the implementation strategy and mode of delivery is informed by a cognitive-behavioural approach.
- To implement the programme for female adolescent research participants.
- To evaluate both the short- and long-term (three months) effect of the resiliency programme on the internal resiliency, and the attitudes, beliefs and thinking processes, of the female adolescent research participants by means of an experimental research design.

This chapter will align with the aims of the study and will focus on the methodology and research design implemented throughout the research process. At the outset, a description of the

research participants in the current study is provided, followed by a discussion of the ethical considerations and data-gathering procedures adhered to in this study. Thereafter, an exposition of the variables related to the *Resiliency Outcome*, *Cognitive-behavioural Outcome* and *Programme Evaluation* and their respective measuring instruments will be provided. Finally, as a preamble to the results, which will be discussed in Chapter 5, the research hypotheses, the specific research design and the statistical analyses will be outlined.

Research Participants

The total unit of analysis comprised 100 female Grade 9 learners from an English-medium girls' school in Bloemfontein (Free State Province) with diverse learner demographics pertaining to race and socio-economic status. The particular school in this instance is located in an urban environment and is well-known in the province for its learners' outstanding academic, sports and cultural achievements. Research participants were selected randomly from the entire Grade 9 class, which implies that no distinction was made between the learners and all had an equal opportunity to be included in the research. Internal validity was increased by means of randomly selecting and assigning the research participants to two control groups and two experimental groups, and external validity was increased by investigating the presence of pre-test sensitisation. (The particulars relating to the specific research design utilised in this study will be discussed later in this chapter.)

Biographical information obtained from the research participants during the study indicated that the majority of participants were white learners (63%), followed by black learners (22%), coloured (mixed race) learners (9%) and Indian/Asian learners (6%). These frequencies indicate a just representation of the racial distribution within the selected school environment. A

mean age of 14 years and 2 months was reported, with the age distribution ranging from 13 years and 0 months for the youngest participant to 16 years and 0 months for the oldest participant.

Ethical Considerations and Data-gathering Procedures

Throughout the process, ethical data management and the well-being of all participants were given precedence. Annexure 12 of the Ethical Rules of Conduct for Practitioners Registered under the Health Professions Act (Act no 56 of 1974) (Republic of South Africa, 2006) informed the ethical procedures in this research. This study adhered to the specifications and requirements stipulated by this act by following these ethical considerations throughout the research process. Prior to the commencement of the study, written consent to conduct the research was obtained from the Free State Department of Education, the relevant school principal, as well as the parents of all Grade 9 learners. Assent was also obtained from the research participants. Examples of the consent and assent letters are included as Appendix A.

All the relevant parties (Department of Education, participants, principal and parents) were informed of the research aims and the process to be followed. Participants were assured that participation in the research was voluntary and that they had the right to withdraw at any stage during the research without any negative consequences. All information obtained from the participants throughout the process was managed with strict confidentiality.

A total of 100 research participants were selected randomly from the entire Grade 9 class at the identified secondary school and assigned randomly to four groups of 25 learners each. These four groups were then, in turn, assigned randomly to two experimental groups (of which only one group completed a pre-test) and two control groups (of which only one group completed a pre-test). (For a detailed discussion on the Solomon four-group research design as implemented in the current study, refer to the research design section in the current chapter.)

Procedures included the completion of a short demographic questionnaire by all participants, after which a pre-test (with regard to the dependent variables) was administered to one of the experimental and one of the control groups. Following this, over a period of 10 weeks during 90-minute weekly sessions, both experimental groups participated in the resiliency programme. In order to obtain quantitative as well as qualitative data related to the programme evaluation, each programme participant completed a programme evaluation questionnaire weekly. Following the implementation of the programme, post-test measures were administered to both the experimental and both the control groups, and the effect of the resiliency programme on the participants' overall levels of internal resiliency was determined. For a period of three months the participants had no further contact with the researcher. To determine the sustainability of the effect of the programme over time, the follow-up measures were, once again, administered to both the experimental and both the control groups after this three-month period. In order to evaluate both the short- and long-term effects of the programme, a post-measure and a follow-up measure were administered. The opportunity to participate in the same resiliency programme was presented to the control groups following the administration of the follow-up measures.

Variables and Measuring Instruments

As noted earlier in this chapter, the current study aimed to promote internal resiliency among female adolescents via a cognitive-behavioural approach. For this purpose, the resiliency programme was manipulated as the independent variable. A three-dimensional assessment protocol was followed in order to determine the effect of the resiliency programme on the dependent variables as they pertained to the *Resiliency Outcome*, *Cognitive-behavioural Outcome* and *Programme Evaluation*. This three-dimensional assessment strategy was applied

by means of a *Resiliency Measure*, *Cognitive-behavioural Measure* and *Programme Evaluation Questionnaire* for assessing each dimension of the dependent variable.

Attention will now be directed to an in-depth discussion of the dependent variables (*Resiliency*, *Cognitive-behavioural* and *Programme Evaluation*), as well as their respective measuring instruments mentioned above, followed by an outline of the independent variable (the *Resiliency Programme*).

Dependent Variables

For the purpose of this study, the *Resiliency* variable refers to the previously discussed five personal internal resiliency factors as set out by Kumpfer's (1999) conceptualisation model, namely *cognitive competencies*, *emotional stability*, *spirituality and motivation*, *behavioural and social skills*, and *physical well-being*. The *Cognitive-behavioural* variable refers to the cognitive-behavioural approach as application strategy and mode of delivery throughout the implementation of the resiliency programme. (For a comprehensive exposition of the five internal resiliency factors and a discussion on the rationale underlying the use of a cognitive-behavioural approach in the current study, refer to Chapters 2 and 3 respectively.) These two dependent variables were operationalised via a *Resiliency Measure*, namely the Resiliency Scales for Children and Adolescents: A profile of personal strengths (RSCA; Prince-Embury, 2006, 2007), and a *Cognitive-behavioural Measure*, namely the Shortened General Attitude and Belief Scale (SGABS; Lindner, Kirkby, Wertheim, & Birch, 1999). In addition, a *Programme Evaluation Questionnaire* (a structure measure in the form of a Likert-type scale, with an additional section to obtain qualitative information from the participants regarding their evaluation of each module of the proposed resiliency programme), was administered weekly to

the experimental groups, following the implementation of each programme module. These three dependent variables and their respective measures will be discussed successively.

Resiliency Measure

- ***Resiliency Scales for Children and Adolescents: A profile of personal strengths (RSCA; Prince-Embury, 2006, 2007)***

The rationale of the RSCA is to provide a methodical and quantifiable measure of resilience for children and adolescents between the ages of 9 and 18 years. The RSCA is a self-report instrument and developed at a Grade 3 reading level, which could serve as a screening instrument for preventative intervention, counselling, and/or monitoring specific therapeutic goals (Prince-Embury, 2006, 2007, 2011). The RSCA predominantly assesses three core theoretical constructs of an individual's perceived strengths and/or vulnerabilities related to psychological resilience. These three main constructs include:

- The Sense of Mastery scale (relating to: *optimism regarding one's life and future; self-efficacy and competence in solving problems and the mastery of one's environment; and the adaptability or flexibility to be receptive to critique and learn from mistakes*)
- The Sense of Relatedness scale (relating to: *trust in the reliability of others, the perceived access to support from others during times of adversity; comfort and absence of anxiety in the presence of others; and the ability to tolerate and express differences in relationships*)
- The Emotional Reactivity scale (relating to: *sensitivity threshold of an individual for reaction and the intensity thereof; the recovery time required to return to a state of emotional equilibrium following emotional arousal or discomfort, and the level of impairment during adversity or emotional arousal*).

The RSCA consists of 64 questions in total, with 20 to 24 self-report items for each of the three core scales. The responses are presented on a five-point Likert-type scale for each of the three scales, which include: never (0), rarely (1), sometimes (2), often (3), and almost always (4). The total raw scores for the three core scales are determined by summing all the item scores for each particular scale. Raw score totals for both the Sense of Mastery and Emotional Reactivity scales range from 0 to 80, and from 0 to 96 for the Sense of Relatedness scale. In contrast to the Sense of Mastery and Sense of Relatedness scales, where high scores are indicative of resilience, a high score on the Emotional Reactivity scale indicates perceived vulnerability.

The RSCA demonstrated high internal consistency estimates for two standardisation populations ranging from 12 to 14 years, and from 15 to 18 years old (Prince-Embury, 2006, 2007). In this standardisation study, the reported alpha coefficients for the 12 to 14 year band ranged between .89 for the Sense of Mastery scale, and .91 for both the Sense of Relatedness and Emotional Reactivity scales. The adolescent standardisation sample (aged 15 to 18 years), indicated very high alpha coefficients of .95 for both the Sense of Mastery and Sense of Relatedness scales, and .94 for the Emotional Reactivity scale. It is evident that the internal consistency estimates became greater with increased age bands; Prince-Embury (2006, 2007) attributes these higher levels of internal consistency to increased differentiation over time.

Prince-Embury (2006, 2007) reported moderate to high coefficients of test-retest reliability for the younger standardisation group aged 9 to 14 years, with scores of .84 for Sense of Relatedness, .79 for Sense of Mastery, and .88 for Emotional Reactivity. On the other hand, the adolescent sample aged 15 to 18 years indicated high levels of test-retest reliability, namely .86 for Sense of Mastery and Sense of Relatedness, and .88 for Emotional Reactivity.

Prince-Embury and Courville (2008) report high internal consistency scores in a US sample of 15- to 18-year-old adolescents, with alphas ranging from .95 to .93 for the Sense of Relatedness and Emotional Reactivity scales respectively. Other studies using the RSCA have shown good internal consistency, with alpha coefficients ranging between .85 and .95 for a US sample of 226 adolescents (Prince-Embury, 2008). De Villiers (2009) reported alpha coefficients ranging between .87 and .92 for a non-clinical South African sample of children.

Owing to the fact that the RSCA has not been standardised for the South African population, only raw scores for the three respective scales (as opposed to standardised scores) were utilised in the statistical analyses performed in this study. For the current study, internal consistency scores were calculated for the three core scales of the RSCA for the pre-test, post-test and follow-up measures. These estimates were determined by using Cronbach's alpha coefficient, and were found to be high (ranging from .88 to .95). Cronbach's alpha coefficients for the RSCA are presented in Table 4.

Table 4

Cronbach's alpha-coefficients for the RSCA

RSCA Scales	α coefficients		
	Pre-test	Post-test	Follow-up test
Sense of Mastery	.91	.94	.94
Sense of Relatedness	.89	.95	.94
Emotional Reactivity	.88	.94	.93

It is clear from Table 4 that the three core scales of the RSCA indicated high levels of internal consistency on all three accounts and, therefore, the analyses conducted with these scales as *Resiliency Outcome* indicators can be interpreted with confidence.

A discussion of the *Cognitive-behavioural Measure* follows.

Cognitive-behavioural Measure

- ***Shortened General Attitude and Belief Scale (SGABS; Lindner et al., 1999)***

The SGABS is a measure of both rational and irrational beliefs and thinking processes, and was developed to serve as a shortened version of the original 55-item General Attitude and Belief Scale (GABS) developed by Bernard (1990). Although the 55-item GABS demonstrated valid psychometric properties, multidimensionality and applicability in various settings (Bernard, 1990, 1998; Wertheim & Poulakis, 1992), research participants found the GABS to be somewhat lengthy and the questions too repetitive (Kirkby, 1994; Lindner & Kirkby, 1992). Consequently, Lindner et al. (1999) based the development of the SGABS on Ellis's (1994) theory of irrational beliefs and retained the seven-dimension structure of the 55-item GABS.

The seven dimensions encompassed by the SGABS comprise a rationality subscale (*Rationality*), and six subscales representing irrational attitudes, beliefs and thinking processes (*Self-downing*, *Need for Achievement*, *Need for Approval*, *Need for Comfort*, *Demands for Fairness* and *Other-downing*). The *Rationality* subscale refers to the rational cognitive processes associated with approval, experience of comfort, achievement and perceptions relating to fairness (e.g., *I have worth as a person even if I do not perform well at tasks that are important to me*). The *Self-downing* subscale represents global, negative ratings of one's own worth while facing negative feedback or criticism (e.g., *If important people dislike me, it goes to show what a worthless person I am*). The *Need for Achievement* subscale refers to irrational cognitive processes related to achievement, indicating low frustration tolerance, awfulising and demandingness (e.g., *If I don't perform well at things which are important, it will be a catastrophe*). The *Need for Approval* subscale represents beliefs regarding the receiving of approval from others (e.g., *I must be liked and accepted by people I want to like me, and I will*

not accept their not liking me). The *Need for Comfort* subscale refers to the perceived importance of comfort and the intolerance for discomfort (e.g., *I can't stand being tense or nervous and I think tension is unbearable*). The *Demands for Fairness* subscale relates to one's evaluative beliefs regarding unfair and inconsiderate treatment from others (e.g., *It is unbearable to not have respect from people, and I can't stand their disrespect*). The *Other-downing* subscale refers to the overall, negative ratings of other people based on irrational beliefs (e.g., *I believe that if a person treats me very unfairly, they are bad and worthless*).

The SGABS consists of 26 items in total. The responses are presented on a five-point Likert-type scale for each of the seven subscales, ranging between strongly disagree (1), disagree (2), neutral (3), agree (4) and strongly agree (5). The total raw scores for the seven subscales are determined by summing all the item scores for each subscale. The raw score totals for the *Rationality*, *Self-downing*, *Need for Achievement*, *Need for Comfort*, and *Demands for Fairness* subscales range from 4 to 20, and from 3 to 15 for the *Need for Approval* and *Other-downing* subscales. In contrast to the interpretation guidelines for the *Rationality* subscale, where a high score suggests rational thinking, high scores on the remaining six subscales indicate irrational attitudes, beliefs and thought processes.

The SGABS (Lindner et al., 1999) demonstrated satisfactory internal consistency in the development and validation study with 356 American females between the ages of 17 and 49 years, with reported alpha coefficients ranging from .79 for the *Need for Achievement* and *Need for Approval* subscales; .80 for the *Need for Comfort* and *Demands for Fairness* subscales; .83 for the *Other-downing* subscale; to .84 for the *Rationality* and *Self-downing* subscales. According to Lindner et al. (1999), the SGABS, furthermore, demonstrated moderate to high test-retest reliability in this study, with scores ranging between .65 for the *Rationality* and *Self-*

downing, .75 for *Need for Approval*, .77 for *Need for Achievement*, .79 for *Other-downing*, .85 for *Demands for Fairness*, .87 for the *Need for Comfort* subscales respectively, and a total test-retest correlation of .91. In a study among 189 Australian sportsmen and women, ranging between the ages of 12 and 35 years, Lerner (2008) reported acceptable internal reliability scores for the SGABS, where the majority of subscales obtained alpha coefficients above .70, with the lowest at .64 and the highest at .90 for the respective subscales. MacInnes (2003) indicated similar internal reliability results for this measure among individuals, with high levels of anxiety from the United Kingdom (identified by means of the Hospital Anxiety and Depression Scale [HADS; Zigmond & Snaith, 1983]), with alpha scores ranging between .62 and .89. In Christy's (2012) study among 50 young adult females from the UK, the SGABS's total internal reliability was indicated as .89, while Modi and Thingujam (2007) indicated the overall internal consistency for the SGABS in their study with young Indian couples to be .86. Regrettably, there appears to be a dearth of studies utilising this measure within the South African realm.

Lindner et al. (1999) reported that the instrument demonstrates good construct validity, with a higher correlation ($r = .77$) between the SGABS and the Irrational Belief Scale (IBS; Malouff & Schutte, 1986), than between the SGABS and the Beck Depression Inventory ($r = .41$) (BDI; Beck, Rial, & Rickels, 1974). Therefore, the SGABS demonstrated a higher correlation with a measure of irrational beliefs (IBS) than with a measure of depression (BDI) and, thus, bears testimony to the discriminant validity of this instrument. The advantages of inclusion of the SGABS in the current study is embedded in the multimodal nature and comprehensiveness with which it assesses the major domains of not only irrational beliefs, but also rational ones, within a reduced time period (Lindner, 1999; Macavei & McMahon, 2010).

Terjesen, Salhany, and Sciutto (2009) state that measures of irrational beliefs are not only valuable in assessing for and treating problems, but also serve as a technique to identify and measure changes in these beliefs and in the efficacy of the specific treatments of these.

The SGABS has not been standardised for the South African population. Therefore, the current study used and investigated only raw test scores for the seven respective subscales, as opposed to standardised scores. Internal consistency scores for the current study were found to be satisfactory for the pre-test, post-test and follow-up measure, with alpha coefficients ranging from .70 to .95. These scores are presented in Table 5.

Table 5:

Cronbach's alpha coefficients for the SGABS

SGABS Scales	α coefficients		
	Pre-test	Post-test	Follow-up test
Rationality	.78	.87	.74
Self-downing	.89	.95	.94
Need for Achievement	.85	.93	.92
Need for Approval	.78	.81	.75
Need for Comfort	.86	.91	.91
Demands for Fairness	.86	.89	.87
Other-downing	.70	.83	.83

It is evident from Table 5 that the seven subscales of the SGABS indicated satisfactory levels of internal consistency and, as such, all analyses with these subscales as *Cognitive-behavioural Outcome* indicators can be performed with confidence.

In a review of nine quantitative resilience studies conducted in South Africa between 1990 and 2008, Theron and Theron (2010) found that none of the standardised instruments employed in any of these studies were devoted to the specific assessment of resilience. Instead,

most studies utilised measures or subscales of measuring instruments that, to some extent, included traits associated with the construct of resilience as opposed to measuring resilience exclusively. Terjesen et al. (2009) noted similar concerns with regard to measures of irrational cognitive processes and beliefs. Numerous researchers have called for utilising measures with more acceptable levels of discriminant/construct and content validity in order to guarantee more reliable and scientifically valued results (Gonzalez et al., 2004; Gossette & O'Brien, 1992; Terjesen et al., 2009; Windle, Bennett, & Noyes, 2011).

It is evident from the information presented on the *Resiliency Measure* (RSCA; Prince-Embury, 2006, 2007) and the *Cognitive-behavioural Measure* (SGABS; Lindner et al., 1999) that they provide a reliable basis from which to evaluate the efficacy of the resiliency programme. The efficacy of this programme will be assessed on the dimensions related to the programme's *Resiliency Outcome* (internal resiliency of adolescent females), as well as the *Cognitive-behavioural Outcome* (the approach utilised as mode of delivery of the programme). The third dimension related to the resiliency programme's assessment pertains to the *Programme Evaluation* as an indicator of this programme's quality, value and integrity, and is presented below.

Programme Evaluation

- ***Programme Evaluation Questionnaire***

The *Programme Evaluation Questionnaire* served to obtain both quantitative and qualitative information from the participants related to their evaluation of each module of the proposed resiliency programme. This *Programme Evaluation* (compiled by the researcher) was presented in the form of a Likert-type scale, with an additional section requesting qualitative feedback from the research participants. The rationale of this structure measure is to obtain data

pertaining to the resiliency programme not otherwise accounted for by the standardised measuring instruments, such as the physical composition, contents, presentation, and practical application value of the programme.

The *Programme Evaluation Questionnaire* was administered weekly, following the completion of each programme module. This measure comprised two main sections: the first section focused on obtaining quantitative feedback from the participants regarding all the physical and structural aspects pertaining to the module itself, as well as the participants' perceptions regarding their own development and skills learnt during that module; the second section was aimed at obtaining qualitative programme-related feedback from the participants. The first section of the *Programme Evaluation* consisted of eight items in total, with response options provided on a Likert-type scale, ranging from 1 to 5 (where a higher score indicated more positive feedback regarding the specific module, or perceived personal gains made and skills learnt during the session). The second section provided the participant with sufficient writing space to provide any programme-related qualitative commentary. The participants' scores on each of the items of the first section were summated and averages were calculated for each of the respective items. The additional qualitative feedback received on a weekly basis informed the researcher of the participants' perceptions and experiences regarding the programme's quality and value throughout the ten weeks of programme implementation. The *Programme Evaluation Questionnaire* is included as Appendix D.

The following section contains a brief discussion and outline of the independent variable (the resiliency programme).

Independent variable

A programme to promote internal resiliency among female adolescents: A cognitive-behavioural approach

The current study manipulated the resiliency programme as the independent variable to determine the effect of this programme on three dependent variable dimensions, namely the *Resiliency Outcome* (the internal resiliency of female adolescents), the *Cognitive-behavioural Outcome* (the mode of delivery employed throughout the implementation of the programme), and the *Programme Evaluation* (the structure, physical composition, presentation, contents, and practical application value of the programme).

As discussed in Chapters 2 and 3, the present study conceptualised resilience according to the Resilience Framework of Kumpfer (1999), where the domain pertaining to and *Internal and Personal Resiliency* is delineated along five main domains (*Cognitive, Behavioural and Social Competencies, Emotional Stability, Spirituality and Motivation, and Physical Well-being*). More specifically, the researcher's aim was to promote and improve adolescent females' internal resiliency by means of a programme reflecting a cognitive-behavioural approach. Therefore, the conceptualisation, composition and structure, content, implementation strategy and overall development of the resiliency programme were guided and informed on two levels: Firstly, Kumpfer's (1999) conceptual perspective on *Internal and Personal Resiliency* was considered and, secondly, the theoretical principles and strategies underlying a cognitive-behavioural approach informed the programme's implementation strategy and application method. In other words, specific emphasis was placed on committing to the theoretical underpinnings of a cognitive-behavioural approach as mode of delivery in the attempt to promote the participants' five personal and internal resiliency factors (the five main domains mentioned above) as outlined

by Kumpfer (1999). In review, these five factors comprise various competencies and skills such as problem solving, development and restoration of self-esteem, communication and social interaction skills, planning, flexibility and adaptability, dreams and goals, self-efficacy, identification and regulation of emotions, development of internal locus of control, perseverance and determination, tolerance, peer resistance, and development of creativity (see Chapter 2 for an extensive review). Each module included in the programme dealt with specific areas of competency, where some outcomes were addressed directly as module objectives and others indirectly via the programme's mode of delivery.

This operational approach was followed in the development of the resiliency programme (independent variable) in order to ensure that the most important outcome (as defined by the five delineated internal resiliency domains and related personal competencies) could be developed by means of an implementation strategy informed by a cognitive-behavioural approach.

As noted earlier in this chapter, the current study's resiliency programme consisted of 10 modules that were implemented with two experimental groups over a period of 10 weeks during 90-minute weekly sessions. These ten modules are briefly outlined below. (For an in-depth discussion on the rationale and an exposition of the resiliency programme, refer to Chapter 3.)

Resiliency programme modules

- **Module 1 – *The Island and I*** introduced the presenter and the intended resiliency programme (objectives, format, procedures and rules). Emphasis was placed on creating interest in the programme, establishing rapport with the participants and facilitating group cohesion. Ongoing and active participation in the programme was encouraged.
- **Module 2 – *Feeling Good on the Island*** inculcated the principles underlying cognitive-behavioural theory as the strategy for developing resiliency. The first part of the session

focused on identifying and rating/assessing different emotions, whereas the second part was directed at teaching and practising the regulation and expression of emotions in accordance with cognitive-behavioural theory.

- **Module 3 – *One of a Kind in my Tribe*** focused on personal identity development and the development and restoration of self-esteem by encouraging unconditional self-acceptance and the belief in one's uniqueness.
- **Module 4 – *A Worthy Challenge*** covered cognitive restructuring, and focused on the fact that personal achievement and performance do not equate to self-worth or personal value.
- **Module 5 – *Challenging Relationships*** promoted social problem solving and communication abilities, and encouraged the development of rational cognitions and thinking strategies, good social interaction skills and self-regulation.
- **Module 6 – *Networking on the Island*** focused on the identification and optimal utilisation of, and effective communication with, various support networks, guidance specialists and professionals during times of trial.
- **Module 7 – *Strategies, Strategies*** aimed at developing effective and creative problem-solving skills and planning abilities, and encouraged good communication skills and collaborative working towards a common goal.
- **Module 8 – *If at First I don't Succeed*** focused on identifying personal values as foundation to individuals' dreams and goals, and was directed at identifying and establishing realistic short- and long-term goals. The cognitive-behavioural principles underlying personal goals were instilled to encourage successful goal attainment in future.

- **Module 9 – *Fighting Fit*** was directed at establishing a positive body image and developing more realistic perceptions regarding physical and mental health by means of implementing cognitive-behavioural principles. The module emphasised factors contributing to physical and mental health, and encouraged continued practice of health maintenance skills.
- **Module 10 – *Finishing Strongly*** focused on integrating, reaffirming and reviewing the objectives and outcomes of the modules as conclusion to the programme. Programme-related feedback and continual practice and assimilation of the skills developed were encouraged.

Refer to Chapter 3 for an extensive review on the rationale underlying the resiliency programme as it informed the programme's resiliency outcome, the practical implications for the cognitive-behavioural implementation strategy, and the structural components of each module.

The entire resiliency programme (Facilitator's Manual and Participant's Activity Book) is included as Appendix B. The additional material related to specific activities in the resiliency programme (included neither in the Facilitator's Manual nor in the Participant's Activity Book) which are presented to participants at different times during the programme, are presented in Appendix C.

Research Hypotheses

The following central research hypothesis pertains to the *Resiliency Outcome* and is formulated as:

- ***Female adolescents who participate in the resiliency programme will demonstrate improved internal resiliency (improved Sense of Mastery and Sense of Relatedness, and reduced Emotional Reactivity).***

The secondary research hypothesis pertains to the *Cognitive-behavioural Outcome*, and is reflected as follows:

- *Female adolescents who participate in the resiliency programme will demonstrate improved attitudes, beliefs, and thinking processes (improved Rationality, and reduced Self-downing, Need for Achievement, Need for Approval, Need for Comfort, Demands for Fairness, and Other-downing).*

No directional research hypothesis was formulated with respect to the *Programme Evaluation Questionnaire*. An exploratory stance was taken in this instance.

Due to the fact that an intervention was implemented in the current study, it is clear that the study qualified as research of an experimental nature (Wilson & MacLean, 2011). Furthermore, owing to the experimental nature of the study, it was decided to utilise the Solomon four-group research design (Solomon, 1949) and the accompanying analytical techniques suggested by Walton Braver and Braver (1988) to guide the statistical procedures. Therefore, prior to the discussion of the statistical analyses, it is important to focus on the research design and the accompanying techniques employed in the present study.

Research Design

According to Holdnak, Clemons, and Bushardt (1990), the advantages of implementing the Solomon four-group research design include the following:

- It eliminates the effect of pre-test sensitisation.
- It is considered to be an exceptionally strong mechanism of control, especially regarding the threat of internal validity, as participants are selected and assigned randomly to experimental and control groups.
- It evaluates the interaction between the pre-test and the treatment.

- It increases external validity, as the effect of pre-test sensitisation is investigated.
- It is one of the most powerful experimental research designs.

Despite the fact that other one-treatment condition experimental designs (pre- and post-test control group design and the post-test-only control group design) exist, only the Solomon four-group design (Solomon, 1949) is known to assess for the presence of pre-test sensitisation (Walton Braver & Braver, 1988).

The Solomon four-group research design stipulates four randomly selected and assigned groups, namely two experimental and two control groups. Two of these groups are subjected to pre-testing (one experimental and one control group), while the remaining two groups (one experimental and one control group) are not subjected to pre-testing. Research participants from all four groups are, however, subjected to a post-test with respect to the dependent variables. An illustration of the Solomon four-group design is provided in Table 6.

Table 6

Representation of the Solomon four-group research design

Group		Pre-test	Treatment	Post-test
1	<i>R</i>	O_1	<i>X</i>	O_2
2	<i>R</i>	O_3		O_4
3	<i>R</i>		<i>X</i>	O_5
4	<i>R</i>			O_6

Note. *O* = Outcome measure; *X* = Treatment; *R* = Randomisation

The main advantage of this research design is that it provides the opportunity to investigate for the existence and effect of pre-test sensitisation. Pre-test sensitisation implies that, if research participants are subjected to a pre-test (with regard to the dependent variables), sensitivity would increase towards the intervention which, consequently, limits the

generalisability of results from the group that was exposed to the pre-test to the remaining population not exposed to a pre-test (Huck & Sandler, 1973; Michel & Haight, 1996).

This design, therefore, supplements its pre-existing high degree of internal validity with a higher level of external validity. For this reason, the Solomon four-group design is considered preferable to other experimental designs (Helmstadter, 1970; Huysamen, 1993).

In spite of the obvious advantages to this design and the numerous calls for its implementation (Cohen & Manion, 1994; Michel & Haight, 1996; Morgan, 1997), there is a paucity of its use in research. Walton Braver and Braver (1988) contribute the limited use of the Solomon four-group design to one or more of the following possibilities: Twice the number of groups are required than in other experimental designs; few researchers are interested specifically in investigating the effects of pre-test sensitisation; the various numbers of comparisons permitted by the design increase the level of intricacy of the derived conclusions; and the statistical analysis required for the design is quite complex.

Walton Braver and Braver (1988) suggested the use of a meta-analytical procedure as statistical approach and technique to accompany this research design, and concluded that it rendered more statistical power in comparison to those demonstrated in the analytical techniques suggested by Campbell and Stanley (1963) and Huck and Sandler (1973). An additional advantage of following the analytical procedures suggested by Walton Braver and Braver (1988) is the fact that group differences are taken into consideration at the pre-test level and, therefore, all treatment effects can be interpreted with confidence when the efficacy of interventions is evaluated. It is clear that the Solomon four-group design and the accompanying analytical techniques set out by Walton Braver and Braver (1988), however intricate, are nonetheless valuable in determining the effect of both the intervention and possible pre-test sensitisation.

In the current study, an additional three-month follow-up measure was conducted with all four groups in order to establish the sustainability of the resiliency programme's effect over time.

Attention will now be focused on the statistical analyses. The procedures were guided by the Solomon four-group research design (Solomon, 1949) and the associated techniques recommended by Walton Braver and Braver (1988).

Statistical Analyses

Walton Braver and Braver (1988) state that the first stage of the procedure is devoted to determining whether pre-test sensitisation occurs, in which case (as indicated in Table 6), the *Outcomes Measure (O)* will only be affected by the *Treatment (X)* if a pre-test has been administered. If pre-test sensitisation is present, then the *Outcomes Measure for the experimental group with pre-testing (O₂)* will measure higher than the *Outcomes Measure for the control group with pre-testing (O₄)*. However, the *Outcomes Measure for the experimental group without pre-testing (O₅)* will not measure higher than the *Outcomes Measure for the control group without pre-testing (O₆)*. The statistical test in this case is a 2 x 2 between-groups analysis of variance (ANOVA), which should then be conducted on the four groups' post-test scores (*O₂, O₄, O₅* and *O₆*). The two relevant factors (main effects) are the presence of a treatment (yes/no) and a pre-test (yes/no). In order to use this technique to determine whether pre-test sensitisation is present, the interaction between these two factors (main effects) must be investigated first.

Should the interaction deliver statistically significant results, the researcher will be alerted to the possible presence of pre-test sensitisation. In such a case, it is recommended that the analyses be followed up with two additional tests.

With the first test, the average post-test scores of Groups 1 and 2 (pre-testing present for both groups) are compared, and with the second test, the average post-test scores of Groups 3 and 4 (no pre-testing present for either group) are compared. Should the difference in post-test scores for Groups 3 and 4 differ from those between Groups 1 and 2, it will be concluded that the treatment effect is a result of the presence of pre-test sensitisation (Shuttleworth, 2009), and analysis is terminated. However, should the interaction not be statistically significant, it will be clear that there is no evidence for the effect of pre-test sensitisation.

Following the initial phase of the analysis (assessment for evidence of pre-test sensitisation), the second phase of the analysis is devoted to testing for the effect of the treatment (resiliency programme) on the dependent variable. In order to determine this, the effect of the treatment (main effect) on the post-test scores is investigated. If this main effect produces statistically significant results, it can be concluded that the treatment (resiliency programme) did have an effect and that this effect is not influenced by pre-test sensitisation. Therefore, it would prove that the resiliency programme (treatment) has a significant effect on the internal resiliency of female adolescents, irrespective of the presence of a pre-test.

Should the treatment (main effect), however, not deliver significant results, the analyses will be followed up with an analysis of covariance (ANCOVA) performed on the post-test scores, with the pre-test scores as the covariates. Should there be statistically significant results following the ANCOVA, the conclusion can also be drawn that the treatment (programme) had an influence on the dependent variable (internal resiliency), irrespective of the presence of a pre-test.

Should the ANCOVA not deliver any statistically significant results, the next recommended step will be to perform a *t*-test for independent groups with respect to the post-test

scores of Groups 3 and 4. If significant differences in averages are obtained, it can be assumed that the treatment did have an effect, and the analyses can be discontinued.

In the case of no significant differences found in the averages, the final step in the analytical procedure will be a meta-analysis, which will enable the researcher to combine results from disparate and independent tests of the same hypotheses in a statistical manner (Rosenthal, 1978). With this method, the p -level from each of the respective statistical tests is converted to a normal deviate (z) value, after which the resulting z -values are combined into a single z_{meta} by means of the following formula:

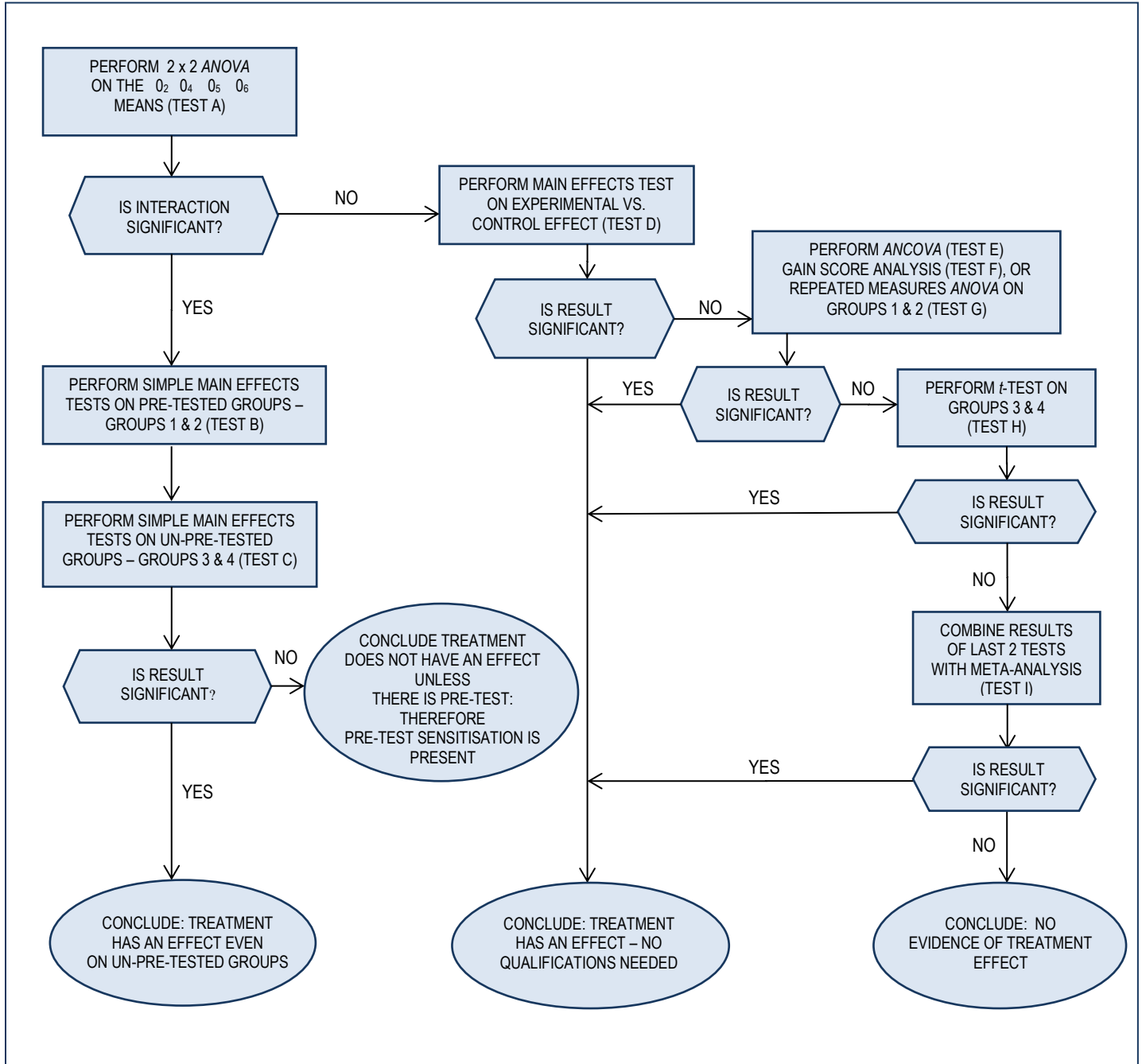
$$z_{meta} = \frac{\sum_i z_{pi}}{\sqrt{k}}$$

where z_{pi} is the z -value corresponding to the one-tailed p -value of the i th statistical test, and k is the number of such tests.

Finally, it is evident that one of four expected final outcomes could be reached, depending on the results of the specifically suggested analytical procedures recommended by Walton Braver and Braver (1988). The first outcome can be reached following the assessment for the presence of pre-test sensitisation, whereas the second, third and fourth outcomes refer to the results of analyses pertaining to the effect of treatment. Therefore, the four different outcomes and conclusions to the analyses can be formulated as follows:

- Treatment does not have an effect unless a pre-test was administered. Therefore, pre-test sensitisation is present.
- Treatment has an effect, even on groups that did not undergo a pre-test.
- Treatment has an effect, and no further qualifications are required.
- No evidence of a treatment effect exists.

The sequence of statistical analyses for the Solomon four-group design, as recommended by Walton Braver and Braver (1988), is illustrated in Figure 5.



Note. O = Outcome measure; ANOVA = Analysis of variance; ANCOVA = Analysis of covariance

Figure 5: Flowchart of tests and conclusions for the Solomon four-group design

In order to comment on the relevance of statistically significant results obtained from the investigation in the present study, attention will additionally be paid to the practical significance of these results. As a measure of practical significance, effect sizes (Steyn, 1999) will be calculated.

The variety in statistical procedures to be performed dictates that the methods employed in determining the effect sizes should differ as well. Owing to the fact that ANOVA and *t*-tests will be the most prominently utilised techniques during data analyses, a brief outline of the relevant effect sizes is provided:

During the execution of the *F*-test (analyses of variance), the following guideline values for effect sizes can be followed, namely $f = .10$ – small effect; $f = .25$ – medium effect; and $f = .40$ – large effect size. The effect sizes of the differences between the two sets of averages will be calculated by means of Cohen's *d* (Cohen, 1988). This statistical procedure expresses the difference between the two means in terms of the size of the standard deviation. In this case, the guideline values are $d = .20$ – small effect, $d = .50$ – medium effect and $d = .80$ – large effect size. The 1% level of significance was used throughout the data analyses.

The computer program utilised for the statistical procedures performed with the relevant dependent variables was the Statistical Package for the Social Sciences version 19.0 (SPSS Incorporated, 2011).

Conclusion

This chapter outlined the research methodology employed in the current research, which was aimed primarily at evaluating the effect of a programme on the internal resiliency of adolescent females by means of a cognitive-behavioural approach. The various ethical considerations and data-gathering procedures were discussed, and descriptive statistics were

provided with respect to the research participants. An exposition of the research variables (pertaining to the *Resiliency Outcome*, *Cognitive-behavioural Outcome* and *Programme Evaluation* of the resiliency programme) and their respective measuring instruments were provided. A brief outline of the proposed modules for the resiliency programme as independent variable was furthermore presented. The chapter concluded with an in-depth discussion of the Solomon four-group research design (Solomon, 1949) and the specific procedures recommended by Walton Braver and Braver (1988) for statistical analyses. The following chapter will reflect the results of the statistical analyses performed on the central and secondary research hypotheses, whereafter the quantitative and qualitative feedback of the *Programme Evaluation* will be presented and described.

5

Results

The present study evaluated the effect of a resiliency programme (independent variable) with respect to three dependent variable dimensions, namely the *Resiliency Outcome* (which refers to the internal resiliency of adolescent females), the *Cognitive-behavioural Outcome* (which refers to the cognitive-behavioural approach utilised as mode of programme delivery) and the *Programme Evaluation* (which refers to the physical and structural composition and layout, contents, presentation, and practical application value of the resiliency programme). This three-dimensional assessment strategy served to ensure that the measurement of the resiliency programme's efficacy and application value was performed in a comprehensive, research-validated and methodologically sound manner. The *Resiliency* and *Cognitive-behavioural Outcome* variables were operationalised by means of the Resiliency Scales for Children and Adolescents: A profile of personal strengths (RSCA; Prince-Embury, 2006, 2007), serving as the *Resiliency Measure*, and the Shortened General Attitude and Belief Scale (SGABS; Lindner et al., 1999) serving as the *Cognitive-Behavioural Measure*. In addition, a *Programme Evaluation Questionnaire* was employed as a qualitative and quantitative indicator of the programme's quality and practical value.

This chapter is aimed primarily at reporting the results obtained from statistical analyses conducted with respect to testing the central and secondary research hypotheses, and to present qualitative and quantitative feedback regarding the programme. The chapter commences by presenting the central and the secondary research hypotheses, followed by the results of statistical analyses. Descriptive statistics related to the research sample will be reviewed, after which the inferential statistics will be presented, as the central and the secondary research hypotheses were investigated with the *Resiliency* and *Cognitive-behavioural Measures* respectively. The chapter concludes by providing the quantitative as well as qualitative feedback

from the *Programme Evaluation Questionnaire*, as this feedback was considered to be descriptive of participants' experiences and opinions throughout the programme.

Research Hypotheses

The current study formulated a central research hypothesis pertaining to the internal resiliency of adolescent females (referring to the *Resiliency Outcome* of the study), and a secondary research hypothesis pertaining to the cognitive-behavioural approach as implementation strategy and mode of programme delivery (referring to the *Cognitive-behavioural Outcome* of the study). No directional hypothesis was formulated with respect to the *Programme Evaluation Questionnaire*. This measure was considered to be descriptive of participants' opinions and experiences throughout the programme and, therefore, a qualitative and quantitative position was taken in this regard.

In review, the central and most prominent research hypothesis pertained to the *Resiliency Outcome* variables and was stated as follows:

- ***Female adolescents who participate in the resiliency programme will demonstrate significantly higher levels of internal resiliency (improved Sense of Mastery and Sense of Relatedness, and reduced Emotional Reactivity) than those female adolescents who did not participate in the programme.***

The secondary research hypothesis pertained to the *Cognitive-behavioural Outcome* variables and was formulated as:

- ***Female adolescents who participate in the resiliency programme will demonstrate significantly more improved attitudes, beliefs, and thinking processes (improved Rationality, and reduced Self-downing, Need for Achievement, Need for Approval,***

Need for Comfort, Demands for Fairness and Other-downing) than those who did not participate in the programme.

These research hypotheses were investigated for each of the dimensions of the two respective measuring instruments (*Resiliency Measure: RSCA*, and *Cognitive-behavioural measure: SGABS*), while the qualitative and quantitative results obtained from the *Programme Evaluation Questionnaire* were investigated as descriptive quality, value and integrity indicators of the participants' experiences and opinions of the Resiliency Programme.

Owing to the fact that the Solomon four-group design (Solomon, 1949) was utilised, the investigation of the effect of pre-test sensitisation was performed as first priority in each case. Subsequently, the effect of the Resiliency Programme on the *Resiliency* and the *Cognitive-behavioural Outcomes* were investigated by means of (i) comparing the differences in the pre-test and post-test scores, and (ii) between the pre-test and follow-up test scores between the experimental and control groups. As stated in Chapter 4, the computer program utilised for statistical analyses was the Statistical Package for the Social Sciences version 19.0 (SPSS Incorporated, 2011). The central and the secondary formulated research hypotheses were tested at the 1% level of significance ($p \leq .01$) for all the statistical analyses performed.

Results of statistical analyses

Descriptive Statistics

The following group classification descriptions should be borne in mind when interpreting the results:

- Group 1 = Experimental group with pre-testing (experimental group 1)
- Group 2 = Control group with pre-testing (control group 1)
- Group 3 = Experimental group without pre-testing (experimental group 2)

- Group 4 = Control group without pre-testing (control group 2).

As noted previously, the total unit of analysis comprised 100 female Grade 9 learners, where (Group 1: $n = 25$; Group 2: $n = 25$; Group 3: $n = 25$; Group 4: $n = 25$).

The descriptive statistics reported in Chapter 4 pertaining to the participants' racial distribution indicated the following: white (63%), black (22%), coloured (mixed race) (9%) and Indian/Asian (6%). The age distribution ranged from 13 years to 16 years old, with a mean age of 14 years and 2 months. Attention will now be directed to hypotheses testing and the relevant results obtained.

The averages (\bar{X}) and standard deviations (s) for the ten identified dependent variables (scales from the RSCA serving as the *Outcome Measure*, and subscales from the SGABS serving as the *Process Measure*) were determined and are presented in Table 7. Since Groups 3 and 4 were not subjected to pre-testing, no descriptive statistics is provided in this regard.

Table 7

Averages and standard deviations for the ten dependent variables identified for the experimental and control groups

Dependent variables	Test time	Group 1 (N=25)		Group 2 (N=25)		Group 3 (N=25)		Group 4 (N=25)	
		\bar{X}	s	\bar{X}	s	\bar{X}	s	\bar{X}	s
RSCA									
Sense of Mastery	Pre-test	49.00	12.01	54.44	11.37	-	-	-	-
	Post-test	66.36	8.54	57.00	10.25	63.88	11.62	49.40	13.03
	Follow-up test	63.56	9.85	61.56	11.27	61.48	10.58	54.72	13.79
Sense of Relatedness	Pre-test	62.44	11.42	70.60	13.60	-	-	-	-
	Post-test	80.72	10.94	70.56	13.31	79.00	12.33	57.84	17.61
	Follow-up test	79.56	10.33	75.92	14.02	76.52	13.43	67.28	18.38
Emotional Reactivity	Pre-test	33.48	11.99	34.12	13.55	-	-	-	-
	Post-test	19.12	10.33	32.20	12.28	19.48	14.64	36.88	15.14
	Follow-up test	21.00	10.44	28.00	15.60	22.40	15.37	32.32	13.06
SGABS									
Rationality	Pre-test	14.92	2.78	14.28	3.18	-	-	-	-
	Post-test	18.12	1.92	15.08	3.21	17.76	3.22	14.40	3.16
	Follow-up test	17.56	2.52	16.68	2.44	17.64	2.02	15.48	2.82

Self-downing	Pre-test	9.12	3.75	8.92	4.56	-	-	-	-
	Post-test	5.48	2.24	8.84	3.99	5.96	3.13	10.24	4.14
	Follow-up test	5.84	2.81	6.28	3.54	4.96	1.62	6.52	3.14
Need for Achievement	Pre-test	13.12	4.11	13.00	3.64	-	-	-	-
	Post-test	7.36	3.80	11.88	3.83	7.80	3.38	13.12	3.42
	Follow-up test	7.12	2.95	10.92	4.59	8.16	3.54	11.76	3.39
Need for Approval	Pre-test	8.04	3.23	8.52	2.37	-	-	-	-
	Post-test	5.56	2.53	8.24	2.13	4.56	1.98	8.56	3.09
	Follow-up test	5.08	2.08	6.56	2.76	5.44	2.12	7.16	2.48
Need for Comfort	Pre-test	11.84	3.69	13.52	3.39	-	-	-	-
	Post-test	8.08	3.74	13.48	2.55	9.48	4.74	12.76	2.50
	Follow-up test	8.08	3.01	11.52	4.67	9.48	4.09	12.48	3.54
Demands for Fairness	Pre-test	12.44	3.11	14.60	3.40	-	-	-	-
	Post-test	9.72	3.96	14.04	3.16	10.16	4.66	13.92	2.82
	Follow-up test	9.80	3.87	12.88	4.27	11.56	3.97	14.56	2.06
Other-downing	Pre-test	6.52	2.49	7.44	2.36	-	-	-	-
	Post-test	4.84	1.99	7.76	2.47	5.64	3.01	7.52	2.90
	Follow-up test	4.64	1.98	6.68	3.06	5.16	2.19	8.12	2.35

Note: Group 1 = Experimental Group 1; Group 2 = Control Group 1; Group 3 = Experimental Group 2; Group 4 = Control

Group 2

The comparison between the average pre-, post- and follow-up scores of Groups 1 and 2 in Table 7 indicates larger differences in averages for Group 1 (experimental group) than for Group 2 (control group). The following section investigates whether these differences are statistically significant, after the role of pre-test sensitisation have been considered and ruled out. Inferential statistics will now be provided for the dependent variables related to the RSCA (*Resiliency Measure*), followed by those for the SGABS (*Cognitive-behavioural Measure*).

Inferential Statistics

Following an investigation of the role of pre-test sensitisation, the possible effect of the resiliency programme will be investigated in each instance by means of comparing the scores between groups for the ten respective dimensions related to the *Resiliency Measure* (RSCA) and the *Cognitive-behavioural Measure* (SGABS). This comparison will be performed in each instance with respect to both short (pre- and post-test scores) and long term (follow-up test scores). The results for each of the ten dimensions will now be presented.

Resiliency Measure: The Resiliency Scales for Children and Adolescents: A profile of personal strengths (RSCA; Prince-Embury, 2006, 2007)

- **Effect of Programme on the Sense of Mastery variable**
 - *Pre- and post-test scores*

In order to investigate the short-term effect of the resiliency programme on the Sense of Mastery of female adolescents, a 2 x 2 between-groups ANOVA was performed on the post-test scores of the four groups. These results are presented in Table 8.

Table 8

Results of the ANOVA calculated for the post-test scores for the Sense of Mastery variable

Source	<i>MS</i>	<i>df</i>	<i>F</i>	<i>p</i>	<i>f</i>
Pre-test vs. Not (P)	629.12	1	5.219	0.025	
Treatment vs. Not (T)	3514.07	1	29.150*	0.000	0.54
P x T	161.83	1	1.342	0.250	
Error	120.55	96			

Note. * $p \leq 0.01$

Results from Table 8 indicate clearly that no significant interaction ($p = 0.250$) was present for the two main effects, namely Pre-testing (yes/no) and Treatment (yes/no), on the participants' post-test scores for the Sense of Mastery variable – this points to no pre-test sensitisation. Consequently, the effect of the treatment on the post-test scores was investigated. A statistically and practically significant result was obtained in this regard with an F -value of 29.150 at $p \leq .01$, indicating a large effect size of $f = 0.54$. It can be derived that the treatment did have an effect, with the experimental group obtaining significantly higher post-test average scores on this variable than the control group. Therefore, we can conclude that these differences observed on Sense of Mastery in the short term could be attributed to the programme's effect, and not to that of sensitisation due to a pre-measurement.

○ *Pre- and follow-up test scores*

To establish the long-term effect of the resiliency programme, a 2 x 2 between-groups ANOVA was calculated on the follow-up test scores of the four groups. These results are presented in Table 9.

Table 9

Results of the ANOVA calculated for the follow-up test scores for the Sense of Mastery variable

Source	MS	df	F	p
Pre-test vs. Not (P)	497.29	1	3.780	0.055
Treatment vs. Not (T)	479.61	1	3.646	0.059
P x T	141.61	1	1.076	0.302
Error	131.56	96		

Note. * $p \leq 0.01$

No significant interaction ($p = 0.302$) was evident between the two main effects (P x T) and, therefore, the effect of the treatment on the follow-up test was investigated. Table 9 shows that no significant result ($p = 0.059$) was obtained in this regard, and that further investigation was necessary. Subsequently, the effect of treatment on the follow-up tests of Groups 1 and 2 (pre-testing with both) was compared. For this purpose, an ANCOVA was performed on the follow-up scores of the Sense of Mastery variable, with the pre-test scores as the covariates. The results are presented in Table 10.

Table 10

Results of ANCOVA performed for the follow-up test scores for Sense of Mastery for groups 1 and 2

Source	MS	df	F	p
Treatment vs. Not	250.27	1	3.032	0.088
Error	82.55	47		

Note. * $p \leq 0.01$

Table 10 reflects that no significant F -value ($p = 0.088$) was evident from the calculated ANCOVA. An independent t -test calculated on the follow-up scores for Groups 3 and 4 (neither group subjected to pre-testing) delivered no significant result, with $t = 1.945$ and $p = 0.058$ for 48 degrees of freedom. As directed by Walton Braver and Braver (1988), the meta-analytical technique was then utilised to continue analyses. With this technique, the results from the ANCOVA and the t -test were combined in the following formula: $(1.71 + 1.89)/\sqrt{2} = 2.546$; $p = 0.0054$. Following this procedure, a significant result was obtained and it was concluded that the programme did indicate a significant effect on the Sense of Mastery variable in the long term. Participants in the experimental group achieved significantly higher average follow-up scores in the long term than those in the control group. Evidently, the resiliency programme also positively affected the Sense of Mastery of female adolescents in the long term, irrespective of a pre-measurement.

- **Effect of Programme on the Sense of Relatedness variable**
 - *Pre- and post-test scores*

The short-term effect of the resiliency programme on the participants' Sense of Relatedness was investigated by calculating a 2 x 2 between-groups ANOVA on the post-test scores of the four groups. These results are presented in Table 11.

Table 11

Results of the ANOVA performed for the post-test scores for the Sense of Relatedness variable

Source	<i>MS</i>	<i>df</i>	<i>F</i>	<i>p</i>	<i>f</i>
Pre-test vs. Not (P)	1303.21	1	6.870	0.010	
Treatment vs. Not (T)	6130.89	1	32.320*	0.000	0.57
P x T	756.25	1	3.987	0.059	
Error	189.69	96			

Note. * $p \leq 0.01$

Table 11 reflects no significant interaction ($p = 0.059$) between the two main effects (P x T) for the post-test scores on the Sense of Relatedness variable. The effect of the treatment on the post-test scores was, therefore, investigated. It is clear from Table 11 that a statistically significant result was obtained ($F = 32.32$), as well as a large effect size ($f = 0.57$), indicating that the result had great practical significance. It is, therefore, confirmed that the treatment did have a positive effect (with the experimental group demonstrating higher average Sense of Relatedness post-test scores than the control group). The effect demonstrated on Sense of Relatedness in the short term can, therefore, be attributed to the effect of the programme, irrespective of whether pre-testing was performed or not.

○ *Pre- and follow-up test scores*

To establish the long-term effect of the resiliency programme, a 2 x 2 between-groups ANOVA was calculated on the follow-up test scores of the four groups for the Sense of Relatedness variable. These results are presented in Table 12.

Table 12

Results of ANOVA performed on follow-up test scores for the Sense of Relatedness variable

Source	MS	df	F	p
Pre-test vs. Not (P)	852.64	1	4.154	0.044
Treatment vs. Not (T)	1036.84	1	5.051	0.027
P x T	196.00	1	0.955	0.331
Error	205.26	96		

Note. * $p \leq 0.01$

Table 12 indicates no significant interaction ($p = 0.331$) between the two main effects, namely pre-testing and treatment (P x T). The effect of the treatment on the follow-up tests was calculated, and Table 12 demonstrates that no significant result ($p = 0.027$) was obtained in this regard either. This was followed with an investigation of the effect of treatment on the follow-up

tests of Groups 1 and 2 (pre-testing conducted with both), whereby an ANCOVA was performed on the follow-up scores of the Sense of Relatedness variable, with the pre-test scores as the covariates. Results from this analysis are presented in Table 13.

Table 13

Results of ANCOVA performed on the follow-up test scores for Sense of Relatedness for Groups 1 and 2

Source	<i>MS</i>	<i>df</i>	<i>F</i>	<i>p</i>
Treatment vs. Not	588.75	1	4.769	0.034
Error	123.46	47		

Note. * $p \leq 0.01$

Table 13 indicates that the ANCOVA did not deliver a significant F -value ($p = 0.034$), and analyses were followed with an independent t -test calculated on the Sense of Relatedness follow-up scores for Groups 3 and 4 (neither subjected to pre-testing), with $t = 2.029$ for 48 degrees of freedom and a corresponding p -value of 0.048. Subsequently, the meta-analytical technique was implemented, where the results from the ANCOVA and the t -test were combined in the formula: $(2.12 + 1.98)/\sqrt{2} = 2.899$; $p = 0.0019$. It is clear that a significant result was obtained from this meta-analysis, and that it can now be accepted that the treatment did have a statistically significant effect on the Sense of Relatedness variable in the long term. The experimental group participants achieved significantly higher average follow-up scores in the long term than those in the control group. Furthermore, the effect on this variable is due to the effect of the programme, and not to the effect of a pre-measurement.

- **Effect of Programme on the Emotional Reactivity variable**

- *Pre- and post-test scores*

A 2 x 2 between-groups ANOVA was performed on the post-test scores of the four groups in order to investigate the short-term effect of the resiliency programme on the Emotional Reactivity variable. Results from the ANOVA are presented in Table 14.

Table 14

Results of the ANOVA performed on post-test scores of the Emotional Reactivity variable

Source	<i>MS</i>	<i>df</i>	<i>F</i>	<i>p</i>	<i>f</i>
Pre-test vs. Not (P)	158.76	1	0.906	0.344	
Treatment vs. Not (T)	5806.44	1	33.137*	0.000	0.58
P x T	116.64	1	0.666	0.417	
Error	175.22	96			

Note. * $p \leq 0.01$

No significant interaction ($p = 0.417$) was evident on the post-test scores for Emotional Reactivity between the main effects (P x T), as indicated by Table 14. Subsequently, the effect of the treatment on the post-test scores was investigated. A statistically and practically significant result was obtained with an *F*-value of 33.137 at $p \leq 0.01$, demonstrating a large effect size ($f = 0.58$). The results indicate that the treatment had an effect, with the experimental group obtaining significantly lower average Emotional Reactivity scores than the control group. Once again, it can be assumed that the effect on Emotional Reactivity in the short term was due to the effect of the implemented programme, and not to pre-test sensitisation.

- *Pre- and follow-up test scores*

To calculate the long-term effect of the resiliency programme on participants' Emotional Reactivity, a 2 x 2 between-groups ANOVA was performed on the follow-up test scores for the four groups. These results are presented in Table 15.

Table 15

Results of the ANOVA performed on the follow-up scores of the Emotional Reactivity variable

Source	MS	df	F	p	f
Pre-test vs. Not (P)	204.49	1	1.077	0.302	
Treatment vs. Not (T)	1789.29	1	9.423*	0.000	0.31
P x T	53.29	1	0.281	0.598	
Error	189.89	96			

Note. * $p \leq 0.01$

Table 15 shows no significant interaction ($p = 0.598$) between the two main effects (treatment – yes/no; and pre-testing – yes/no). Subsequently, the effect of the treatment on follow-up test scores was investigated. From Table 15, it is clear that a statistically significant result was obtained ($F = 9.423$) at the 1% level of significance, with a medium effect size of $f = 0.31$, implying a result of moderate practical significance. It is, therefore, accepted that the treatment had a significant long-term effect on Emotional Reactivity, where the experimental group's average Emotional Reactivity scores were significantly lower than that of the control group's, and that this effect was not due to the pre-measurement conducted.

Cognitive-behavioural Measure: Shortened General Attitudes and Belief Scale (SGABS; Lindner et al., 1999)

- **Effect of Programme on the Rationality variable**
 - *Pre-and post-test scores*

In order to investigate the short-term effect of the Resiliency Programme on the participants' *Rationality* scores, a 2 x 2 between-groups ANOVA was performed on the post-test scores for the four groups. These results are presented in Table 16.

Table 16

Results of the ANOVA calculated for the post-test scores for the Rationality variable

Source	MS	df	F	p	f
Pre-test vs. Not (P)	6.76	1	0.787	0.377	
Treatment vs. Not (T)	256.00	1	29.788*	0.000	0.55
P x T	0.64	1	0.074	0.786	
Error	8.59	96			

Note. * $p \leq 0.01$

Results from Table 16 indicate clearly that no significant interaction ($p = 0.786$) was present for the two main effects (P x T) on the participants' post-test scores for the *Rationality* variable. Subsequently, the effect of the treatment on the post-test scores was investigated. A statistically and practically significant result was obtained in this regard with an *F*-value of 29.788 at the 1% level of significance, indicating a large effect size of $f = 0.55$. Therefore, it is clear that the treatment did have an effect, with the experimental group demonstrating significantly higher average scores on this variable than the control group. We can conclude that the Resiliency Programme significantly affected the *Rationality* of participants in the short term, irrespective of whether pre-testing occurred or not.

○ *Pre- and follow-up test scores*

To establish the long-term effect of the Resiliency Programme, a 2 x 2 between-groups ANOVA was calculated on the follow-up scores of the four groups for the *Rationality* variable. These results are presented in Table 17.

Table 17

Results of the ANOVA calculated for the follow-up test scores for the Rationality variable

Source	MS	df	F	p	f
Pre-test vs. Not (P)	7.84	1	1.290	0.259	

Treatment vs. Not (T)	57.76	1	9.501*	0.003	0.31
P x T	10.24	1	1.684	0.197	
Error	6.08	96			

* $p \leq 0.01$

Table 17 indicates no statistically significant interaction ($p = 0.197$) between the two main effects (P x T). Analyses were, therefore, continued by calculating the effect of the treatment on follow-up test scores for the *Rationality* variable. From Table 17, it is clear that a statistically significant result was obtained, with $F = 9.501$ at the 1% level of significance. A medium effect size ($f = 0.31$) was obtained, indicating a moderate practical significance. It is, therefore, confirmed that the treatment had a long-term effect on this variable, where the experimental group demonstrated significantly higher average *Rationality* scores than the control group. For this reason, the effect can be attributed to the effect of the Resiliency Programme, regardless of the presence or absence of pre-measurement.

- **Effect of Programme on the Self-downing variable**

- *Pre- and post-test scores*

A 2 x 2 between-groups ANOVA was performed on the post-test scores of the four groups in order to investigate the short-term effect of the resiliency programme on the *Self-downing* variable. The results obtained from the ANOVA are presented in Table 18.

Table 18

Results of the ANOVA performed on post-test scores of the Self-downing variable

Source	MS	df	F	p	f
Pre-test vs. Not (P)	22.09	1	1.849	0.177	
Treatment vs. Not (T)	364.81	1	30.530*	0.000	0.55
P x T	5.29	1	0.443	0.507	
Error	11.95	96			

Note. * $p \leq 0.01$

Table 18 indicates no significant interaction ($p = 0.507$) on the post-test scores for the *Self-downing* variable between the two main effects (P x T). Subsequently, the effect of the treatment on the post-test scores was investigated. In this case, a statistically significant result was obtained, with an F -value of 30.530 at $p \leq 0.01$. Calculations presented a large effect size of $f = 0.55$, indicating a great practically significant result. It is, therefore, apparent that the treatment did have a short-term effect (with the experimental group achieving significantly lower average *Self-downing* scores than the control group). The effect on this variable may, therefore, be attributed to the programme, notwithstanding the fact that a pre-measure was employed.

○ *Pre- and follow-up test scores*

To calculate the long-term effect of the Resiliency Programme on participants' *Self-downing*, a 2 x 2 between-groups ANOVA was performed on the follow-up tests for the four groups. The results are presented in Table 19.

Table 19

Results of the ANOVA performed on the follow-up scores of the Self-downing variable

Source	<i>MS</i>	<i>df</i>	<i>F</i>	<i>p</i>
Pre-test vs. Not (P)	2.56	1	0.311	0.578
Treatment vs. Not (T)	25.00	1	3.040*	0.084
P x T	7.84	1	0.953	0.331
Error	8.23	96		

Note. * $p \leq 0.01$

The results reflected in Table 19 indicate no significant interaction ($p = 0.331$) between the two main effects (P x T). Subsequently, the effect of the treatment on the follow-up tests was calculated. Table 19 reports no significant result ($p = 0.084$) at the 1% level of significance in this regard either. Analyses, therefore, continued by investigating the effect of treatment on the follow-up tests of Groups 1 and 2 (where pre-testing was administered to both groups). For this

reason, an ANCOVA was performed on the SELF-DOWNING variable's follow-up test scores, with the pre-test scores as the covariates. Results from the ANCOVA are presented in Table 20.

Table 20

Results of ANCOVA performed on the follow-up test scores for Self-downing for Groups 1 and 2

Source	MS	df	F	p
Treatment vs. Not	2.96	1	0.313	0.578
Error	9.46	47		

Note. * $p \leq 0.01$

Table 20 indicates that the ANCOVA delivered no significant F -value ($p = 0.578$) at the 1% level of significance. As a result, analyses were continued with an independent t -test on the follow-up scores of this variable for Groups 3 and 4 (with no pre-measurement scores for either). This test delivered $t = -2.209$ for 48 degrees of freedom, and a corresponding $p = 0.032$. Once again, it is clear that the result did not demonstrate statistical significance, and analyses were, subsequently, continued by employing the meta-analytical technique suggested by Walton Braver and Braver (1999). This technique prescribes that the results from the ANCOVA and the t -test be combined with the following formula: $(0.56 + 2.15)/\sqrt{2} = 1.916$; $p = 0.0274$.

From the results of the meta-analysis, it was concluded that no statistically significant result was obtained at the 1% level of significance, and that the programme did not have a long-term effect on the *Self-downing* variable.

- **Effect of Programme on the Need for Achievement variable**
 - *Pre-test and post-test scores*

In order to investigate the short-term effect of the resiliency programme on the participants' *Need for Achievement*, a 2 x 2 between-groups ANOVA was performed on the post-test scores of the four groups. These results are presented in Table 21.

Table 21

Results of the ANOVA calculated for the post-test scores for the Need for Achievement variable

Source	MS	df	F	p	f
Pre-test vs. Not (P)	17.64	1	1.351	0.248	
Treatment vs. Not (T)	605.16	1	46.364*	0.000	0.68
P x T	4.00	1	0.306	0.581	
Error	0.31	96			

Note. * $p \leq 0.01$

Table 21 shows that no significant interaction ($p = 0.581$) was present for the two main effects (Pre-testing x Treatment) on the post-test scores for the *Need for Achievement* variable. As a result, the effect of treatment on the post-test scores for this variable was investigated. From Table 21, it is evident that a statistically significant result was obtained with an F -value of 46.364 at the 1% level of significance, indicating a large effect size of $f = 0.68$. Therefore, it is clear that the treatment did have an effect of great practical significance, with the experimental group obtaining significantly lower average scores on *Need for Achievement* than the control group. It is therefore concluded that the significant short-term effect on *Need for Achievement* was not due to pre-test sensitisation, but to the effect of the implemented programme instead.

○ *Pre- and follow-up test scores*

To establish the long-term effect of the Resiliency Programme on the *Need for Achievement* variable, a 2 x 2 between-groups ANOVA was calculated on the follow-up scores of the four groups. These results are presented in Table 22.

Table 22

Results of the ANOVA calculated for the follow-up test scores for the Need for Achievement variable

Source	MS	df	F	p	f
Pre-test vs. Not (P)	22.09	1	1.641	0.203	
Treatment vs. Not (T)	342.25	1	25.422*	0.000	0.50
P x T	0.25	1	0.019	0.892	
Error	13.46	96			

Note. * $p \leq 0.01$

Table 22 reflects no statistically significant interaction ($p = 0.892$) between the two main effects (P x T). It was, consequently, decided to continue investigating the effect of the programme on follow-up test scores for the *Need for Achievement* variable. Table 22 points to a statistically significant result in this regard with $F = 25.422$ at the 1% level of significance, accompanied by a large effect size of $f = 0.50$. This indicates that the result is of great practical significance. It is evident that the treatment also had a long-term effect, with the experimental group achieving significantly lower average *Need for Achievement* scores than the control group. Therefore, the positive effect can be attributed to the Resiliency Programme, irrespective of pre-measurement taking place.

- **Effect of Programme on the Need for Approval variable**

- *Pre- and post-test scores*

In order to investigate the short-term effect of the resiliency programme on the participants' *Need for Approval*, a 2 x 2 between-groups ANOVA was performed on the post-test scores of the four groups. These results are presented in Table 23.

Table 23

Results of the ANOVA calculated for the post-test scores for the Need for Approval variable

Source	MS	df	F	p	f
Pre-test vs. Not (P)	2.89	1	0.473	0.493	
Treatment vs. Not (T)	278.89	1	45.608*	0.000	0.68
P x T	10.89	1	1.781	0.185	
Error	6.12	96			

Note. * $p \leq 0.01$

Results from Table 23 indicate no significant interaction ($p = 0.185$) for the two main effects (P x T) on the post-test scores for the *Need for Approval* variable. As a result, the effect of the treatment on the post-test scores for this variable was investigated. A statistically significant result is reflected in Table 23, with $F = 45.608$ at $p \leq 0.01$. Table 23, furthermore, demonstrates that this result is of great practical significance with a large effect size of $f = 0.68$ calculated in this regard. Thus, it is evident that the treatment did have an effect, with the experimental group demonstrating significantly lower average scores on the *Need for Approval* variable than the control group. It is clear that the significant short-term effect on *Need for Approval* can, therefore, be ascribed to the implemented programme.

○ *Pre- and follow-up test scores*

To establish the long-term effect of the resiliency programme, a 2 x 2 between-groups ANOVA was calculated on the follow-up test scores of the four groups for the *Need for Approval* variable. The ANOVA results are presented in Table 24.

Table 24

Results of the ANOVA calculated for the follow-up test scores for the Need for Approval variable

Source	MS	df	F	p	f
Pre-test vs. Not (P)	5.76	1	1.021	0.315	

Treatment vs. Not (T)	64.00	1	11.346*	0.001	0.34
P x T	0.36	1	0.064	0.801	
Error	5.64	96			

Note. * $p \leq 0.01$

Table 24 indicates no statistically significant interaction ($p = 0.801$) between the two main effects (Pre-testing x Treatment). Analyses were continued, determining the effect of the treatment on the follow-up test scores for the *Need for Approval* variable. Table 24 demonstrates that a statistically significant result was obtained in this regard, with $F = 11.346$ at $p \leq 0.01$. A medium to large effect size ($f = 0.34$) was calculated, indicating a moderate to great practical significance of the results. It is clear that the treatment did have a long-term effect (with the experimental group exhibiting significantly lower average *Need for Approval* scores than the control group). In conclusion, the Resiliency Programme's effect can be accepted as the reason for the significant long-term effect on *Need for Approval*, and not as a result of pre-measurement.

- **Effect of Programme on the Need for Comfort variable**

- *Pre- and post-test scores*

In order to investigate the short-term effect of the resiliency programme on the participants' *Need for Comfort*, a 2 x 2 between-groups ANOVA was performed on the post-test scores of the four groups. These results are presented in Table 25.

Table 25

Results of the ANOVA calculated for the post-test scores for the Need for Comfort variable

Source	MS	df	F	p	f
Pre-test vs. Not (P)	2.89	1	0.235	0.629	
Treatment vs. Not (T)	470.89	1	38.281*	0.000	0.62
P x T	28.09	1	2.284	0.134	

Error	12.30	96
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Note. * $p \leq 0.01$

Table 25 indicates no significant interaction ($p = 0.134$) for the two main effects (Pre-testing x Treatment) on the post-test scores for the variable, *Need for Comfort*. The effect of the treatment on the post-test scores for this variable was, therefore, investigated. Table 25 demonstrates a statistically significant result, with an F -value of 38.281 at $p \leq 0.01$. A large effect size ($f = 0.62$) was obtained, indicating that these results have great practical significance. The treatment, thus, did have an effect, with the experimental group demonstrating significantly lower average scores on the *Need for Comfort* variable than the control group. The effect on this variable can, consequently, be attributed to the programme's effect, and not to that of pre-test sensitisation.

○ *Pre- and follow-up test scores*

To establish the long-term effect of the resiliency programme, a 2 x 2 between-groups ANOVA was calculated on the follow-up test scores of the four groups for the *Need for Comfort* variable. These results are presented in Table 26.

Table 26

Results of the ANOVA calculated for the follow-up test scores for the Need for Comfort variable

Source	MS	df	F	p	f
Pre-test vs. Not (P)	34.81	1	2.313	0.132	
Treatment vs. Not (T)	259.21	1	17.226*	0.000	0.42
P x T	1.21	1	0.080	0.777	
Error	15.05	96			

Note. * $p \leq 0.01$

No statistically significant interaction ($p = 0.777$) was evident between the two main effects (P x T), as indicated in Table 26. Continued analyses to determine the effect of the treatment on follow-up test scores for the *Need for Comfort* variable revealed a statistically

significant result, with $F = 17.226$ at $p \leq 0.01$. Consequently, a large effect size ($f = 0.42$) was obtained, indicating great practical significance of these results. In other words, the treatment also had a significant long-term effect (with participants from the experimental group displaying significantly lower average *Need for Comfort* scores than the control group). This effect occurred irrespective of whether a pre-measurement was done or not, and can, therefore, be attributed to the effect of the implemented programme.

- **Effect of Programme on the Demands for Fairness variable**
 - *Pre- and post-test scores*

In order to investigate the short-term effect of the Resiliency Programme on the participants' *Demands for Fairness*, a 2 x 2 between-groups ANOVA was performed on the post-test scores of the four groups. The results are presented in Table 27.

Table 27

Results of the ANOVA calculated for the post-test scores for the Demands for Fairness variable

Source	MS	df	F	p	f
Pre-test vs. Not (P)	0.64	1	0.046	0.830	
Treatment vs. Not (T)	408.04	1	29.470*	0.000	0.54
P x T	1.96	1	0.142	0.708	
Error	13.85	96			

Note. * $p \leq 0.01$

No significant interaction ($p = 0.708$) is indicated by Table 27 for the two main effects (P x T) on the post-test scores for the *Demands for Fairness* variable. The effect of the treatment on the post-test scores for this variable was, therefore, investigated. Table 27 shows a statistically significant result, with $F = 29.470$ at $p \leq 0.01$. This result indicated a large effect size ($f = 0.54$), which implies that the results are of great practical significance. It is, therefore, clear that the treatment had a positive effect, with the experimental group demonstrating

significantly lower average *Demands for Fairness* scores than the control group. In addition, the Resiliency Programme's short-term effect can be considered to be the cause for the significant effect on *Demands for Fairness*, as opposed to that of pre-measurement.

○ *Pre- and follow-up test scores*

To establish the long-term effect of the resiliency programme on the *Demands for Fairness* variable, a 2 x 2 between-groups ANOVA was calculated on the follow-up test scores of the four groups. These results are presented in Table 28.

Table 28

Results of the ANOVA calculated for the follow-up test scores for the Demands for Fairness variable

Source	MS	df	F	p	f
Pre-test vs. Not (P)	73.96	1	5.550	0.020	
Treatment vs. Not (T)	231.04	1	17.342*	0.000	0.42
P x T	0.04	1	0.003	0.956	
Error	13.32	96			

Note. * $p \leq 0.01$

Table 28 presents no statistically significant interaction ($p = 0.956$) between the two main effects (Pre-testing and Treatment). As a result, the effect of the treatment on follow-up test scores for the *Demands for Fairness* variable was determined. In this case, a statistically significant result is indicated by Table 24, with $F = 17.342$ at $p \leq 0.01$, as well as a large effect size ($f = 0.42$), signifying great practical significance of these results. It is clear that the treatment had a long-term effect, where the experimental group exhibited significantly lower average *Demands for Fairness* scores than the control group. The Resiliency Programme, therefore, also had a significant long-term effect on *Demands for Fairness*, regardless of whether pre-testing was performed or not.

- **Effect of Programme on the Other-downing variable**
 - *Pre- and post-test scores*

In order to investigate the short-term effect of the Resiliency Programme on the participants' *Other-downing* scores, a 2 x 2 between-groups ANOVA was performed on the post-test scores of the four groups. These results are presented in Table 29.

Table 29

Results of the ANOVA calculated for the post-test scores for the Other-downing variable

Source	<i>MS</i>	<i>df</i>	<i>F</i>	<i>p</i>	<i>f</i>
Pre-test vs. Not (P)	1.96	1	0.284	0.595	
Treatment vs. Not (T)	144.00	1	20.885*	0.000	0.46
P x T	6.76	1	0.980	0.325	
Error	6.90	96			

Note. * $p \leq 0.01$

Table 29 clearly indicates no significant interaction ($p = 0.325$) between the two main effects (P x T) on the post-test scores for the *Other-downing* variable. Investigation of the effect of the treatment on the post-test scores for this variable indicated a statistically significant result, with $F = 20.885$ at $p \leq 0.01$. The result demonstrated a large effect size ($f = 0.46$), which implies great practical significance. Therefore, the treatment had a positive effect, with the experimental group obtaining significantly lower average *Other-downing* scores than the control group. In addition, it is clear that this significant short-term effect occurs irrespective of whether a pre-measurement was conducted or not and, consequently, the effect on *Other-downing* can be attributed to the effect of the Resiliency Programme.

○ *Pre- and follow-up test scores*

To establish the long-term effect of the resiliency programme, a 2 x 2 between-groups ANOVA was calculated on the follow-up test scores of the four groups for the *Other-downing* variable. The results are presented in Table 30.

Table 30

Results of the ANOVA calculated for the follow-up test scores for the Other-downing variable

Source	MS	df	F	p	f
Pre-test vs. Not (P)	24.01	1	4.064	0.047	
Treatment vs. Not (T)	156.25	1	26.446*	0.000	0.51
P x T	5.29	1	0.895	0.346	
Error	5.91	96			

Note. * $p \leq 0.01$

The results reported in Table 30 indicates no statistically significant interaction ($p = 0.346$) between the two main effects (Pre-testing and Treatment). As in all the previous cases, the effect of the treatment on the follow-up test scores for the *Other-downing* variable was determined. The results indicated statistical significance ($F = 17.226$ at $p \leq 0.01$), as well as a large effect size ($f = 0.51$), signifying great practical significance of these results. Therefore, it is clear that the treatment also had a long-term effect, and indicates that the experimental group obtained significantly lower average *Other-downing* scores than the control group. In conclusion, the Resiliency Programme also had a significant long-term effect on *Other-downing*, regardless of pre-measurement.

In summary, the central and secondary research hypotheses were investigated for each of the variables encompassed by the *Outcome* (RSCA: three variables) and *Process* (SGABS: seven variables) *Measures* respectively. Table 31 reflects a summary of the effect of the

Resiliency Programme (independent variable) on each of the ten dependent variables in the short and long term.

Table 31

Effect of treatment in the short and long term with respect to the ten dependent variables

Dependent Variables	Short term	Long term
RSCA		
Sense of Mastery	X	X
Sense of Relatedness	X	X
Emotional Reactivity	X	X
SGABS		
Rationality	X	X
Self-downing	X	-
Need for Achievement	X	X
Need for Approval	X	X
Need for Comfort	X	X
Demands for Fairness	X	X
Other-downing	X	X

Note. PTS = Pre-test sensitisation; X = Effect; - = No effect

Table 31 clearly indicates positive results with respect to the efficacy of the Resiliency Programme, with statistically significant effects on all the variables in the short term, and on all but one variable (*Self-downing*) in the long term, irrespective of the fact that pre-measurement occurred. A discussion pertaining to these summarised results will be presented in Chapter 6.

The third and final dimension pertaining to the evaluation of the Resiliency Programme includes the results obtained from the *Programme Evaluation Questionnaire*, serving as a quantitative and qualitative indicator of the programme's quality and practical application value.

Programme Evaluation Questionnaire

As noted in the previous chapter, the Resiliency Programme was evaluated weekly by means of a *Programme Evaluation Questionnaire* following the completion of each module. This *Programme Evaluation* obtained quantitative and qualitative data related to the physical composition and layout, contents, presentation, practical application value and structure of the Resiliency Programme not otherwise accounted for by the standardised measuring instruments. This measure comprised two sections. The first section was directed at obtaining quantitative data relating to the physical aspects and application value of each module, as well as the participants' perception of their own development and the various skills learnt during that specific module. The second section was aimed at obtaining any additional qualitative information and feedback related to the Resiliency Programme from the participants.

Each question from the first section was answered on a Likert-type scale with response options ranging from 1 to 5. A score above 3 indicated more positive experiences and perceptions pertaining to the evaluation of the programme, a response of 3 were considered to be neutral, and a score below 3 reflected a more negative experience related to the programme. (The *Programme Evaluation Questionnaire* is included as Appendix D). Figure 6 provides a graphical representation of the average scores obtained for each item of the *Programme Evaluation*.

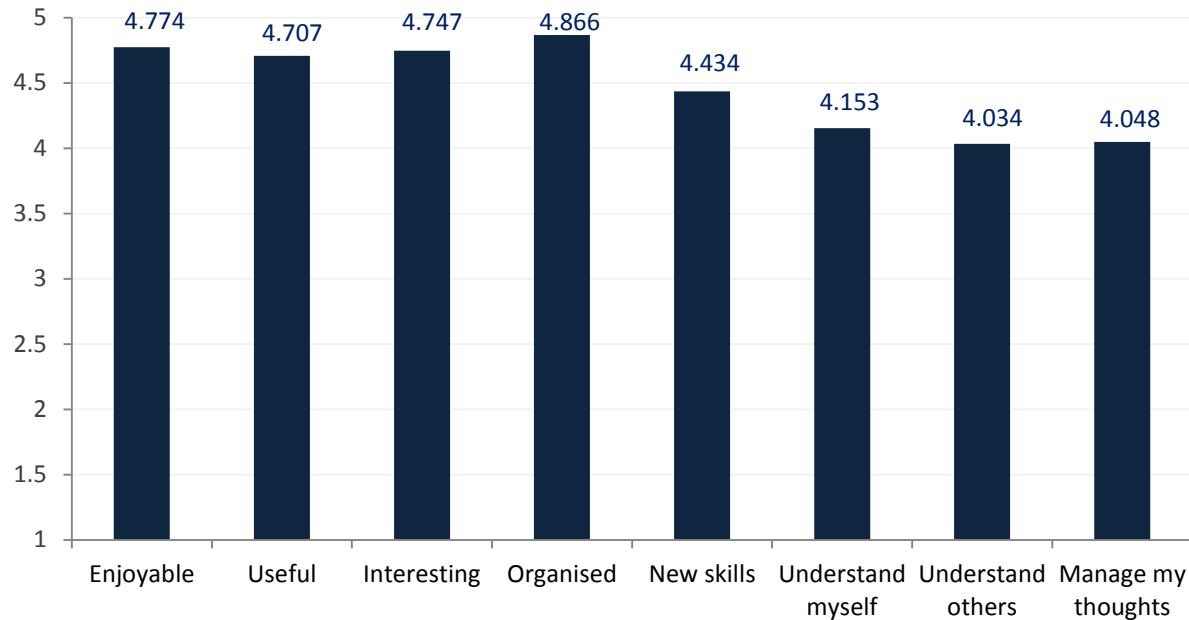


Figure 6. Graphical representation of the mean scores per item of the Programme Evaluation

The results presented in Figure 6 reflects highly positive responses for the eight items of the measure, with mean averages ranging from $\bar{X} = 4.034$ to $\bar{X} = 4.866$.

Results calculated for the participants' evaluation of the programme contents, structure, practical application value and presentation (items 1, 2, 3, 4) yielded a mean average of $\bar{X} = 4.774$. This indicates that the participants experienced the programme as very *Enjoyable* ($\bar{X} = 4.774$), *Useful* ($\bar{X} = 4.707$), *Interesting* ($\bar{X} = 4.747$), and well *Organised* ($\bar{X} = 4.866$). A mean average of $\bar{X} = 4.167$ was calculated for the items pertaining to the participants' evaluation of their own development, skills learnt and achieved objectives during that module (items 5, 6, 7, 8). This implies that the objectives of the programme were reached successfully, with participants reporting to have learnt *New skills* ($\bar{X} = 4.434$), to have developed a better *Understanding of themselves* ($\bar{X} = 4.153$) and *Others* ($\bar{X} = 4.034$), and have experienced an improvement in the *Management of their thought processes* ($\bar{X} = 4.084$).

The second section of the *Programme Evaluation* was aimed at obtaining qualitative programme-related feedback from the participants. As in the case of the first section, the responses were largely positive. Selected excerpts from the participants' evaluations of the ten respective modules are presented verbatim in Table 32.

Table 32

Excerpts of programme-related qualitative feedback provided by programme participants

Programme module	Excerpt
1 – The island and I	<i>It was a lot of fun and good to know that others go through the same difficulties as I. Enjoyed it a lot! Looking forward to next time. I like being in my tribe. I can't wait for our next lesson.</i>
2 – Feeling good on the island	<i>I know how to change my thoughts and see from the other person's point of view. Please help me more with my thoughts and feelings. Today was very helpful. I can understand my emotions better!</i>
3 – One of a kind in my tribe	<i>I wonder how my friends really see me. Wish we had more time for this. I don't wanna change myself anymore. I'm special in other ways than my friends. Going to frame my bag to help me remember everything!</i>
4 – A worthy challenge	<i>I want longer classes – it makes me improve my self-esteem. I feel better about my mistakes. I'm not bad because I make mistakes. I look forward to more acts! I like the group stuff!</i>
5 – Challenging relationships	<i>The music was a good thing miss. It helped me with today's message. The same thing happened to me... Maby my friends will understand me now. Why do girls gossip so much? I will try to think before I act next time.</i>
6 – Networking on the island	<i>Our group enjoyed the acting! Our poster was awesome! Today was lots of help. I never know who to ask for help. I liked making up our story! I have been to a psychologist for stress in exams.</i>
7 – Strategies, strategies	<i>Today was difficult, but I liked it. I liked the brain puzzles! I'm happy to see there's more than one answer to my problems. I'll practice to change my thoughts! It is difficult miss.</i>
8 – If at first I don't succeed	<i>Going to change my goals. Really enjoyed the example of the stones! It was the first time that I thought about my values. Thank you for helping with this. I'm going to reach the dreams I dropped in my bag. I will never forget them.</i>
9 – Fighting fit	<i>I wish there were more video clips. They shocked me. I want to believe that I'm good enough. Will try to eat more. I'm under pressure to be like my friends!</i>
10 – Finishing strongly	<i>I will use my book lots. I learnt so much. This term was very good. I feel like a stronger person miss. My book and stuff will help me in future! I changed my attitude!</i>

The excerpts reflected in Table 32 appear to indicate mostly positive qualitative information and feedback regarding the modules of the Resiliency Programme. It would seem that the majority of comments pertaining to the physical aspects, contents, presentation, objectives and practical application value of the programme were positive, as well as the participants' reflections on their individual development and progress with respect to specific skills.

Conclusion

This chapter reported statistically on the results of the investigation of the central and secondary research hypotheses, and presented quantitative and qualitative feedback pertaining to the *Programme Evaluation*. Moreover, a three-dimensional assessment strategy was employed in order to evaluate the effect of the Resiliency Programme on the variables related to the *Resiliency Outcome* (the internal resiliency of female adolescents), the *Cognitive-behavioural Outcome* (the cognitive-behavioural approach employed as implementation strategy), and the *Programme Evaluation* (its physical composition, contents, presentation, and practical application value). In order to determine the implications of the programme implementation, the following chapter is directed at a critical and integrated discussion of the research results obtained from the *Resiliency Measure*, *Cognitive-behavioural Measure*, and the *Programme Evaluation Questionnaire*.

6

Discussion

This final chapter presents an integrated culmination of the most prominent findings and implications of the present study. For this purpose, a second point of reflection is taken, where the efficacy, value and integrity of the implemented Resiliency Programme is discussed and interpreted against the relevant theoretical backdrop, extensive literature review, and research findings presented in Chapters 2 through 5. The present findings are considered in light of the most prominent international research as well as with respect to those represented in the South African realm.

From the outset, the chapter reflects critically on the success of this programme in its endeavour to promote the internal resiliency of female adolescents, where the conceptualisation of internal resiliency is guided by the Resilience Framework (Kumpfer, 1999), and the implementation strategy and mode of programme delivery is informed by a cognitive-behavioural approach.

Reminiscent of the three-dimensional assessment protocol introduced and followed in Chapters 4 and 5 respectively, this chapter poses a discussion on the efficacy of the programme from the results obtained on the *Resiliency Measure*, followed by those on the *Cognitive-behavioural Measure* and, finally, those on the *Programme Evaluation Questionnaire*. The effects of the programme are considered for both the short and the long term, while the theoretical and practical implications of these findings are incorporated into the relevant text. These discussions are followed by an integrated conclusion. Finally, in closing, the limitations of the current study and recommendations for future research are presented.

Discussion of Research Findings and their Implications

In the current study, a central and a secondary research hypothesis were formulated with regard to the effect of the Resiliency Programme on the dependent variables by means of

Resiliency and *Cognitive-behavioural Measures* respectively. An exploratory stance was taken with respect to the results from the *Programme Evaluation Questionnaire*, as no directional research hypothesis was formulated in this regard. The short- and long-term findings for each of the three measures included in the assessment protocol are addressed in turn.

Resiliency Measure

From the findings observed with respect to the *Resiliency Measure* (RSCA), it was evident that the programme was successful in promoting the internal resiliency of adolescent females, and that the research findings reported for the three relevant variables support and confirm the central research hypothesis. More specifically, the Resiliency Programme positively affected all three dependent variables (Sense of Mastery, Sense of Relatedness and Emotional Reactivity), with the experimental groups differing significantly from the control groups (at the 1% level of statistical significance), in both the short and the long (three months) term.

Firstly, in the short term, it is clear that the programme had a significant positive effect, with large effect sizes demonstrated for all three variables (Sense of Mastery, Sense of Relatedness and Emotional Reactivity) on the *Resiliency Measure*, irrespective of pre-measurement. This implies that, following the implementation of the programme, participants from the experimental groups were significantly better equipped with respect to Sense of Mastery and Sense of Relatedness, and demonstrated significantly lower levels of Emotional Reactivity, than their counterparts from the control groups.

The significant effect of the programme observed in the short term for Sense of Mastery implies that programme participants were better prepared than those who did not participate to manage their immediate environments, become optimistic about their futures, learn from mistakes, accept criticism, adapt to change in a flexible manner, demonstrate self-efficacy, and

perceive themselves as capable of solving problems. The significant differences observed for Sense of Relatedness in the short term indicate that participants from the experimental groups were better equipped than participants from the control groups to tolerate discomfort and stressful events, trust in the reliability of others, accept personal differences in relationships and, finally, to navigate themselves to suitable support networks during times of difficulty. The third variable on the *Resiliency Measure*, which was significantly improved by the programme in the short term, was Emotional Reactivity. In comparison to the control groups, the experimental groups' advantage with respect to Emotional Reactivity suggests that they developed a higher sensitivity threshold for intense reactions, that they could return to a state of emotional equilibrium after emotional arousal or distress in a shorter recovery timeframe, and that their overall functioning might be less impaired during times of discomfort or adversity.

The overall significant positive findings observed in the short term on the *Resiliency Measure* correlate with Durlak and colleagues' (2011) findings in their meta-analysis of 213 programmes aimed at the development of personal skills among children and adolescents, where significant programme effects were reported for participants' social, emotional and behavioural skills, their attitudes towards others, and perceptions about themselves. In addition, in the objective to promote the resiliency of adolescents, present findings could be supportive of what South African researchers refer to when they emphasise the importance of developing personal skills such as problem solving, self-efficacy, and goal-directed behaviour (Strümpfer, 2013), and the ability to trust, relate to, utilise, and rely on significant others (Theron & Dunn, 2010). Likewise, these findings speak to the internationally reported need for promoting a variety of cognitive, social and emotional, and behavioural strengths and competencies, when aiming to develop resiliency (Guerra & Bradshaw, 2008; Masten, 2007; Masten et al., 2006; Masten &

Obradović, 2006; McCormick, Kuo, & Masten, 2011; Prince-Embury, 2013; Shure & Aberson, 2013).

Other successful evidence-based programmes (as reviewed in the literature survey) reporting positive findings associated with the development of resiliency among adolescents include the Resilience Builder Programme for Children and Adolescents (RBP; Alvord et al., 2011), the Penn Resiliency Program (PRP; Gilliam et al., 2007, 2008) and the Social Decision-Making and Social Problem Solving Programme (SDS-SPS; Bruene-Butler et al., 1997). The observed significant effect of the present programme appears to correspond to literature on these three programmes, with noteworthy similarities between the foci for intervention among these existing programmes and those of the current programme. In this instance, the parallels between the present programme, the RBP, PRP and the SDS-SPS entail the promotion of adolescents' resiliency through the development of problem-solving abilities, decision-making skills, cognitive, behavioural and emotional capabilities, self-regulation, personal competence and talent development, interpersonal skills, collaboration, relationship building, and the management of difficulties inherent to this developmental phase.

Interestingly, the positive result reflecting the programme participants' significant improvement in *Emotional Reactivity* corresponds to that found in a South African study by De Villiers (2009) who reports a significant short-term effect on *Emotional Reactivity* (as a subscale of the RSCA) following the implementation of a three-week intervention to improve resiliency in children. However, in contrast to the present study's findings, De Villiers (2009) did not observe any significant short-term programme effects on either of the other two variables of this measure (Sense of Mastery and Sense of Relatedness) following the implementation of her resiliency programme. In addition to these disparities in short-term findings, further differences were noted

between the follow-up results of De Villiers (2009) and those of the present study, where De Villiers (2009) reports no significant long-term programme effects on any of the three variables of the RSCA following a period of three months. The present findings could, therefore, not support those reported by De Villiers (2009) in the long term, as analyses of the long-term efficacy of the present intervention revealed that the initial positive effect of the programme was sustained over a three-month period. A number of prominent differences between the present study and that of De Villiers (2009) should be noted. These fundamental differences were evident in terms of the theoretical models employed in the two studies: where De Villiers followed the Developmental Pathology Framework in the conceptualisation of her study, the present study utilised the Resilience Framework of Kumpfer (1999) as a theoretical conceptualisation model, and a cognitive-behavioural approach guided the implementation and mode of delivery of the present programme. Furthermore, De Villiers's programme was directed at participants from both genders and from an earlier developmental phase (children between the ages of 11 and 12 years) than those included in the present study. Finally, in contrast to the present study which was conducted over a period of 10 weeks, De Villiers's programme was implemented over a three-week timeframe.

Once again, in the long term, the significant effect of the programme was evident on all three variables (medium to large effect sizes) on the *Resiliency Measure*, with no evidence of pre-test sensitisation influencing the results. In this instance, the experimental groups were able to maintain their advantage and to surpass the Sense of Mastery, Sense of Relatedness and Emotional Reactivity of the control groups in the long term. This implies that the resiliency programme continued to have a significantly positive effect on programme participants three months after the intervention was implemented.

In contrast to present findings, Donohoe and colleagues (2012) report no significant differences between experimental and control groups in the three variables of the RSCA following the implementation of an online programme (Brainology) to enhance resiliency and a “growth mindset” among secondary school learners. Similarly, present findings appear to contradict those found by the same authors at the follow-up test levels, where no significant programme effects were observed on the RSCA for this online intervention in the long term. A noteworthy difference between the present intervention and that by Donohoe and her colleagues (2012) may be found in the programme’s implementation strategy and the intervention’s mode of delivery. In addition to this difference, unlike in the present study, these authors report that the conceptual foundation of the online programme is based on the “growth mindset” theory of Dweck (2006), whereas no specific theoretical frame of reference appears to be detailed as guide to the programme’s mode of delivery. Further differences between the present study and that of Donohoe and colleagues (2012) include that the Brainology programme was implemented with both genders, conducted with a smaller sample (33 participants), and included a somewhat younger age group (ranging between 13 and 14 years of age) than that of the present study. It may thus be plausible that such dissimilarities could account for the differences in research findings between the present study and those obtained by Donohoe and her associates.

However, despite the significant positive result observed even in the long term in the present study, closer examination of the findings revealed that, in the long term, the means obtained by the experimental groups were not consistently in the expected direction. This might suggest that, to ensure that the accelerated skills enhancement continues over time and does not begin to reflect a “flattening off” trajectory, the experimental groups might require ongoing or follow-up interventions in the long term. The development and inculcation of these resiliency

skills and competencies could require more consistent and repetitive reinforcement over a longer period. This would offer support for Weissberg and colleagues (2003) who state that “...programming is most effective if it is continuous” (p. 5). Similarly, other researchers (Durlak et al., 2011; Greenberg et al., 2000; O’Dougherty Wright et al., 2013) motivate the necessity for resiliency programmes to be of a “sufficient length” and for the continual practice and reinforcement of newly developed skills in order to maintain significant programme benefits. All factors considered, the value of the current programme is demonstrated in the fact that its short-term effect on the *Resiliency Measure* appears to have been so profound that it continued to contribute substantially to the observed significant positive effect on the Sense of Mastery, Sense of Relatedness and Emotional Reactivity of participants in the control group in the long term.

In addition, present findings appear to address Jordan’s (2006, 2013) call for programmes that are honed to speak to the gender-specific relational and interpersonal aspects associated with the development of females’ resiliency during the phase of adolescence. Moreover, based on these findings, the overall significant effects observed on participants’ internal resiliency in the short and the long term contribute significantly to the existing literature and responds to the appeal for the development of effective, evidence-based, gender-specific, resiliency-promoting programmes for the adolescent community (Alvord et al., 2011; Jordan, 2006; Kumpfer, 1999; Prince-Embury, 2013; Vernon, 1998c). Therefore, the present study addressed the reported urgency for researchers to promote resiliency among the adolescent community, while considering the implementation strategy and mechanism for positive change. Subsequently, we direct our attention to a discussion of the findings on the second dimension in the assessment protocol, namely the *Cognitive-behavioural Measure*.

Cognitive-behavioural Measure

Based on analyses of results obtained from the *Cognitive-behavioural Measure* (SGABS), it is evident that the programme was effective in promoting rational cognitions, attitudes, beliefs, and thinking processes among female adolescents. Furthermore, the findings on the variables of this measure largely support and confirm the secondary research hypothesis.

In addition, it is evident from these findings that the programme had a significant positive effect on all seven variables of the *Cognitive-behavioural Measure* in the short term, and that the observed significant differences between the experimental and control groups were present, irrespective of whether a pre-measure was administered or not. This implies that the programme's effect resulted in the experimental groups demonstrating a significant advantage over the control groups with respect to *Rationality*, *Self-downing*, *Need for Achievement*, *Need for Approval*, *Need for Comfort*, *Demands for Fairness* and *Other-downing* in the short term. These findings appear to correlate with those reported by Lerner (2008) for the same measure (SGABS), following the implementation of a cognitively oriented group intervention with sportsmen and women. As in the present study, the author reports significant differences between experimental and control groups at the post-test level, with similar significant programme effects observed on all seven variables of this measure. In contrast to the present study, however, Lerner (2008) did not utilise the measure to evaluate the long-term efficacy of his intervention.

More specifically, the significant differences observed on *Rationality* in the present study indicate that those who completed the programme were significantly better equipped than those who did not partake in the programme to apply rational thinking strategies regarding their environments, achievements, approval from others, and with respect to their beliefs about

fairness and personal comfort. In addition, participants from the experimental groups were significantly less inclined than those from the control groups to devalue their self-worth in the face of failure and criticism, to have unrealistic expectations of themselves, and to be overwhelmed by the extent of stressful events. This finding could be indicative of what cognitive-behavioural theorists refer to when they proclaim the efficacy of evidence-based cognitive-behavioural approaches for the promotion and development of rational thinking, and emotional and behavioural management skills among the adolescent population (Bernard, 2001, 2003, 2004, 2005; Dryden & Branch, 2008; Vernon, 2006; Vernon & Bernard, 2006). As evident on *Self-downing*, *Need for Achievement*, *Need for Approval*, *Need for Comfort*, *Demands for Fairness*, and *Other-downing* in the short term, present findings also suggest support for literature motivating the teaching of cognitive-behavioural theoretical principles (as was done in the present study) as a highly effective mechanism to reduce cognitions and thinking processes associated with irrationality (Dryden & Branch, 2008; Gonzalez et al., 2004; Seligman & Ollendick, 2005). The position of cognitive-behavioural theorists (Alvord et al., 2011; Bernard et al., 2006; Ellis, 1994, 2000; Froggatt, 2005, 2006; Terjesen & Esposito, 2006; Vernon & Bernard, 2006) is, therefore, strengthened through the presenting evidence that adolescents are capable of learning and assimilating various skills related to rationality.

The significant effects of the programme observed in the short term on *Self-downing* and *Need for Achievement* imply that programme participants were equipped to be significantly less prone than their counterparts from the control groups to determine their self-worth in direct relation to their performances, more likely to tolerate frustration, and less susceptible to perceive daily stressors as catastrophes. In his work on successful cognitive-behavioural group-oriented interventions, Corey (2012) highlights the importance of equipping individuals to alter their self-

defeating, negative and unrealistic self-perceptions, expectations and evaluations.

Correspondingly, the significant differences on *Need for Approval* and *Need for Comfort* indicate that the experimental groups were more capable than the control groups of tolerating and managing discomfort or stressful events, and significantly less in need of continual recognition from others in order to accept themselves. It is clear that the programme was also successful in affecting *Demands for Fairness* and *Other-downing* in the short term, as those included in the programme demonstrated significantly less absolutistic demands from others regarding treatment and fairness, and were less inclined to rate the worth of others according to their performances.

These overall significant positive findings on the *Cognitive-behavioural Measure* seem to correlate with the successful outcomes reported for other developmentally specific promotional and/or preventative programmes associated with the so-called Rational Emotive Education (REE) curricula (Vernon & Bernard, 2006). These similar, curricula-based programmes include the You Can Do It! Educational programme (YCDI) (Bernard, 2003, 2004, 2005, 2006), which inculcates rational beliefs, problem-solving and disputing skills, and social-emotional capabilities, as well as the Passport Programme of Vernon (1998a, 1998b, 1998c), which promotes rational thinking skills, social and emotional management competencies, and various developmentally specific skills related to self-development. Furthermore, similar to these two programmes, findings from the present study also appear to concur with Bernard's (2001, 2005) report on *Program Achieve*, which is aimed at teaching positive "Habits of the Mind" (rational thinking) in order to promote social and emotional capabilities such as persistence, organisation skills, confidence, getting along with others, and emotional resiliency. However, despite the striking similarities between these interventions and the present programme, the most prominent

difference exists in terms of the duration of programme implementation, as all three these REE-associated programmes are curricula-based and, consequently, implemented on a continual basis.

Additional analyses were conducted to investigate the long-term effect of the present programme on the variables of the *Cognitive-behavioural Measure*. These findings proved largely positive, with the programme significantly affecting six of the seven dependent variables (*Rationality, Need for Achievement, Need for Approval, Need for Comfort, Demands for Fairness and Other-downing*) on this measure at the 1% level of significance, irrespective of the presence or absence of pre-measurement. Noticeably, participants from the experimental groups were able to maintain their significant advantage over the control groups with respect to six variables over a period of three months. This significant advantage demonstrated in the long term by those who participated in the programme appears to be in keeping with the literature reported for the Promoting Alternative Thinking Strategies Programme (PATHS) of Greenberg and colleagues (1995, 2004). In both the present programme and PATHS, attention is paid to promoting adolescents' competence on five domains of functioning, where similar individual competencies and skills are developed from a cognitive-behavioural stance.

A thought-provoking finding in the present study was made regarding the *Self-downing* variable in the long term. Despite the significant positive effect demonstrated for this variable in the short term, the experimental and control groups did not differ significantly with respect to *Self-downing* in the long term. This result is not easily justified or explained. Upon closer inspection, it would appear that the control groups experienced a similar "competence spurt" (between the two post-intervention measures) as that demonstrated in the short term by the experimental groups following their exposure to the programme. At this point, consideration might be given to what researchers (Babbie & Mouton, 2010) refer to as "threats to internal

validity". In the present instance, two of these "threats" or plausible rival alternative hypotheses, which could serve as explanation for the result, refer to maturation and history. The concept of maturation would imply that, with respect to this skill, over time, the control groups "caught up" with the experimental groups. History, on the other hand, refers to the occurrence of specific events between the post- and the follow-up measures, which could serve as a plausible alternative explanation to the result on this variable in the long term. In this case, it might be speculated that the experimental groups' skills and learning that were acquired by participation in the programme could have transferred to the control groups as a result of interpersonal contact between research participants. Nonetheless, the finding on *Self-downing* in the long term remains an elusive and challenging result to clarify, and further research could provide more insight into this occurrence.

Notwithstanding the absence of a significant effect on *Self-downing* in the long term, it is evident that the programme succeeded in significantly affecting six variables on the *Cognitive-behavioural Measure*, with the programme participants' sustaining their advantage over the control groups over a period of three months after the intervention. Interestingly, the tendency observed regarding the direction of the means on the *Resilience Measure* in the long term was, once again, evident for the *Cognitive-behavioural Measure*. These results serve to support the assertions of Bernard and Vernon (2006) and Erdlen and Rickrode (2007) that the teaching of cognitive and social-emotional competencies should ideally be reinforced throughout learners' school day, and that such skills must not be promoted periodically, but ought to be integrated as part of children and adolescents' school syllabi. Similarly, others (Bernard & Pires, 2006; Lerner, 2005) advocate for promotional and/or preventative interventions that aim to enhance individuals' competencies and skills repeatedly over a lengthened period, and to emphasise the

individual differences with respect to skills acquisition and assimilation. Furthermore, present findings could support South African researchers Mampane and Bouwer's (2011) emphasis on the dire need for repetitive and continuous skills development interventions that pay specific attention to promoting resiliency among South African middle adolescents.

In conclusion, the significantly positive effects observed on the SGABS endorse Vernon and Bernard's (2006) opinion that programmes aimed at promoting and developing rational thinking and self-management skills might "help young people make the very most of their innate potential by helping them minimize unhealthy emotions, irrational beliefs and to maximize their effort and well-being" (p. 418). Importantly, the significant findings on the SGABS appear to speak to the appeal from South African authors Rosenstein and Seedat (2011), who comment specifically on the scarcity of cognitive-behavioural interventions among the child and adolescent populations in South Africa.

The overall positive and statistically significant effects found on the six variables of the *Cognitive-behavioural Measure* points to the fact that those who participated in the resiliency programme were more able than the members from the control groups to uphold their advantage with respect to rational thinking processes, cognitions, attitudes and beliefs across time. This implies that they were more capable than their counterparts in the control groups of applying rational thinking skills, and that they demonstrated significantly less absolutistic *Need for Achievement, Need for Approval, Need for Comfort, Demands for Fairness* and *Other-downing* than their counterparts in the short term, as well as following a three-month period.

The third and final dimension related to the assessment of the efficacy and value of the *resiliency programme* is reflected in the quantitative and qualitative findings observed on the *Programme Evaluation Measure*.

Programme Evaluation

As there was no directional hypothesis formulated with respect to this third dimension in the assessment protocol, the quantitative and qualitative results obtained from the *Programme Evaluation Measure* were considered from an exploratory and descriptive stance.

Findings from participants' weekly quantitative feedback on this measure appear to suggest that the structure, contents, practical application value, and presentation of the programme were of a high standard. In this instance, the calculated means imply that participants perceived the programme to be highly enjoyable, interesting, useful, and well organised. Additional quantitative findings allude to participants' personal perceptions and evaluations pertaining to various skills learnt, their perceived progress with regard to personal development, and the extent to which they achieved certain goals and objectives. In this regard, the feedback was reflective of the programme's practical value and efficacy, as participants reported to have benefited substantially from the programme. These findings suggest that participants were able to gain and develop new skills, to improve on the regulation of their cognitive processes, and to understand themselves and others better than before participation in the programme.

Similarly, the qualitative programme-related responses obtained from participants were largely positive, as they reflected commentary on the physical structure, contents and presentation of the programme, as well as feedback regarding the practical value and applicability of the respective modules. It was, furthermore, evident from the qualitative feedback that a sense of interrelatedness and camaraderie developed among participants, and that the objectives of the modules were appropriately targeted to assist female adolescents from the South African community to develop internal resiliency.

Conclusion

The past five decades of studies on resilience are characterised by profound advancements. The literature representing four waves of research on this dynamic construct indicates a great paucity with respect to interventions that promote resiliency among the adolescent community. In addition to the well-documented challenges and demands inherent to this developmental phase, South African female adolescents appear to be vulnerable to a number of superimposed socio-economic stressors and adversities (as discussed in Chapter 3). In acknowledgement of this, findings from the present study speak to the identified hiatus and build on the existing literature and research regarding the promotion of internal resiliency among the female adolescent community in the South African context. In this endeavour, the five domains of internal resiliency, represented in the Resilience Framework of Kumpfer (1999), served as the theoretical and conceptual model of internal resiliency, and a cognitive-behavioural approach was utilised as implementation strategy and mode of programme delivery.

This study has established that the present programme was successful in promoting the internal resiliency of females during the critical phase of adolescence. Furthermore, the formulated central and secondary research hypotheses were largely confirmed. Findings on the *Resiliency* and the *Cognitive-behavioural Measures* indicate statistically significant positive effects for this programme in the short term and over a period of three months, irrespective of whether a pre-measure was administered or not. In contribution to the current literature on programme evaluation, a three-dimensional assessment strategy was implemented in the present study, where the findings from the *Resiliency* and *Cognitive-behavioural Measures*, and *Programme Evaluation Questionnaire* were analysed in both the short and long term. This speaks to what Durlak and colleagues (2010) call for in their meta-analysis of the efficacy of

similar skills development programmes – they state that only seven studies from 75 reports contained post as well as follow-up data.

One of the major implications of the current study's findings is the notion that personal and internal resiliency skills and competencies can be learnt, and that resiliency might not be predetermined exclusively by genetics, or solely dependent on the status of the environment in this process. Therefore, as we eagerly anticipate the future outcomes of fourth wave resilience studies, current findings suggest support for Cicchetti's (2010) assertion which cautions researchers against reducing individual resiliency to a "single biological variable" (p. 151). More importantly, present findings imply that female adolescents' internal resiliency (improved Sense of Mastery and Sense of Relatedness, and reduced Emotional Reactivity), and cognitive processes (increased *Rationality*, and reduced *Self-downing*, *Need for Achievement*, *Need for Approval*, *Need for Comfort*, *Demands for Fairness* and *Other-downing*) might be enhanced significantly through skills training and development, irrespective of certain biological or genetic predispositions. The outcomes of this study are testimony to what Masten (2001) terms "the ordinary magic" and innate capacity of all individuals to develop internal resiliency.

Limitations of the Study and Recommendations for Future Research

As with all intervention research, this study is subject to some limitations and, therefore, recommendations for future research are made. Firstly, the possibility of conducting similar long-term or follow-up assessments with the same research participants in future could be recommended as a strategy to establish the long-term value, efficacy and integrity of this programme. Secondly, despite the overall significant effect observed for this resiliency programme in the short and long term, there is a possibility that a longer implementation period and/or revision of this programme at a later stage could serve to sustain the initial effect of the

programme over a longer period than the current three months. This could encourage continual integration and assimilation of the inculcated skills and competencies.

It is, furthermore, suggested that this programme be implemented and assessed in a more diverse population, as it would be inconsistent with the reported literature to assume its efficacy in developing resiliency among all adolescents across multiple contextual settings.

In support of literature, complementary programmes could be developed for the parents, teachers and community members involved with this adolescent population which could, in turn, enhance programme effects and promote resilience within the larger community.

A final point of consideration and recommendation pertains to future research. Interdisciplinary studies could further our understanding of the bidirectional and transactional factors involved in resiliency, and the comprehensive assessment of multiple intervention strategies could expand our knowledge base on the most effective means and approaches with which to promote resiliency among diverse populations.

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Appendix A

Consent and Assent Letters

08-10-2010

FOR ATTENTION: The Head: Education, DIRECTOR: QUALITY ASSURANCE
Room 401
Syfrets Building
Private Bag X20565
BLOEMFONTEIN

Confirmation of acceptance of research conditions

Dear Mr Sello

Thank you for the Department's approval to conduct my research project within the Motheo District during 2011.

I hereby confirm that I will adhere to the specified research conditions as stated within the letter of approval, received from the Department of Education on 4 October 2010.

Yours sincerely

Jana Mould
Researcher

Prof. A.A. Grobler
Promoter

CONSENT LETTER TO THE PRINCIPAL

RESEARCH INFORMATION LETTER

Dear Sir

I am a registered Counselling Psychologist and currently registered for a doctorate degree (PhD) in Psychology at the University of the Free State. For degree purposes, I am developing, implementing and evaluating a programme to promote internal resilience among adolescent females. There is a growing body of literature indicating the importance of resilience in the daily lives of adolescents, as they are faced with inevitable multiple stressors and adversities. Participation in this programme will provide learners with the opportunity to develop much needed resiliency skills to assist them in overcoming these stressful life events and demands placed upon them.

For the purpose of this study, I will be focusing on grade 9 female learners, as this developmental phase is marked to be challenging. The study will take the form of both standardised questionnaires as well as participation in weekly sessions focused upon the development of resilience. Participation in this study is voluntary and learners may withdraw from participation at any stage without negative consequences. The information obtained from questionnaires will be kept anonymous and all information obtained throughout the programme will be treated with confidentiality.

I request permission to conduct this research at your school and would greatly appreciate the participation of students in this study.

Should you require any further information, please feel free to contact me.
Thank you.

Yours sincerely

Jana Mould
082 9270167
051 436 9961

RESEARCH INFORMATION LETTER

Dear Parent/s

I am a registered Counselling Psychologist and currently busy with my doctoral degree (PhD) at the University of the Free State. For degree purposes, I am developing, implementing and evaluating a programme to promote internal resilience among adolescent females. There is a growing body of literature indicating the importance of resilience in the daily lives of adolescents, as they are faced with inevitable multiple stressors and adversities. Participation in this programme will provide your daughter with the opportunity to develop much needed resiliency skills to assist her in overcoming these stressful life events and demands placed upon her.

For the purpose of this study, I will be focusing on grade 9 female learners, as this developmental phase is known to be a challenging period. The study will involve the administration of standardised questionnaires as well as participation in ten weekly sessions, of approximately 90 minutes each, focused upon the development of resilience. Participation in this study is voluntary and learners may withdraw their participation at any stage without any negative consequences. The information obtained from questionnaires will be kept anonymous and all information obtained throughout the programme will be treated with the utmost confidentiality.

I request permission to include your daughter in this research project and thereby assist her in the development of internal resilience through participation in the programme.

Please feel free to contact me, should you need any further information.

Thank you.

Yours sincerely

 Jana Mould
 Counselling Psychologist
 0829270167

I, _____ parent / guardian of _____
 have been properly informed regarding the nature of this study and consent to the participation of my daughter in this research project conducted by Jana Mould, a PhD student in Counselling Psychology, under the supervision of Professor A.A. Grobler and Professor K. Esterhuysen from the University of the Free State, on the condition that her participation is voluntary. I understand that by taking part in this research I incur no risk of harm to my daughter and recognise that she has a right to withdraw at any given time during the study, without any negative consequences.

Signed

Date: _____

ASSENT LETTER TO GRADE 9 LEARNERS

RESEARCH INFORMATION LETTER

Dear grade 9 learner

I am a registered Counselling Psychologist and currently busy with my doctorate degree (PhD) at the University of the Free State. For degree purposes, I am developing, implementing and evaluating a programme to promote internal resilience among adolescent females. I am certain that you have experienced daily stressors and difficulties as a grade 9 learner. In participating in my research you will have the opportunity to develop some much needed resilience to help you cope with these stressful events and in overcoming adversity.

The programme will span over approximately ten weeks, where we will dedicate approximately 90 minutes per week to each session. Participation in this study is voluntary and not compulsory, and all information obtained throughout the sessions will be handled with the utmost confidentiality.

Your participation in my research will be greatly appreciated.
Should you require any further information, please feel free to contact me.
Thank you.

Yours sincerely

Jana Mould
Counselling Psychologist

ASSENT FORM OF PARTICIPATION FROM LEARNERS

I, _____ have been properly informed regarding the nature of this study, as well as my participation in it. I hereby assent to participate in the research that is to be conducted by Jana Mould, a PhD student in Counselling Psychology, under the supervision of Professor A.A. Grobler and Professor K. Esterhuyse, from the University of the Free State. I understand that by partaking in this study I incur no risk of harm to myself and that I have a right to withdraw at any given time during the study, without any negative consequences.

Signed

Date: _____

Appendix B

Participant's Activity Book

and

Facilitator's Manual

Overcoming the odds!

FACILITATOR'S MANUAL



JANA MOULD

MODULE 1

THE ISLAND AND I!

Developmental perspective

Being an adolescent is, for many, a great challenge. This time is signified by various physiological changes, stressors, and developmental milestones to fulfil. Depending on their individual level of cognitive development and maturity, some adolescents still tend to find day-to-day challenges to be overwhelming. These challenges present themselves in numerous forms, such as scholastic performance pressure, peer group resistance, conflict with parents and others, communication deficits, low self-esteem, underdeveloped emotional regulation, poor interpersonal skills, lack of motivation, stress, and insufficient problem-solving skills, to name but a few. Because adolescents are increasingly faced with life's challenges and adversities, the improvement of individual characteristics and skills to develop resilience is of utmost importance for their future development and functioning.

The importance of establishing good rapport with adolescents as foundation to the therapeutic alliance has been well documented in the literature. For many researchers, the working relationship between facilitators and participants, as well as group cohesion among participating members, is considered to be pivotal in predicting positive outcomes in interventions. Furthermore, establishing and promoting group cohesion have been reported to enhance participants' attendance to interventions, predict positive outcomes and goal attainment, create a sense of security and value, promote active participation, and increase assimilation and ongoing practice of learnt skills.

Objectives of the session

- To introduce the programme objectives, format, procedures and rules
- To create curiosity and interest in the programme
- To establish rapport with, and group cohesion among, participants
To encourage investment in the ongoing programme.

Materials required

Participants' equipment

- One copy of the *Overcoming the Odds (Participant's Activity Book)* per person.
- Pens or pencils for each participant.
- One name card (sticker) per participant.
- One set of coloured pastels and pencils per tribe.
- One A2-sized poster per tribe (different colours).
- One pair of scissors per tribe.
- One tube of glue per tribe.

- One permanent marker for each tribe.
- Paint and paintbrushes for each tribe.
- A copy of the *Challenges to Overcome-worksheet* in the participant's activity book.
- One small clean booklet per participant to utilise for the self-help activity.
- A copy of the *Evaluation of Today's Challenges*.

Facilitator's equipment

- One digital or instant camera.
- One small scarf for each participant. (All members of a tribe must have the same scarf-colour, but must be distinguishable from the other tribes and their colours).

Time allocated: 90 minutes

Procedure

1. The facilitator commences the session by introducing herself and welcomes all participants to the programme. Hand out the participants' activity books and ask participants to fill in their names on the space provided on the front cover of the books.
2. Briefly provide the participants with some background on the nature of the programme, by introducing the key concepts of the programme (objectives, format, procedures and rules), along the following guidelines:
 - *Research has shown, that some people are able to manage their lives very well, in spite of all the difficulties they face every day, whilst other people find it difficult just to "keep their heads above the water". It has further shown that there are certain skills that these people have that help them to overcome the difficult times and the stressful things in their lives.*
 - *This programme will aim to help you to develop some of these skills, so that you may also be able to survive, manage and overcome the difficult times and stressful things in your daily life.*
 - *We will be learning new skills during each session, and the activities will vary from individual to group activities.*
 - *The programme will be presented in 10 sessions of approximately 90 minutes each.*
 - *The programme will be presented in an informal and relaxed manner, with an emphasis on "learning through experience".*
 - *There are a couple of guidelines (rules) that we should adhere to during the duration of this programme.*

3. Discuss and clarify the guidelines (rules) for the programme, along the following key points:
 - Confidentiality regarding the content of sessions.
 - Being on time for sessions.
 - Respecting fellow participants' input and contributions.
 - Aiming to participate in each session, in order to benefit from the programme as a whole.
4. Divide the larger group into equally sized smaller groups of 10 members each, and ask them to sit within their assigned groups. (Explain that the assigned groups will remain the same throughout the programme, and that they will attempt some of the challenges and activities as a unit, and some as individuals).
5. Introduce the theme of the programme, namely: Overcoming the Odds!
6. Hand out the differently coloured scarves to each group member, and tell them that they may use these in any way to distinguish themselves from the other groups. (For example, to tie scarves around neck, arm, head, etc.) These scarves will be worn by participants throughout each session for duration of the programme.
7. Tell the groups that they will henceforth be referred to as "tribes" and as "tribal members" living on an island. Ask them to each introduce themselves to the rest of the tribal members in their tribes, and to write their names on the *name cards* provided by the facilitator. These may then be displayed on their chests.
8. Ask the tribes to brainstorm ideas for their tribal-names, and to decide on the best suited name for their tribe. They may then use the scissors, glue, pens and pencils, paint and/or permanent markers to design and make a "tribal-banner" on the A3-poster handed out by the facilitator. They may design any shape or form of banner, as long as their tribe's name is visible on it. They should also consider leaving some space on their banners for their tribal group-photo (to be taken by the facilitator during this activity, and added to the banners during the second session of the programme). Their tribal-name and banner will serve as their tribe's symbol throughout the course of the programme. (Allow approximately 25 minutes for this activity).
9. Ask one participant from each tribe to present their tribe's name and banner to the larger group of participants. (Encourage positive commentary from the larger group of participants on the names and banners of the different tribes).

10. Then, ask participants to sit with their tribes, and guide them through an imagery activity along the following lines:

- *Close your eyes and imagine that you are currently living on an island. This island is not removed from civilisation, but is actually the real environment that you function in every day. This island is your real day-to-day living space.*
- *Think about the island as it consists of your home and/or hostel, your school, the sports field, the city, shops, places you frequently visit, your friends and/or boyfriend, family members, teachers, coaches and so forth.*
- *Think of yourself on this island, and see how you live your life from day to day.*
- *Imagine yourself during different times of the day or week on your island, for instance, during classes, doing homework, or watching television at home.*
- *Imagine that you have to survive on this island by doing some things on your own, and for other things, you may need other people to assist you.*
- *Although you sometimes function independently, you are now also part of a tribe on this island.*
- *Now, think of all the challenges and stressful things that you have to face on this island (for example: tests and exams, group pressure, competition, conflict among friends, relationship issues, making of difficult decisions, staying motivated, and so forth).*
- *How well do you see yourself coping with and managing these challenges?*
- *Are you only just surviving, or are you overcoming these challenges more easily than others?*
- *Or, is it perhaps difficult for you to keep your “head above the water”?*
- *Keep these images in mind, as you open your eyes.*

11. Ask participants to turn to the *Challenges to Overcome-worksheet* in their activity books. Ask the tribes to discuss and decide on the ten most difficult challenges that they face on the island, and to write them into the boxes provided on the worksheet. (Allow approximately 15 minutes for this activity).

12. Ask one member from each tribe to give feedback to the larger group of participants on their tribes' opinion of the ten most difficult challenges experienced on the island.

13. Encourage a brief interactive discussion in the larger group of participants on the following questions, and then summarise the main ideas and challenges noted by the participants.

- How do you feel about the island, and about its challenges?
- Does everybody experience this island in the same way?

- What are your thoughts about the island, and about its challenges?
- Which challenges do most tribes find to be most difficult on this island?
- What makes your experiences unique? Your thoughts about it? The way you handle challenges differently? Your feelings about it?
- What do you think are the differences between people who are able to overcome challenges, and those who are not?
- Do you or your tribe have those skills?

14. Conclude the current session, and provide a brief summary on the nine sessions to follow over the course of the programme. Focus on the fact that the sessions to follow will be guided by different challenges and areas of difficulty (similar to those mentioned by them), and by the skills needed to overcome these challenges. (Instil a sense of optimism and anticipation within the participants about the sessions to follow, as these sessions will attempt to provide the participants with much needed skills in overcoming the odds and challenges to be faced within themselves and on the island).

15. Discuss the *Evaluation of Today's Survivor Challenges*, with questions regarding the content of the session and the experiences of the participants. Ask the participants to complete and hand in the evaluation forms after completion thereof. (Allow approximately 5 minutes).

Self-help activity

- Ask participants to try to identify the challenges they face during their day-to-day lives on the island, and to keep a three column record of their thoughts, feelings and behaviours pertaining to these challenges throughout the following week. (Explain how to enter thoughts, feelings and behaviours into three separate columns.)
- Furnish each participant with a token (in the form of a sticker with a module-related quote: *Challenges are what make life interesting, overcoming them is what make life meaningful - Joshua J. Marine*) as a reminder of the programme objectives and as motivation to participate actively in the self-help activity.

MODULE 2

FEELING GOOD ON THE ISLAND!

Developmental perspective

Adolescence is characterised as a time of intense emotional experiences, many of which the adolescent doesn't understand. Being a resilient adolescent, however, contributes to emotional stability and management of one's functioning during times of adversity. Depending on their level of cognitive maturity, many adolescents still tend to be overwhelmed by the intensity, frequency and diversity of negative emotions. They often feel inadequate and incapable of managing these feelings. Adolescents are faced with numerous demands and calls for emotional adjustment as directed by an array of issues, such as hormonal- and physical changes, development of autonomy whilst identifying with peer groups, and development of their own identity, to name but a few. These issues tend to be confluent, placing the adolescent under emotional strain. Helping adolescents to become more resilient through identifying, controlling, regulating, understanding and expressing their emotions appropriately is important for their emotional development and associated developmental processes.

Objectives of the session

- To obtain feedback of the self-help (homework) activity of the previous week
- To learn how to identify different emotions
- To learn how to assess the functionality of emotions
- To learn the relationship between thoughts, emotions and behaviours
- To learn how to regulate cognitions and express emotions in healthier and more appropriate ways.

Materials required

- Pens or pencils for each participant.
- A copy of the *Feelings on the Island-Worksheet* in the participant's activity book.
- A copy of the *Island Feeling-Words* in the participant's activity book.
- A copy of *The Emotional Challenge-Scenario* in the participant's activity book
- A copy of the *Island Rules for Changing Thoughts and Feelings-Worksheet* in the participant's activity book.
- One small clean booklet per participant to utilise for the self-help activity.
- One small booklet per participant to continue its utilisation for the self-help activity.
- A copy of the *Evaluation of Today's Challenges*.

Time allocated: 90 minutes

Procedure

- *Review the previous session and self-help activities done during the past week. (Approximately 10 minutes)*
 - *Add tribe's photos to the banners made during the previous session.*
1. Introduce the current session by asking participants to look at the images on the *Feelings on the Island-Worksheet*. Briefly discuss that this part of the activity should be done individually, as each person might evaluate the images differently. Ask them to look at the images and to identify the main feeling in each image. Ask them to write the name of the main feeling underneath each picture. Explain that they may make use of the *Island Feeling-Words* on the following page to guide and help them identify the feelings.
 2. Ask participants to note the horizontal line beneath the images on the *Feelings on the Island-Worksheet*, marked with the numbers 0 and 100. Explain the idea of a continuum of feelings and that there are numerous points between 0 and 100. Discuss the idea that it is common for young people to think that there are only two extremes, and that it is important for them to note that there are other feelings in between these two extreme points. Ask the participants to decide on any one of the above images, and to plot the intensity of the feeling experienced upon the continuum.
 3. Have participants divide into their assigned tribes to share their continuums. Ask them to briefly share and discuss the possible in-between points and corresponding feelings on the continuums that they each plotted. Ask them to each plot at least two other feelings on their continuums.
 4. Ask the participants to remain in their tribes and to turn to *The Emotional Challenge-Scenario* in their workbooks. Have one person in the tribe read the scenario to the rest of the tribe. Ask them to discuss the short questions with the other members of their tribes. Ask one member of each tribe to give feedback on their ideas to the large group of participants.
 5. The facilitator then reviews the principles as explained in *The Emotional Challenge-Scenario*, and reinforces the relationship between thoughts and feelings by making use of the *Island Rules for Changing Thoughts and Feelings-Worksheet*.

6. Discuss the *Evaluation of Today's Survivor Challenges*, with questions regarding the content of the session and the experiences of the participants. Ask the participants to complete and hand in the evaluation forms after completion thereof. (Allow approximately 5 minutes).

Self-help activity

- Ask participants to record their thoughts, emotions, and behaviours into a three-column diary throughout the following week, and to practice the skills learnt during the session.

MODULE 3

ONE OF A KIND IN MY TRIBE!

Developmental perspective

Although adolescents frequently express the need to function with more autonomy and to be seen as individuals, their self-esteems are still, to a large extent, determined through acceptance by others and conformation to a certain peer group. They start to question their abilities and uniqueness as individuals, whilst at the same time, struggling to differentiate from others. Some adolescents still need to develop more abstract thinking abilities and tend to see themselves as either all good or all bad, instead of people who pose both positive and negative traits. In order for adolescents to become more resilient individuals, one of the salient developmental tasks during adolescence is that of identity- and self-esteem development. Attempting to maintain a healthy self-esteem can be difficult for some adolescents, as they try to determine who they really are as individuals by trying to live up to what they think others expect of them. Adolescents need to develop insight into the way they perceive themselves in order to build upon their self-image and self-acceptance as unique individuals. By learning to develop positive self-esteem and self-acceptance, adolescents develop resilience against preconceived pressure for identification with their peers.

Objectives of the session

- To obtain feedback of the self-help (homework) activity of the previous week
- To establish and develop a personal identity and positive self-concept
- To develop self-esteem and to promote the ability to restore self-esteem
- To increase the belief in one's uniqueness
- To encourage unconditional self-acceptance.

Materials required

Participants' equipment

- A large paper bag for each participant. (At least 20cm x 30cm)
- Two to three old magazines for each participant.
- One pair of scissors for each participant.
- One tube of paper-glue for each participant.
- Coloured pens and/or pencils for each participant.
- One set of coloured pastels and pencils per tribe.
- A copy of the Evaluation of Today's Challenges.

Facilitator's equipment

- A portable CD-player.

- A CD with relaxing background music.

Time allocated: 90 minutes

Procedure

- *Review the previous session and self-help activities done during the past week. (Approximately 10 minutes)*
1. Introduce the activity by asking participants to take one paper bag, two to three magazines, a pair of scissors, and a tube of glue from the front of the room. Explain that they should each find a comfortable seat somewhere in the room, and not to sit with their tribes. Explain that this is an individual activity, and that it will be focused on their individual ideas and their thoughts about themselves.
 2. The facilitator then starts to play the relaxing music to set the scene for the instructions and activity to follow.
 3. The facilitator explains the concept of “self-esteem” to the participants. The facilitator concentrates on the fact that we are responsible for the development of our own self-esteem (hence the term: SELF-esteem), through the thoughts and perceptions that we have about ourselves. Furthermore, explain how ones self-esteem may change over time, depending on the circumstances we find ourselves in, and the thoughts, “self-talk” and evaluations that we attribute to ourselves within those circumstances.
 4. Then, ask participants to close their eyes, as you are going to give them instructions on what they should be focusing on for the *I am Unique* activity. The instructions may be given along the following guidelines...
 - *Think of yourself. Imagine how you are currently living on the island, with all of its challenges, as we discussed during the previous two sessions. Think of all the specific words or descriptions that come to your mind about yourself on this island. How do you see yourself? You may think of specific ideas that you have about yourself as an individual, a friend, a child to your parents, a scholar, a sister, a sportswoman, an artist, a member of your tribe, etc.*
 - *Furthermore, think of how you imagine others’ view of you. Do they have the same thoughts and ideas about you that you have about yourself? Do you see yourself the same way that others see you, or is there a difference in views? Tell participants that they may now open their eyes.*
 5. Ask the participants to search inside the magazines and cut out any images, slogans, words and/or symbols that depict their self-esteem as they see it. They should also

search for- and cut out images, slogans, words and/or symbols that indicate how they think others might see them. Ask participants to glue the cut-outs of their self-esteem as they see it on the inside of their paper bags, and the cut-outs of how they think others might see them, on the outside of their paper bags. Tell them that they may glue the pictures onto- and into the paper bags in any way that they choose. (Allow approximately 40 minutes for this part of the activity)

6. Ask the participants to divide into their assigned tribes after completion of the activity. Ask them to briefly share and discuss their designs and processes involved in each of their paper bags with the other members of their tribe. Ask them to discuss the following questions in the tribe, whereafter a final interactive discussion is to take place with the larger group of participants as conclusion to the session. (Allow approximately 5 minutes for the discussion)

- Does everybody's paper bag look the same?
- What does this mean about us as individuals and as a tribe?
- Do our inner- and outer bags reflect the same messages?
- If not, why? Do we try too hard to live up to other people's expectations?
- What are the three strongest and three weakest traits of each member?
- What does it say about you if you have negative traits as well as positive ones?
- What are the influences of our thoughts and perceptions on our self-esteem?
- How can we develop more positive self-esteems?
- What can we say to ourselves to try and get the outer- and inner bag to reflect the same messages about our self-esteem?

7. Discuss the *Evaluation of Today's Survivor Challenges*, with questions regarding the content of the session and the experiences of the participants. Ask the participants to complete and hand in the evaluation forms after completion thereof. (Allow approximately 5 minutes).

Self-help activity

- Ask participants to keep collecting images, slogans, words and/or symbols about themselves to add to their paper bags in future, as they should try to develop positive thoughts about themselves, and subsequently better their self-esteems over time.

MODULE 4

A WORTHY CHALLENGE!

Developmental perspective

Even though adolescents might start to display more abstract reasoning skills, they often tend to evaluate and equate their self-worth according to their performances. These dichotomous thinking patterns lead to negative ratings of self-worth based upon their personal evaluations and inferences, which subsequently lead to low self-esteem. Adolescents find it difficult to demonstrate self-acceptance and to acknowledge the fact that they have worth as human beings, even though they are fallible. Due to their need to conform to specific peer groups and their rules, adolescents compromise themselves and might experience a lack of individuality. This in turn, causes them to feel disappointed in themselves and strongly criticise their total self-worth. It is crucial for adolescents to learn that their value as humans does not depend on external performances, and that they are able to restore their self-esteem and become more resilient by changing their evaluations and perceptions of themselves.

Objectives of the session

- To obtain feedback of the self-help (homework) activity of the previous week
- To learn that one's total self-worth does not merely depend on external performances
- To create awareness of the dysfunctional impact of maintaining unrealistic cognitive demands and expectations on one's personal functioning and perceived self-worth
- To identify and practise ways to restructure cognitions in order to promote unconditional self-acceptance.

Materials required

Participants' equipment

- Coloured pens and/or pencils for each participant.
- A copy of the *Island Trivia Challenge-Score Board* in the participant's activity book.
- A pack of *Trivia Challenge Game Cards* for each tribe from the participant's activity book.
- A copy of the *Self-acceptance Statements* in the participant's activity book.
- A copy of the *Evaluation of Today's Challenges*.

Time allocated: 90 minutes

Procedure

➤ *Review the previous session and self-help activities done during the past week. (Approximately 10 minutes)*

1. Introduce the current activity by discussing the concept of equating one's self-worth to external performance/s, by using the following metaphor to illustrate the point:

➤ *Imagine that you own a very special cosmetic kit. This kit has many compartments to open up and pull out, depending on what you might need to do your make-up. This cosmetic kit has a range of brushes, eye shadows, blushers, mascaras, lipsticks and eye-liner pencils in various colours to choose from.*

➤ *Imagine that you are busy sorting through your cosmetic kit, when you realise that one of the lipsticks has broken in half.*

Most people would be disappointed, but would realise that the rest of the cosmetic kit is still in a good condition, and that the lipstick can be replaced. Human beings are similar. For example, someone might play badly in one hockey match, but that doesn't mean that she is a bad person. Someone else might fail a science test, but that doesn't prove that she is dumb. Someone might forget their friend's birthday, but that doesn't say that he's a bad friend or person. Can you see that if you have one area of difficulty or bad performance, that it doesn't mean that you are a worthless person? What would happen if we continually criticise ourselves based on our performance? What would happen if we never allowed ourselves to make mistakes, and if we expect ourselves to be perfect in everything we do?

2. Ask the participants to divide into their assigned tribes, to sit in a circle, and to take out one of the members' copy of the *Island Trivia Challenge-Score Board*, and to cut out one set of *Trivia Challenge Game Cards* from one of the tribal member's participant's activity book. (They will only use one score board and one pack of game cards per group).

3. Explain the rules of the trivia challenge to the participants as it is set out on the *Island Trivia Challenge-Score Board*. (Allow approximately 25 minutes for the tribes to complete the challenge).

4. Give the answers of the challenge to all participants, and give one member of each tribe an opportunity to give feedback on their experiences and scores to the rest of the tribes.

➤ Answers: 1 = b; 2 = a; 3 = b; 4 = a; 5 = a; 6 = b; 7 = a; 8 = b; 9 = b; 10 = a.

5. Have a discussion with the participants on the following statements and questions:
 - What does it mean about your tribe if you could not complete the entire game on the Score board with correct answers?
 - Why is it important not to equate self-worth with performance?
 - What does it say or mean about me as a person if I sometimes fail at things.
 - Is there anybody who never makes any mistakes, and who has no negative traits or weak points? What does it say about them?
 - Do you sometimes think that your performance is a reflection of your self-worth?
 - If so, how is that helping you to feel good about yourself and have a positive self-esteem?
 - How do you think you can change this pattern of criticising your self-worth?
 - Do you think it is possible to restore your self-esteem by using these ideas?
6. Ask participants to tear out the copy of the *Self-acceptance Statements* from their activity books, and allow a volunteer to read the statements aloud to the larger group of participants.
7. Discuss the *Evaluation of Today's Survivor Challenges*, with questions regarding the content of the session and the experiences of the participants. Ask the participants to complete and hand in the evaluation forms after completion thereof. (Allow approximately 5 minutes.)

Self-help activity

- Ask participants to read the *Self-acceptance Statements* as often as they would like during the following week to affirm their worth as human beings, despite the fact that they are fallible and may not succeed in every venture they undertake.
- Furnish each participant with a token (in the form of a sticker with a module-related quote: *Success is not final, failure is not fatal. It is the courage to continue that counts – Winston Churchill*) as a reminder of the programme objectives and as motivation to participate actively in the self-help activity.

MODULE 5

CHALLENGING RELATIONSHIPS!

Developmental perspective

As adolescents develop their abstract thinking skills, they increase the need to be seen as unique individuals and simultaneously, to gain social acceptance. Despite these cognitive developments, however, they often still find it very difficult to maintain positive and rational relationships with others. These relationships are frequently characterised by a lack of communication, peer pressure, competition, conflict, rejection and efforts to maintain popularity. True to their developmental phase, adolescents tend to have irrational beliefs about themselves and others, and how they would want the world to work. They tend to jump to conclusions, act on assumptions, display dichotomous thinking and over-generalise events. In addition, some adolescents find it difficult to communicate effectively and to comprehend the true intentions of people's actions and events. The importance of the development of positive and rational relationship skills are therefore emphasised, not only to aid adolescents' current functioning, but to increase their resilience for future relationship-related challenges, to ease the transition into young adulthood, and to serve as a foundation for future rational relationships.

Objectives of the session

- To obtain feedback with respect to the self-help (homework) activity of the previous week
- To identify irrational thinking and its emotional and behavioural consequences with regard to social interaction and communication with others
- To apply and practise rational thinking skills to social and relationship scenarios
- To practice problem-solving skills and positive communication.

Materials required

- Coloured pens and/or pencils for each participant.
- A copy of the list of *Survival Traps* in the participant's activity book.
- A copy of the *Social Disaster-scenario* in the participant's activity book.
- A copy of the *Evaluation of Today's Challenges*.

Facilitator's equipment

- A CD-player.
- A CD with any "Popular" song for interpretation (for example: *Bohemian Rhapsody* by Queen).

Time allocated: 90 minutes

Procedure

- *Review the previous session and self-help activities done during the past week. (Approximately 10 minutes)*
1. Introduce the session by playing a popular song loudly over the CD-player. Follow on the song with a discussion on the following key concepts:
 - What was the message/s that the song was trying to convey?
 - How easy is it to decide on the real meaning of the message/s and other possible information given through the song?
 - What role do our thoughts, assumptions and inferences play in trying to understand the song's message/s?
 - Is it possible that we also make assumptions during our daily lives, when trying to understand what the messages and meanings are from other people and in our relationships?
 - Can we make our own conclusions about the song's communication, and still be completely sure that we are right?
 2. Guide the participants through the list of *Survival Traps* in their activity books, and clarify any questions they might have on these irrational beliefs and evaluations.
 3. Ask the participants to divide into their assigned tribes and to turn to the *Social Disaster-scenario* in their activity books. Have them read the scenario and discuss the feelings and behaviours they identify, with their tribes. Tell them to be on the lookout for any "*survival traps*" they might encounter in the scenario. (Allow approximately 20 minutes for this activity).
 4. Initiate an interactive discussion on what happened in the social scenario, and ask participants whether they could identify any of the "*survival traps*" on their list. Apply the "*survival traps*" to the relevant sections in the scenario with them, and ask whether they are able to add other "*survival traps*" they can think of to the current list.
 5. Ask participants to discuss the possible positive alternatives to the "*survival traps*" previously identified among their tribal members. (Allow approximately 25 minutes for this activity). Then, ask one member of each tribe to give feedback to the larger group of participants on their tribe's positive alternatives to the "*survival traps*", and to demonstrate an example of positive communication.

6. Discuss the *Evaluation of Today's Survivor Challenges*, with questions regarding the content of the session and the experiences of the participants. Ask the participants to complete and hand in the evaluation forms after completion thereof. (Allow approximately 5 minutes).

Self-help activity

- Ask participants to try to identify the “survival traps” in songs, movies and stories they encounter during the following week. Ask them to practice positive alternative thoughts and communication when they are faced with social and relationship problems.

MODULE 6

NETWORKING ON THE ISLAND!

Developmental perspective

Being an adolescent is, for many, a time of great personal struggle, and adolescents find the demands placed on them by society, peers, teachers, parents and themselves to take its toll. Because adolescents are still striving for social acceptance and approval of others, they often attempt to face these challenges on their own. Consequently, they end up feeling isolated, defeated, depressed and even anxious. Therefore, the role of supporting significant others and secure support networks cannot be emphasised enough in the process of developing individual resilience during adolescence. The fact that various support structures exist and how to access them, however, need to be brought under the attention of young people. Adolescents could then become more resilient by learning to identify and communicate with the possible support networks and key supporting people during times of trial.

Objectives of the session

- To obtain feedback of the self-help (homework) activity of the previous week
- To learn to identify different types of social support networks that are available during times of adversity
- To identify the key people in social networks who are able to provide support and guidance during such times
- To encourage effective communication with key people and support networks.

Materials required

- Coloured pens and/or pencils for each participant.
- One pair of scissors per tribe.
- One tube of glue per tribe.
- A copy of the *People in Peril-Images* in the participant's activity book.
- One A3-sized poster for each tribe.
- One permanent marker for each tribe.
- One copy of the *Island Network and Key persons-Worksheet* in the participant's activity book.
- A copy of the *Evaluation of Today's Challenges*.

Time allocated: 90 minutes

Procedure

- *Review the previous session and self-help activities done during the past week. (Approximately 10 minutes)*
1. Introduce the session by refreshing the participant's memories and reviewing the challenges they as tribal members experience on the island (as mentioned by them during the first session). Follow this, by discussing the need for support networks on the island in order to help them with these challenges and during times of crisis or adversity.
 2. Ask the participants to divide into their assigned tribes and to turn to the *People in Peril-Image page* in their activity books. Tell them that each tribe should make up their own story of someone in need of help, from these images. They may use the scissors provided to cut out any amount of the given images on this page, and then glue these pictures onto the A3-sized poster to illustrate their story. They may use the permanent marker and/or other pencils to add graphics (arrows etc.), slogans or phrases to guide their stories if they would prefer to do so. (Allow approximately 20 minutes for this part of the activity).
 3. After completion of the stories, ask one member from each tribe to put up their "story poster" against the front wall in the room, so that all can see it. Now allow a person from the tribe to tell their story to the rest of the participants.
 4. After every tribe has had a turn in presenting their story, ask them to turn to the *Island Network and Key Persons-Worksheet*. Here, they must try to identify the appropriate support-network/s and key person/s to assist their story's main character/s from the available options. They may add support networks and/or key person/s in the blank spaces provided. After completion, ask another member of each tribe to shortly present the possible support network/s and key person/s they have identified to assist their character/s.
 5. Have the tribes discuss the possible ways in which their characters could communicate their need for support to networks and key people. Have a discussion on the concept of effective communication, in order to receive the appropriate and effective support. Ask the participants for examples from their stories.
 6. Debrief the session by guiding an interactive discussion with the participants on the following statements and questions:
 - Was it easy or difficult for your tribe to create a story out of the images?
 - How do these stories resemble your own lives on the island?
 - Do you face the same challenges and problems as some of these characters?

- Which of these support systems and key persons are available to you on the island?
 - Have you ever made use of such support networks or people?
 - How did it help you?
 - What does it mean about you if you make use of support networks and key people?
7. Discuss the *Evaluation of Today's Survivor Challenges*, with questions regarding the content of the session and the experiences of the participants. Ask the participants to complete and hand in the evaluation forms after completion thereof. (Allow approximately 5 minutes).

Self-help activity

- Ask participants to try to identify the support networks and key people available to them on the island during the following week. Ask them to practice communicating to others in an effective way, if they should need their support.

MODULE 7

STRATEGIES, STRATEGIES!

Developmental perspective

One of the key factors in building individual resilience is the ability to learn effective problem-solving skills. These thought processes and reasoning skills may form the basis of the adolescent's motivation for behaviour, and consequently contribute to their emotional state. Effective problem-solving skills and making rational decisions are, however, a difficult task to accomplish for many an adolescent. Some adolescents are still prone to making decisions based on assumptions about others' wishes, neglecting to take all the important factors into consideration, ignoring what risks they might expose themselves to, attempting to get revenge on others, or to please people. For these, a lack of formal-operational reasoning skills, often leads to impulsive decision-making, only to find themselves in worse situations than before. With the ever increasing challenges faced and demands placed upon adolescents, effective problem-solving skills are essential to their future functioning and their ability to develop resilience.

Objectives of the session

- To obtain feedback of the self-help (homework) activity of the previous week
- To enhance creativity in problem solving
- To learn to identify ineffective problem-solving skills
- To learn to identify and practise effective problem-solving skills
- To enhance effective communication and collaborative working towards a common goal.

Materials required

Participants' equipment

- Pens or pencils for each participant.
- A copy of the *Brain Boosters-activity* in the participant's activity book.
- An open-lid box to keep cards with problem statements.
- Six to eight *Problem Statement-cards* as within the facilitator's manual.
- A copy of the *Unhelpful Strategies-list* in the participant's activity book.
- A copy of the *Evaluation of Today's Challenges* in the participant's activity book.

Facilitator's equipment

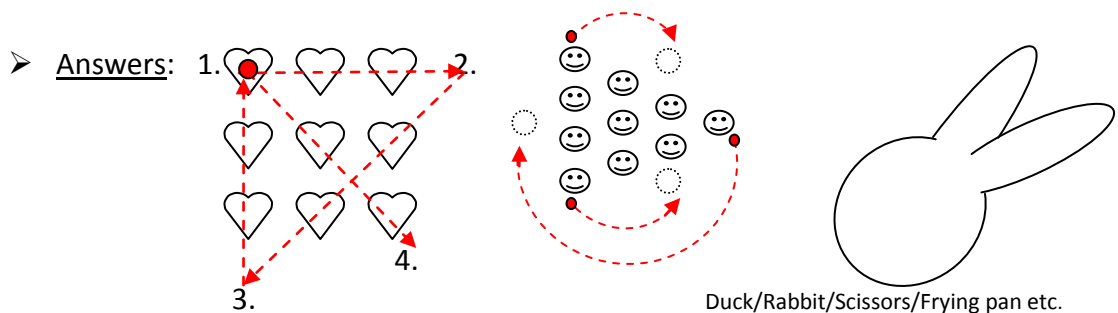
- Copies of the *Effective reasoning strategies* for participants' self-help activity.

Time allocated: 90 minutes

Procedure

➤ Review the previous session and self-help activities done during the past week. (Approximately 10 minutes)

1. Introduce the session by presenting the *Brain Boosters-activity* in the participant's activity book. Ask the participants to see how many of the "brain boosters" they can solve, by following the instructions. Tell the participants that they have to try to work quickly, as they are only allowed 5 minutes for the completion of all three activities.
2. Discuss and explain the answers to the *Brain boosters-activity*, and elicit feedback from the participants on their ideas pertaining to the short time available for the activity and what it felt like to make decisions under pressure. Ask about their opinion on the level of difficulty, procedures taken, reasoning applied, and enjoyment of the activity.



3. Ask the participants to divide into their assigned tribes, as the next activity will be done in group-format. They should find a comfortable area where they will be able to work freely.
4. Explain that the facilitator will go around to each tribe, and that one person from each tribe may draw one *Problem Statement-card* from the box for their tribe. They should not share the information on the card with any other tribes. One person in the tribe may now read the instructions on the card to the rest, and try to solve the problem stated on it. (The participants do not know that they all have exactly the same problem to solve, but with different instructions). (Allow approximately 20 minutes for this part of the activity).
5. After completion of the activity, make use of humour to reveal the fact that all the tribes had to formulate a solution for the same problem, but that their instructions differed (for example to focus on thoughts, feelings, behaviours, or a combination

thereof). Give each tribe an opportunity to present their solution to the problem statement.

6. Discuss the concept of “effective problem-solving” with the participants and discuss the different tribes’ solutions by addressing the following questions:
 - What did you think when you realised that every tribe had the same problem statement?
 - How did the tribes approach the problems differently?
 - Which focus was more effective? The focus on thoughts, feelings, behaviours, or a combination thereof?
 - What were the key factors and considerations of each tribe?
 - Why were some solutions more effective than others? Why?
7. Discuss the concept of “ineffective problem-solving” by directing the participants’ attention to the *Unhelpful strategies-list* in their activity books. Ask them to discuss the *Unhelpful Strategies-list* when applied to the different solutions offered by the tribes. Conclude the discussion by summarising the importance of “effective problem-solving” versus “ineffective problem-solving”.
8. Debrief the session by forming a “tribal council” with all participants and elect the best solution to the problem statement. Count the votes, and announce the winning solution. (The solution that focused on a combination of thoughts, feelings and behaviours)
9. Discuss the *Evaluation of Today’s Survivor Challenges*, with questions regarding the content of the session and the experiences of the participants. Ask the participants to complete and hand in the evaluation forms after completion thereof. (Allow approximately 5 minutes).

Self-help activity

- Ask participants to tear out the page with *Effective reasoning strategies versus Ineffective reasoning strategies*, to read throughout the following week. Ask them to try to identify their own problem-solving strategies, and to practice more effective ways of thinking about, and dealing with, problems.
- Furnish each participant with a token (in the form of a sticker with a module-related quote: *Men are disturbed not by things, but by the view which they take of them - Epictetus*) as a reminder of the programme objectives and as motivation to participate actively in the self-help activity.

MODULE 8

IF AT FIRST I DON'T SUCCEED...

Developmental perspective

In order for adolescents to become more resilient, their cognitive abilities and belief systems should serve to support their value systems, dreams, goals, and their perspectives on their purpose in life. For adolescents, these are interdependent on factors such as motivation, trust in one's judgement, perseverance and determination, among other things. As adolescents often display dichotomous thinking about their performances, and rate their attempts at attaining their dreams and goals as either outstanding or totally unsatisfactory, they struggle to separate their performance in one area from their worth as human beings. Adolescents' ability to formulate value systems on which to base their dreams and goals, and the ability to persevere, evaluate the outcomes of their actions and acknowledge success or failure, without negative self-evaluation is a salient attribute to develop for future direction and the developmental phases to follow. It is, furthermore, important for adolescents to distinguish between short-term and long-term goals, as well as to learn to be realistic in their expectations and planning thereof.

Objectives of the session

- To obtain feedback of the self-help (homework) activity of the previous week
- To identify and establish different personal values
- To distinguish between short-term and long-term goals
- To differentiate between realistic and unrealistic goals
- To learn the cognitive-behavioural principles underlying goal establishment and attainment
- To establish realistic short-term and long-term goals.

Materials required

Participants' equipment

- Pens or pencils for each participant.
- One pair of scissors for each participant.
- Two clean sheets of paper for each participant.
- A copy of the *Things I Value Most-worksheet* in the participant's activity book.
- A copy of the *Aim for the Stars-worksheet* in the participant's activity book.
- A copy of the *Evaluation of Today's Challenges*.

Facilitator's equipment

- *Seven Stepping Stones to Success* (circles cut out from paper – approximately 25cm in diameter each).

- Each participant's *One of a Kind-paper bag* as constructed in session 3.
- A portable CD-player.
- A CD with relaxing background music.

Time allocated: 90 minutes

Procedure

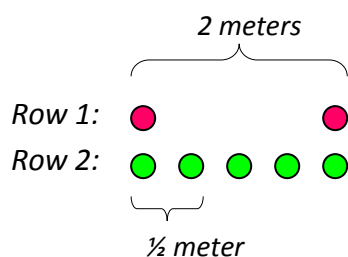
- *Review the previous session and self-help activities done during the past week. (Approximately 10 minutes)*

1. Introduce the session with saying the following phrase:

- *If at first you don't succeed, you can dust yourself off and try again.*

2. Ask the participants for their opinions of the statement, and introduce the concept of dreams and goals as the focus of today's challenges. Do the following demonstration to illustrate the difference between short-term and long-term goals, the difference between realistic and unrealistic goals, and the importance of flexibility and perseverance in these goals.

3. Ask any two volunteers to come to the front of the room, to participate in a demonstration. Form two parallel rows of *stepping stones* visible to all participants. The first row only consists of two stepping stones (first and last stone), at least two meters apart. The second row consists of five *stepping stones*, no more than half a meter apart, of which the first and last are aligned with those of the first row. (See diagram).



4. The instructions to both participants are as follows:

- *Stand at the first stepping stone at either of one of the two rows.*
- *Move from the first stepping stone to the last stone, without touching the floor on the sides of the stone.*

5. Then, reflect on the following with the larger group of participants.

- How did the two participants differ with respect to:
 - Feelings (e.g.: Anxiety, Nervousness, Tension, Uncertainty),
 - Thoughts (e.g.: I can't, It's impossible, I'm too weak),
 - Behaviours (e.g.: Procrastination, Avoidance, Delaying),
 - Reaching their goal?
6. Then, read the following case study to participants, and apply the above mentioned principles to goal setting:
- *Consider the following... Each stepping stone resembles a Maths test. Two students "A" and "B" both want to improve their marks for Maths because they both value good academic results. Both achieved the same score on their first test, which was 42%. Both students "A" and "B" set their goal at 75% for the last test.*
7. Have a brief discussion about the case study, on each of the previously named principles under point 5. Also discuss the students' goals, in terms of how realistic and flexible they are, and how they might reconsider their goals. Discuss whether these goals would be classified as long-term or short-term goals? Discuss how the goals influence the amount of pressure the students will each put on themselves, and what influence their test results will have on their self-confidence and perseverance in future goals. Discuss the concept of performance not equating to self-worth and apply it to student "A's" lack of ability to reach her goal.
8. Thank the two volunteers for their cooperation and ask them to rejoin the other participants. The facilitator starts to play the relaxing music from the CD-player.
9. Ask the participants to turn to the *Things I Value Most-worksheet* in their activity books. Briefly discuss the concept of values, and clarify any questions that participants may have. Tell them that they should do the following activity on their own, as each individual has different ideas about themselves and their values. Ask them to read through the list of values stated on the *Things I Value Most-worksheet* and to mark those that they feel are applicable to them as individuals. Explain to them that they may choose as few or as many as they would like, and that there are no right or wrong choices.
10. Whilst completing the *Things I Value Most-worksheet*, ask participants to remain focused on the activity, as the facilitator will now hand out some clean sheets of paper and the "One of a Kind paper bags" that they each made during the third session on self-esteem and self-worth.

11. After completion of the *Things I Value Most-worksheet*, ask participants to look at their paper bags from the third session. Explain how their dreams and goals are the things that they strive for, and are most often personal ideas of what they want to achieve. Review the fact that the paper bags are symbols of themselves and the way they see themselves. Explain that they are now going to post their dreams and goals into the bags, as a symbol of what they envision.
12. Then, ask participants to turn to the *Aim for the Stars-worksheet* in their activity books. Guide them through each of the categories on the worksheet. Ask them to decide on their realistic short-term and long-term dreams and goals, based on these categories and their specific values. They can now decide to write these dreams and goals on the clean sheets of paper and post it into the paper bags they constructed during session 3. They may decide to do this activity on their own, or to share the information with others. (Allow approximately 20 minutes for this activity).
13. Conclude the session by asking for brief feedback from the participants on their experience of the activity and their personal thoughts.
14. Discuss the *Evaluation of Today's Survivor Challenges*, with questions regarding the content of the session and the experiences of the participants. Ask the participants to complete and hand in the evaluation forms after completion thereof. (Allow approximately 5 minutes).

Self-help activity

- Ask participants to view the following two video clips on the internet services provided at school, as preparation for the next session:
 - <http://www.youtube.com/watch?v=5XF66Ku4a9U> (Dove real beauty campaign – Evolution)
 - <http://www.youtube.com/watch?v=9zKfF40jeCA> (Dove real beauty campaign – Onslaught)
- Furnish each participant with a token (in the form of a sticker with a module-related quote: Use mistakes as stepping stones and not as stumbling blocks) as a reminder of the programme objectives and as motivation to participate actively in the self-help activity.

MODULE 9

FIGHTING FIT!

Developmental perspective

In addition to the various challenges faced and demands placed upon adolescents, this developmental phase also introduces numerous physical and hormonal changes which the individual is expected to adapt to. As many adolescents strive to conform to what they perceive to be the stereotypical “perfect profile”, they often neglect their physical health. With mounting pressure from the media to be thin, female adolescents are particularly prone to eating disorders, and as such might damage their health in the dangerous race for acceptance and attractiveness. As adolescents frequently tend to equate their performances and physical appearance with their worth as human beings, they expose themselves in terms of psychological as well as physical health. The ability to acknowledge the importance of good physical health and the skills to maintain it are seen as significant contributing factors in the development of resilience in adolescents.

Objectives of the session

- To obtain feedback of the self-help (homework) activity of the previous week
- To determine current body image
- To promote the development of a positive body image
- To identify the factors contributing to physical and mental health
- To learn and practise cognitive-behavioural strategies to improve physical and mental health
- Learning personal health maintenance skills.

Materials required

Participants' equipment

- Coloured pens and/or pencils for each participant.
- A copy of the *My Body and I-worksheet* in the participant's activity book.
- A copy of the *Challenging Care-worksheet* in the participant's activity book.
- A copy of the *Caring Cube-cut out* in the participant's activity book.
- A copy of the *Evaluation of Today's Challenges*.

Facilitator's equipment

- One small mirror per tribe.

Time allocated: 90 minutes

Procedure

- ❖ *Review the previous session and self-help activities done during the past week. (Approximately 10 minutes)*

1. Introduce the session by asking participants to divide into their assigned tribes. Give one mirror to each tribe, and ask the participants to sit in a circle. Tell them to take turns to look at their own images in the mirror. Ask them to think of their whole bodies and the thoughts they have about their bodies. Ask them to pass the mirror on to the person sitting next to them, once they have had a chance to look at their own image. Then, introduce an interactive discussion on the following key points:
 - Was it difficult for you to look at your image in the mirror? If so, why?
 - What were your thoughts on your image in the mirror?
 - Did you also think of other parts of your body, except for what you saw in the mirror? Which?
 - Were your thoughts on your image more positive or more negative?
 - Did you only see and think of external appearances, or also of internal characteristics that you might possess?
2. Briefly review with participants, the fact that their thoughts, feelings and behaviours are interrelated and that their thoughts will determine how they feel about themselves and how they act. Now, ask the participants to do the same exercise, but to try to focus their thoughts on both their external appearances as well as their internal characteristics. Then, follow with an interactive discussion on the following points:
 - Were you able to identify both external as well as internal features and characteristics?
 - Did you identify more positive or more negative features and characteristics about yourself?
 - What role do your thoughts about your image play in the way you feel about your appearance?
 - Would you say that you have a positive or negative image of your body?
3. Review the concept of performance in one area not equating to self-worth. Elaborate on how physical appearance (thinness, hair colour, leg shape and so forth) is not a measure of one's worth, but rather external features.

4. Review some of the challenges stated by the participants in the first session, and introduce a discussion on the importance of good physical health as an advantage in the attempt to overcome these numerous challenges. Introduce the concept of physical health and mental health as complements to each other. Clarify any questions, and ask participants for examples of times when they needed physical health to manage the challenges in their lives.
5. Have the participants turn to the *My Body and I-worksheet* in their activity books. Ask them to complete the worksheet on their body image and their health individually, as everyone thinks differently about themselves. Encourage introspection and honesty toward themselves, in order to be able to identify negative thoughts and areas where they might be neglecting their health. (Allow approximately 10 minutes for the activity).
6. After completion of the worksheet, ask participants to share their experiences voluntarily with the members from their tribe and to provide constructive feedback to each other. Thereafter, briefly discuss the following questions with all participants, and encourage their feedback:
 - How positive or negative is your body image?
 - How healthy do you think you are?
 - What are the areas where you are “downing” yourself or neglecting your health?
 - Do you think you have a positive relationship with your body?
 - Do you demand specific things from yourself regarding your health or your body? (For example: I must lose 15 kilograms, or else I’m worthless. Or, I may not become tired when I study, because it would mean that I can’t handle the pressure).
 - From where do you experience the most pressure to fit into a specific stereotype? (Yourself, the media, parents, friends, others?)
 - How realistic are these expectations?
 - If there are some areas of your body or your health that you would want to improve?
 - Do you think your thoughts about your “problem areas” are realistic and flexible?
 - Which are the important factors associated with your physical health?
7. Ask participants to turn to the *Challenging Care-worksheet* in their activity books. Ask them to look at the various areas of good health maintenance and to determine whether they might be caring well for themselves, and in which areas they could focus more attention in future. (Allow approximately 10 minutes for this activity).

8. Summarise the session by reviewing the following key issues:
 - The importance of good health maintenance in order to overcome the noted challenges on their island.
 - The process of accepting the permanent physical features that they like less about themselves, as these do not equate to their worth, but rather to their uniqueness. Review the role of thoughts on body-image, and subsequently, health maintenance.

9. Discuss the *Evaluation of Today's Survivor Challenges*, with questions regarding the content of the session and the experiences of the participants. Ask the participants to complete and hand in the evaluation forms after completion thereof. (Allow approximately 5 minutes).

Self-help activity

- Ask participants to tear out their page with the copy of the *Caring Cube* (to cut out and assemble at home). Ask them to use the cube as a guide with ideas on how to manage the challenges they face during the following week. This cube may be used as a paperweight or dice, to be rolled on a daily basis to determine the care activity for the day.

MODULE 10

FINISHING STRONGLY!

Developmental perspective

Despite the fact that the adolescents are capable of more abstract reasoning and that they have acquired a number of skills and competencies related to internal resiliency over the past nine weeks, the importance of continual development and growth could not be emphasised enough. Personal and individual development is an ongoing process throughout one's life span, and adolescence is considered a privileged, yet critical, timeframe for laying the foundation for future developmental trajectories. The advantages of continued practice and maintenance of newly developed skills and strengths are reported in the literature, which also states that assimilating and integrating such skills are enhanced through the process of reintegration and adaptation. Through the sustained practice and implementation of internal resiliency skills, adolescents can create opportunities for themselves to receive and review feedback from others and to become flexible in the reintegration of this into their personal functioning and environmental contexts.

Objectives of the session

- To obtain feedback of the self-help (homework) activity of the previous week
- To reaffirm and reintegrate the skills learnt during the programme
- To encourage continual practice and assimilation of the skills learnt throughout the programme
- To summarise and conclude the programme.

Materials required

Participants' equipment

- Pens or pencils for each participant.
- A copy of the *Things I have, I am, and I can-worksheet* in the participant's activity book.
- A copy of the *Evaluation of Today's Challenges*.

Facilitator's equipment

- One *Trouble Shooting Kit* for each participant (see below for contents of the kit).

Time allocated: 90 minutes

Procedure

- ❖ *Review the previous session and self-help activities done during the past week. (Approximately 10 minutes)*
1. Introduce the session by asking participants to divide into their assigned tribes and to sit together as such.
 2. Tell them to turn to their first session's worksheet, *Challenges to overcome*, in their activity books. Ask the tribes to discuss these challenges they initially noted among themselves. Each tribe should then select one of the challenges they initially noted, which will be used in the following tribal-activity.
 3. Briefly explain the principles of *Things I have, I am, and I can* (Adapted from Grotberg, 1998) to the participants along some of the following principles:
 - *I have..., refers to the trust that you may have in external support available to you. For example: I have...*
 - *People whom I trust and who love me.*
 - *People who show me how to do things the right way.*
 - *People who can assist me when I feel sick, or when I am in danger.*
 - *People who help me by setting limits and rules to guide me.*
 - *People who encourage me to learn and do things on my own.*
 - *I am..., refers to your identity and autonomy through the way in which you view your inner strengths, confidence, self-esteem and responsibility. For example: I am...*
 - *Proud of myself and respectful towards others.*
 - *Responsible for what I think and do.*
 - *Hopeful that things will turn out well for me.*
 - *A lovable person and empathetic towards others.*
 - *I can..., refers to your ability to take action and help yourself by using your interpersonal and problem solving skills. For example: I can...*
 - *Communicate my fears and worries to others.*
 - *Find different ways to solve problems.*
 - *Manage my thoughts, actions and feelings when I need to.*
 4. Tell participants to turn to the *Things I have, I am, and I can*-worksheet in their activity books. Each tribe should now discuss and address their tribe's chosen challenge with respect to the principles explained. They may write down their tribe's

suggestions for solving and addressing the challenge in the spaces provided on the worksheet. Encourage the tribes to make use of their skills and knowledge gained thus far during the programme, and to utilise these in the “solutions and overcoming” of the challenges. (Allow approximately 20 minutes for this activity).

5. Ask one member from each tribe to share their tribe’s chosen challenge and their proposed “solutions and overcoming strategies” with respect to the *Things I have, I am, and I can-worksheet*.
6. After completion of the feedback, briefly summarise the outcomes of the different tribes’ solutions to the challenges and encourage feedback from the larger group of participants.
7. Conclude the programme by briefly reviewing the past ten weeks’ sessions with the larger group of participants. Focus the review on the different aims, processes and outcomes of the sessions, and the skills learnt and practiced during the programme. Encourage feedback from the larger group of participants on their experiences of, and opinions on, the sessions and programme as a whole.
8. Thank the participants for their willingness to take part in the programme.
9. Ask them to complete the last of the *Evaluation of Today’s Survivor Challenges*, with questions regarding the content of the session and their experiences. Ask the participants to hand in the evaluation forms after completion thereof. (Allow approximately 5 minutes).
10. Hand out one *Trouble Shooting Kit* to each participant and tell them that they may take home their kits. Explain that the kits serve as an extension of the programme and how it may be used to continue the practice of resiliency skills learnt throughout the programme.
 - Each *Trouble Shooting Kit* includes:
 - The participant’s activity book.
 - The participant’s scarf.
 - The participant’s brown paper bag as made in session 3.
 - One pencil and one *Thought recording journal*.
 - One motivational A4 poster, confirming the theoretical grounding of the programme. (Sketch adapted from Bernard, 2005)
 - A token (in the form of a sticker with a programme- and theme-related quote: *Fall seven times, stand up eight - Japanese Proverb*) as

a reminder of the programme objectives and as motivation to practice the skills learnt throughout the programme.

Self-help activity

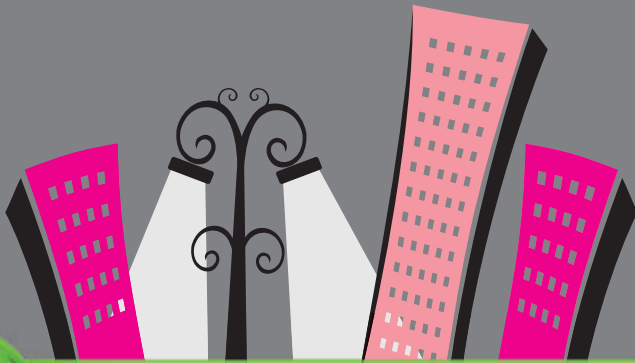
- Ask participants to continue to practice the skills and principles they learnt throughout the programme and to consult their kits whenever they are in need of revision or direction for overcoming the odds.

Overcoming the odds!

PARTICIPANT'S ACTIVITY BOOK



I BELONG TO



OVERCOMING CHALLENGE

1

The island and I!



CHALLENGES TO OVERCOME!

WORKSHEET

INSTRUCTIONS: Write down the ten most difficult challenges that your tribe experiences daily on the island.

The worksheet features ten large, rounded rectangular boxes for writing, arranged in a grid. The boxes are white with a light gray drop shadow. The page is decorated with horizontal dashed lines in pink and green, and stylized buildings in pink and red are scattered around the boxes.



OVERCOMING CHALLENGE

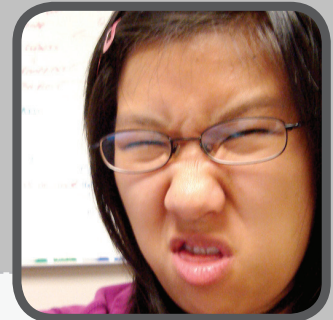
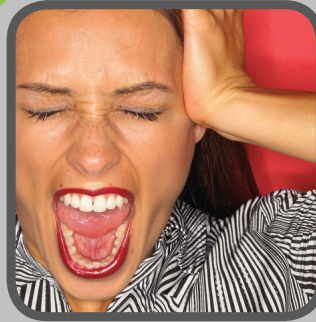
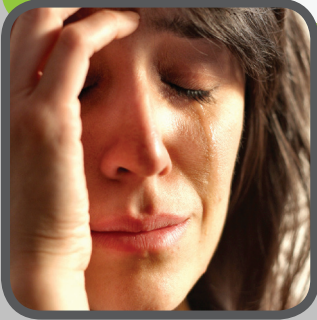
2

Feeling good on the island



FEELINGS ON THE ISLAND

WORKSHEET



0 25 50 75 100

CONTINUUM OF EMOTIONS

ISLAND FEELING WORDS



Cautious

Proud

Wrathful

Angry

Dejected

Fury

Relieved

Satisfied

Isolated

Suspicious

Curious

Despair

Surprised

Calm

Envy

Inferior

Shy

Melancholy

Impatient

Worried

Serene

Disgust

Regretful

Sorrow

Guilty

Anguish

Aggravated

Disappointed

Happy

Optimistic

Exhausted

Relaxed

Gloom

Mischievous

Hurt

Tension

Rejected

Afraid

Playful

Anxious

Confused

Resentment

Lonely

Sick

Energetic

Stressed

Confident

Spite

Depressed

Optimistic

Shocked

Loved

Restless

Misery

Bored

Annoyed

Bitter

Hopeful

Contempt

Enthusiastic

Disbelieving

Envious

Grief

Cheerful

Grateful

Peaceful

Hurt

Rebellious

Determined

Jealous

Aggressive

Elated

Subdued

Other....

Content

Dislike

Tense

Frustrated

Thankful

Hate

Blissful

Unsure

Hostility

Irritated

Excited



THE EMOTIONAL CHALLENGE

SCENARIO

INSTRUCTIONS: Read the following scenario, and discuss the questions with your tribe.

Imagine that you are in Maths class at school and the bell rings for the period to end. As you start to tidy up your desk and pack in your books, a classmate rushes past you and knocks off your pencil case, only to scatter all your stationary over the floor.

How do you feel?

How intensely do you feel these emotions?

On a continuum of 0 to 100?

Most people would feel irritated or annoyed at this point, because they would think that the classmate could have taken more care and minded her manners. Perhaps this classmate has bumped you on a previous occasion, and you might think that she's got it in for you.

But, let's suppose that the classmate just received a text message from her mother saying that her father has been in an accident and that she should hurry to the school office to tell someone to take her to the nearest hospital. The message indicated that he was seriously ill.

Would you still feel annoyed or irritated with her?

You would most probably not feel the same. Why? Because the new information that you now have has made you change your thoughts, and as your thoughts changed, so did your feelings.

Very often, we assume things about situations and people before having considered all the information, and then experience a variety of intense negative feelings. When we assume positive things, we experience positive feelings. When we jump to assumed negative conclusions and perceptions, we experience negative emotions. Of course it is normal to sometimes experience negative emotions, but when you add to your negative feelings with assumptions and unhelpful thoughts, it becomes more and more difficult to manage your feelings.

ISLAND RULES FOR CHANGING THOUGHTS AND FEELINGS...

WORKSHEET

Island rule 1:

Identify your feeling/s in a specific situation.

Think about the following situation, and then about the feeling/s that you might experience:

Your mother told you that she would take you out to lunch with her, but this morning she said that it won't be possible anymore.

I Feel: _____

Island rule 2:

Next, identify what you are thinking in this situation.

If you are depressed and sad, you might be thinking that she doesn't care for you, that you're not important to her, that she has better things to do than to spend time with you, that you are just a burden on her shoulders.

However, if you just feel disappointed instead of depressed, you might be thinking: Just because we can't go for lunch this time, doesn't mean that we won't make another time for it. Maybe she has to do something important at work and her boss is really strict. It doesn't mean that she doesn't like me anymore, just because we can't have lunch this time.

Can you see the difference in feelings between these two ways of thinking? Can you see that different thoughts will have different feelings as a result?

Island rule 3:

Change your thoughts, so that you may change your feelings during difficult situations.

OVERCOMING CHALLENGE

3

One of a
kind in
my tribe

I'M UNIQUE

INSTRUCTIONS: Use the magazines provided to cut out words, slogans and images of how you view yourself, as well as of how you think others might see you. Paste the cut-outs of how you view yourself on the inside of the bag, and those of how others might see you, on the outside.



ACTIVITY SHEET



I'M UNIQUE



OVERCOMING CHALLENGE

4

A worthy challenge



ISLAND TRIVIA CHALLENGE

SCORE BOARD

INSTRUCTIONS: Place the Trivia cards next to the two-page Score board in the centre of the circle. Give each tribal member an opportunity to read a statement from a card to the rest of the tribe. The members should then discuss the statement and decide on the correct way to think and then choose their answer. They should then circle the correct answer on the card, and place the card upside down on the corresponding number on the scoreboard. Continue the challenge until all 10 cards have been read, circled and placed. Some tribal members might have more than one opportunity.

1



2



3



4





5

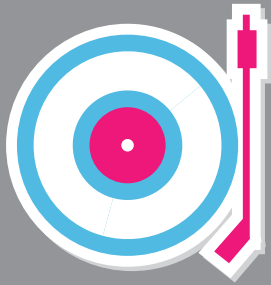


6



SCORE BOARD CONTINUES

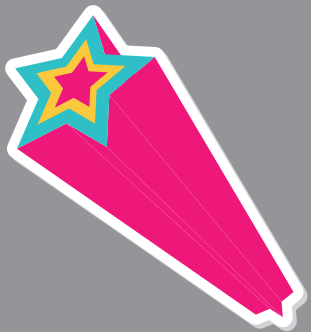
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8



9



10





TRIVIA CHALLENGE GAME CARDS

1

Your friend asked you to look after and water her orchid-plant while she went on holiday. You forget to do so, and after a few days you see that the plant has died. You think:

- a. I'm a worthless friend, I can't be trusted with any responsibility!
- b. I wish I'd remembered because the plant means a lot to her. I'll explain myself and trust that she will understand that I did not forget on purpose.

2

You read on the notice board that you have not made the netball practice squad even though you have played in the first team the previous year. You think:

- a. Man, this is bad! But, just because I didn't make the practice squad doesn't mean that I'm a total loss. I will try to do better in the next trials and hope for them to spot me there.
- b. How could I not be included in the practice squad? They must think I'm the worst person to ever play trials! I'm such a loser. I'm never going to play netball in my life ever again!

4

Your boyfriend drops you over mxit and immediately starts dating someone else. You think:

- a. I don't understand why. I can't think of something I did to cause this. This doesn't mean that I'm a terrible girlfriend or that I'll never have another date again.
- b. I was waiting for this to happen! It's because I'm ugly and stupid. Now, no guy will ever look at me again. I'm bound to end up alone, and I deserve it.

3

You apply to a local modelling agency for a photo shoot in Zanzibar, but after they received your photos, you get a call to say that they have decided on another model. You think:

- a. I knew it! I bet they didn't ask me because I'm too fat and ugly. I'm no good at anything.
- b. Oh, I wish that they had chosen me. It could have been great to go. I guess they must have decided on another look for this shoot. I'll keep on applying though. This doesn't mean that I'm a bad model.

5

You just get back your end of term rapport card and see that your average results have dropped from 76% to 72%. You think:

- a. I feel disappointed in this drop, I really studied quite hard this term. I must have missed a couple marks here and there. This doesn't mean that I'm a wreck as a student, I'll have to try and see where I went wrong.
- b. O.k., it's official! I'm the biggest idiot ever! How could I miss these marks? Typical, now I'm just going to drop even more from here.

CUT OUT THE GAME CARDS



6

You have a oral exam for English tomorrow and you think:

a. I'm freaked out! I can't talk in front of people! They'll see that I'm a fake and a hollow-head! I can't do this, I'll be the joke of the class.

b. Oh, man, I hate oral exams! I hope I can manage my words. It will feel like everyone is staring at me.

7

You hear about a party on Friday night and you weren't invited. You think:

a. I wonder why I'm not invited? I suppose she can't invite everyone. Perhaps she doesn't like me that much, and that's o.k.

b. They must hate me. I must have put them off completely. Why am I such a social loser?

8

Your parents ask you to baby sit your 2 year old brother over the weekend. You let him out of your sight for a short while, and he draws pictures on the dining room walls. You think:

a. I'm the most irresponsible daughter ever! They're gonna hate me! How could I have let this happen? I can't be trusted with anything. I'm a worthless daughter.

b. Oh, no! I wish I had seen him take out the crayons and start drawing. I'll have to make a plan to get it off the walls, or at least keep an eye on him from now on. I hope my parents understand!

9

You get selected for the lead role in your favourite play, but on opening night you freeze and forget your first lines. You think:

a. I'm such a terrible actor! How will I ever live down the embarrassment? Everyone is going to think I'm such an idiot. I can't even remember two lines.

b. How could I have forgotten my first lines? I practiced so hard and knew them perfectly before the show. I guess that's what they call "stage fright". I hope this doesn't ruin my future auditions.

10

You decide that your relationship with your boyfriend is not going to work, and you break up with him at a local coffee shop. He is very upset and calls you a couple of mean names before he storms out. You think:

a. What just happened? I'm confused. I tried to do this the best way I could. I wish he didn't make such a scene.

b. How could I put him through this? I must have known he'd react like this. I should be able to know him better by now. I'm better off alone, I don't deserve happiness anyway. I'm such a bag!



SELF-ACCEPTANCE STATEMENTS

My worth is not dependant on my school marks!

I am happy to be unique and one of a kind!

I know that I am special and worthy, even if I don't succeed at everything I do!

My worth is not dependant on my school marks!

My failures will not make me a total loser as a person!

I will learn to accept that I'm fallible, just like everyone else!

I like myself without comparing myself to others!

I see mistakes as an opportunity to grow, and not that I'm a mistake myself!

I am more than my performances and mistakes!

I accept myself even though I might do disappointing things in future!

People don't like me just because I'm clever!

I can handle bad marks now and then, because it doesn't mean that I'm stupid!

I believe that I am unique and have weak and strong traits, just like everyone else!



OVERCOMING CHALLENGE

5

Challenging relationships



SURVIVAL TRAPS!

Assuming things without checking the facts



Demanding that others should treat you as you would want them to



Acting out of anger and defensiveness



Miscommunication to others



Jumping to conclusions



Impulsive behaviour without thinking things through



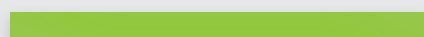
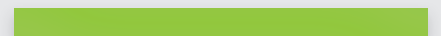
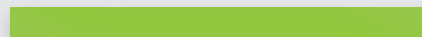
Thinking that others are bad people because they treat you badly



Blowing things out of proportion and making matters worse than they are







Distorting the reality because it makes sense to you at the time



THE SOCIAL DISASTER

SCENARIO

INSTRUCTIONS: Read the following scenario and discuss the social issues you can identify with your tribe. Beware of the Survival Traps!



Megan is in the car with her dad, on her way to the gym, when she sees Palesa and Trudie standing next to the road. As they drive by, Megan waves at them. But, instead of waving back at her, Palesa starts talking to Trudie and they burst out laughing, acting as if they don't want to wave. Megan assumes that they must be laughing at her, and that Palesa must certainly be mad at her for some strange reason. She immediately starts sending text messages to Sam, Gail and Andrea, telling them that she won't join Palesa's birthday party on Saturday, seeing as "some people" are mean and can't be trusted. Sam, Gail and Andrea reply, asking what she's talking about, but Megan doesn't answer either of them.

After gym, Megan writes a letter to Palesa and Trudie, saying that she can't handle them being so mean and manipulative, and that she won't stand for it! She ends the letter by telling Palesa that she deserves more in life, and that Palesa's not worthy of being her friend. They should both just leave her alone forever!

The next morning, Megan decides to drop the letter into Trudie's bookcase. By the time break starts, Palesa also hears from Sam, Gail and Andrea that Megan won't come to her birthday party. Palesa and Trudie both confront Megan about the party and the letter, asking what her problem is with them. Megan defensively replies that she doesn't need friends who ignore her all the time. Palesa becomes very angry and tells Megan that she doesn't understand what's happened, but if she wants to act like an idiot, it's her problem...she doesn't need her friendship anyway!





OVERCOMING CHALLENGE

6

Networking on the island!

You can
call me!!



PEOPLE IN PERIL



PEOPLE IN PERIL



ISLAND NETWORK AND KEY PERSONS

WORKSHEET

FAMILY

Parents
Grandparents
Brothers
Sisters
Aunts or uncles

FRIENDS

Close friends
Classmates
Friends in other schools

PRO'S

Psychologists
Psychiatrists
Doctors and specialists
Mentors
Religious leaders

SCHOOL

Principals
Teachers
Sick bay
Guidance counsellors

ME

AUTHORITIES

Police officers,
Ambulance staff,
Fire brigade etc.

OTHER



OVERCOMING CHALLENGE

7

Strategies, Strategies!

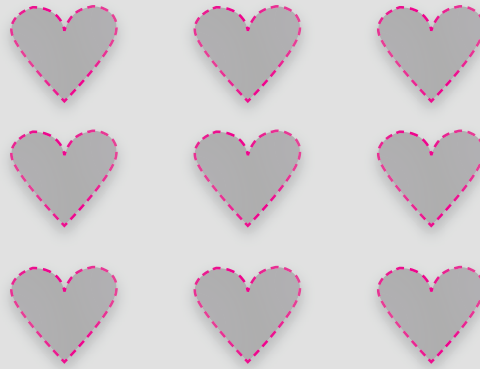


BRAIN BOOSTERS

ACTIVITY

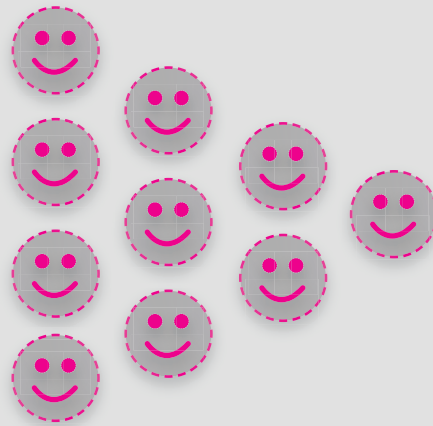
INSTRUCTIONS:

Draw four straight lines through the hearts. Each heart must have a line through it. You may not lift your pen, and you may not go over the same line twice.



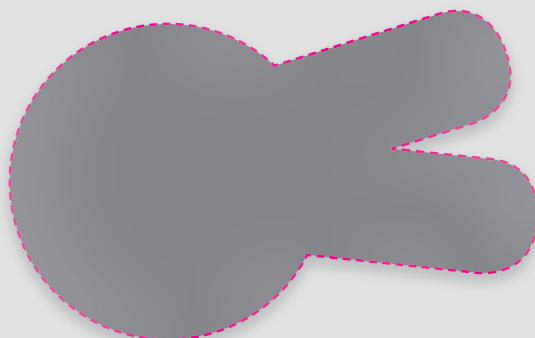
INSTRUCTIONS:

By moving only three faces, reverse the pattern. In other words, there should be four faces on the right of the drawing and one on the left. You may use your pencil to show which faces will move to which places.



INSTRUCTIONS:

What do you see? Can this be more than one thing? Can you see both at once? Do you only see what you expect to see, or can you see more options?



Making decisions without considering the risks

Demanding that you should get what you want, when you want it

Assuming things without checking the facts

Doing things to “get back” at others or to take “revenge”

Thinking that everything is your fault and that you should be blamed for it

Demanding that others should treat you as you would want them to

Jumping to conclusions

Trying to see what you can get by with, without getting caught

Acting out of anger and defence

Thinking that others are bad people because they treat you badly

Assuming that others are either all bad or all good

Miscommunication to others

Doing nothing and resenting others for the mess

Blowing things out of proportion and making matters more than it is

Impulsive behaviour without thinking things through

Distorting the reality because it makes sense to you at the time

Not caring if you harm yourself or what might happen to you

Thinking that life and others should always be fair

Thinking that you can't handle difficulty or discomfort for a while

Thinking that you are a failure because you make bad decisions sometimes



LIST

UNHELPFUL STRATEGIES



EFFECTIVE REASONING STRATEGIES **VS.** INEFFECTIVE REASONING STRATEGIES

HANDOUT

INEFFECTIVE REASONING

EFFECTIVE REASONING

Problems should always have clear and ideal solutions, and it's intolerable if they don't.

Problems usually have more than one solution, and I can handle it if the decisions are difficult to make.

My past will always have a negative influence over me in the future. I can't help anything that I feel or do.

The past can't influence me now, and I can change the way I choose to believe in the future. My beliefs from here on will have an effect on how I feel and react in future.

I should always become very upset if others are upset or sad.

I can't change other people's feelings if I upset myself, and I won't be able to help if I'm too upset myself.

I always have to depend on someone for everything I do. I can't make good choices on my own.

It is o.k. to seek help from others – as long as I also learn to trust myself and my own ability to judge situations.

I'll be much happier if I avoid all of life's difficulties and disappointments and responsibilities.

Avoiding problems is just a short-term solution, which can make things worse in the long run, and make me worry about them.

I shouldn't have to feel uncomfortable, and must avoid it at all cost.

I can take it if I'm not completely comfortable. I don't like it, but I can stand it. I won't always be able to avoid discomfort in life.

I should always worry about everything bad that could possibly happen to me, or else they might just happen.

If I worry about things that might go wrong, I upset myself in the meantime, even if none of them come true. Worrying about them won't keep me from some bad experiences.

If I'm unhappy, it's because of things out of my control. I can't help how I feel, and there's nothing I can do to feel better.

Some events are out of my control, but it is my thoughts about them that cause my feelings, and I can learn to control them.

Things must always be the way I want them to be, otherwise I can't stand it.

There is no law which says that life must always be like I want it. Some things are disappointing, but I can handle it.

People should always behave in the right way, and if they become obnoxious, unfair or selfish, they should be blamed and punished severely.

It's unfortunate that people sometimes do things I don't like, but I know that no one is perfect and that I won't change how others behave.

If I don't achieve and succeed at whatever I do, I am a worthless person.

I will try my best to achieve as much as I can, and I know that I will make mistakes along the way. My performance does not equate to my self-worth.



OVERCOMING CHALLENGE

8



If at first
I don't
succeed...



THINGS I VALUE MOST!

WORKSHEET

INSTRUCTIONS: Consider the list of values and mark those that you feel apply to you. You may also add values that are not listed.

VALUE

- Popularity
- Fun and entertainment
- Courage and bravery
- Safety and security
- Balance
- Freedom
- Rules and boundaries
- Trust
- Loyalty
- Friendship
- Health
- Performance and success
- Money and wealth
- Happiness
- Respect
- Independence
-
-

VALUE

- Dependence
- Forgiveness
- Competition
- Acceptance
- Drive
- Winning
- Studies and education
- Communication
- Religion
- Personal responsibility
- Tolerance and patience
- Mercy
- Compassion and empathy
- To belong
- Fairness
- Privacy
- Discipline

AIM FOR THE STARS!

WORKSHEET



Other

Friends

Family

Social

Intellectual

Emotional

Myself

Environment

Community

Spiritual

Relationships

School

Physical

Financial



OVERCOMING CHALLENGE

9

Fighting Fit!



MY BODY AND I...

WORKSHEET

3 BODY PARTS I LIKE MOST ABOUT MYSELF

3 BODY PARTS I LIKE LEAST ABOUT MYSELF

In general, do you think you have a positive or a negative body image?

Mark the boxes that you agree with about your current physical health.

I eat balanced and nutritious meals every day.

I believe that food is good for my body because it gives me energy.

I don't exclude any food groups from my diet.

I have a positive relationship with my body.

I think that I'm worthwhile, even if I don't like all my body parts equally.

I exercise to stay healthy and not to punish myself.

I live a healthy lifestyle.

I don't have to look like the models in magazines to be special.

I'm in tune with my body's needs.

I do relaxing and fun activities because I think its good for me.

I want to take good care of my body and my health.

I do not succumb to pressure to be extremely thin, in order to be pretty.

CHALLENGING CARE!

The thoughts I entertain about my body, determine my body-image, feelings about my body and behaviour towards my body

Balanced and nutritious meals

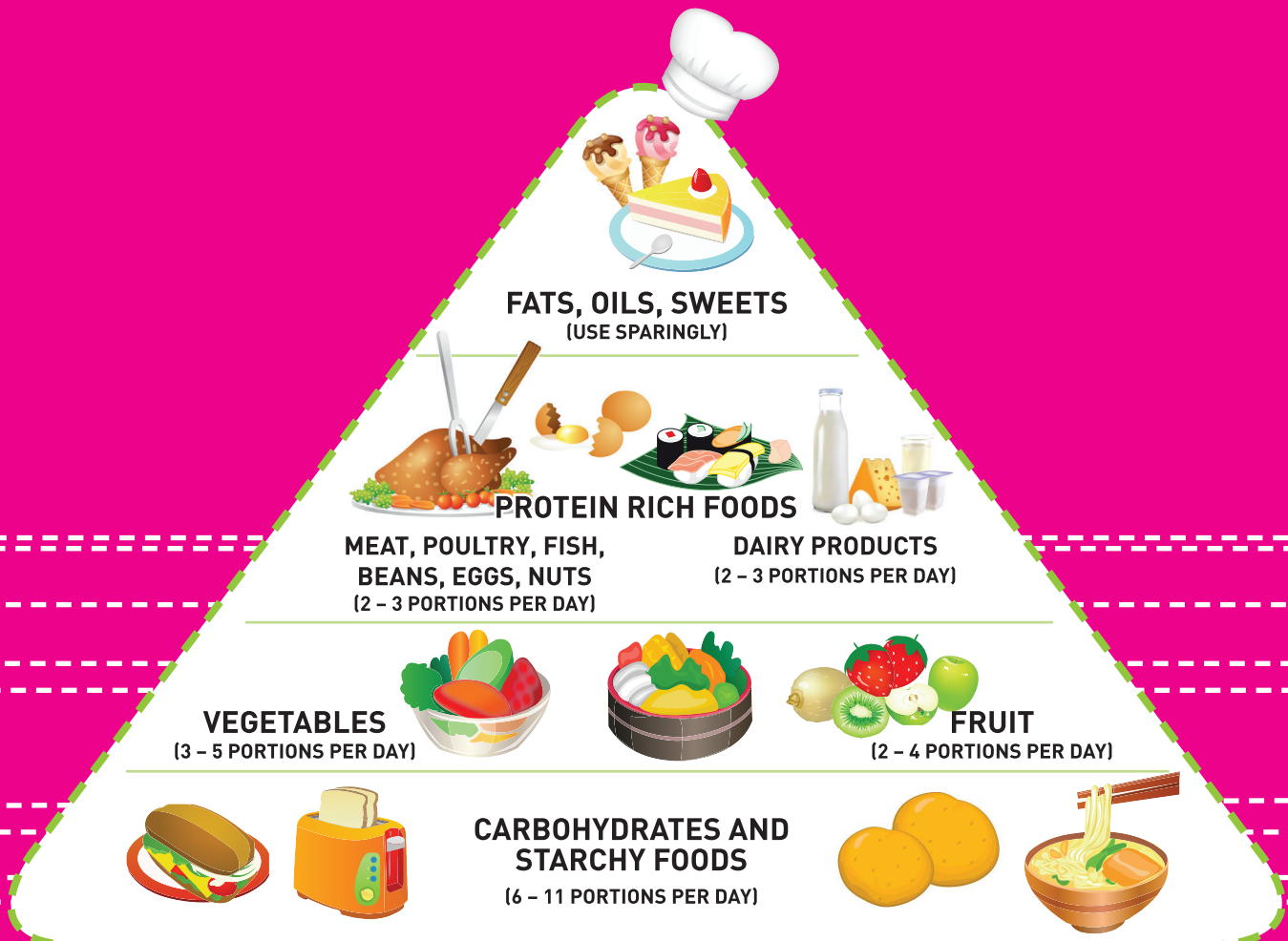
- Food pyramid (see below)
- Vitamin and mineral supplement

Exercise and Relaxation

- Regular exercise to keep my body strong, flexible and healthy
- At least 8 hours of sleep per night to help my body recuperate
- Regular relaxing activities to combat stress

Medical check-ups

- Routine checks (dentist, optometrist, blood pressure, cholesterol, ...)
- Proper use of prescribed medication



CARING CUBE!

CUT-OUT

INSTRUCTIONS: Cut out your cube along the straight lines. Now, fold your cube on the dotted lines. Glue and assemble your cube.

This Caring Cube may be used to inspire you to overcome the health-related challenges you might face in the future. You may want to use your cube as a paper-weight by adding an object to the inside (a stone or small ball) to make it heavier!

Make sure that you have at least one balanced and nutritious meal today.



Go for a long walk, a brisk run, or slow stretching.



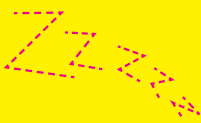
Listen to relaxing music, read a good book, or do deep breathing exercises.



Visit a friend and do a fun activity together, or talk to somebody you can trust.



The thoughts I have about my body, determine my body-image, feelings about my body and behaviour towards my body.



Take a short nap or go to bed earlier tonight to make sure that you get at least 7 to 8 hours sleep.

OVERCOMING CHALLENGE

10



Finishing Strongly!



THINGS I HAVE, I AM, AND I CAN!

WORKSHEET

Challenge selected by our tribe:



I HAVE:

Three horizontal white input boxes with rounded ends, each preceded by a small green vertical bar, for writing responses to 'I HAVE:'.



I AM:

Three horizontal white input boxes with rounded ends, each followed by a small green vertical bar, for writing responses to 'I AM:'.



I CAN:

Three horizontal white input boxes with rounded ends, each preceded by a small green vertical bar, for writing responses to 'I CAN:'.

Appendix C

Additional material

and

Programme-related Hand-outs

EVENT



FEELINGS

ACTIONS

PROBLEM STATEMENT-CARD (1)

INSTRUCTIONS: Your tribe has to work together to find a solution to the problem statement on this card.

IMPORTANT: Your tribe has to focus **only on the THOUGHTS AND THINKING PATTERNS** in this problem and in your solution.

Selena and Gary had been dating seriously for the last seven months. They were the “it” couple. Last week, Gary just suddenly broke it off. Selena was shattered. She couldn’t stop crying. Why? Why now? How could he? It’s my fault! I must have pushed him away with my moods! Oh, the thoughts that went on in her head... Selena asked him why he would want to end their relationship, and all he said was that he just wanted to be friends. She stopped talking to anyone, she slept all the time, and she even stopped eating. Blaming herself...and him. She knew that she would never again find anyone to love, as much as she loved Gary. He shouldn’t have left me, how will I survive? I can’t stand it. Without thinking, Selena pitched at her best friend’s house with enough booze to cater for a crowd. The next thing she remembers was her mom standing by her bed in the hospital.....

PROBLEM STATEMENT-CARD (2)

INSTRUCTIONS: Your tribe has to work together to find a solution to the problem statement on this card.

IMPORTANT: Your tribe has to focus **only on the FEELINGS / EMOTIONS** in this problem and in your solution.

Selena and Gary had been dating seriously for the last seven months. They were the “it” couple. Last week, Gary just suddenly broke it off. Selena was shattered. She couldn’t stop crying. Why? Why now? How could he? It’s my fault! I must have pushed him away with my moods! Oh, the thoughts that went on in her head... Selena asked him why he would want to end their relationship, and all he said was that he just wanted to be friends. She stopped talking to anyone, she slept all the time, and she even stopped eating. Blaming herself...and him. She knew that she would never again find anyone to love, as much as she loved Gary. He shouldn’t have left me, how will I survive? I can’t stand it. Without thinking, Selena pitched at her best friend’s house with enough booze to cater for a crowd. The next thing she remembers was her mom standing by her bed in the hospital.....

PROBLEM STATEMENT-CARD (3)

INSTRUCTIONS: Your tribe has to work together to find a solution to the problem statement on this card.

IMPORTANT: Your tribe has to focus **only on the BEHAVIOURS AND ACTIONS** in this problem and in your solution.

Selena and Gary had been dating seriously for the last seven months. They were the “it” couple. Last week, Gary just suddenly broke it off. Selena was shattered. She couldn’t stop crying. Why? Why now? How could he? It’s my fault! I must have pushed him away with my moods! Oh, the thoughts that went on in her head... Selena asked him why he would want to end their relationship, and all he said was that he just wanted to be friends. She stopped talking to anyone, she slept all the time, and she even stopped eating. Blaming herself...and him. She knew that she would never again find anyone to love, as much as she loved Gary. He shouldn’t have left me, how will I survive? I can’t stand it. Without thinking, Selena pitched at her best friend’s house with enough booze to cater for a crowd. The next thing she remembers was her mom standing by her bed in the hospital.....

PROBLEM STATEMENT-CARD (4)

INSTRUCTIONS: Your tribe has to work together to find a solution to the problem statement on this card.

IMPORTANT: Your tribe has to focus on the **THOUGHTS, FEELINGS AND BEHAVIOURS** in this problem and in your solution.

Selena and Gary had been dating seriously for the last seven months. They were the “it” couple. Last week, Gary just suddenly broke it off. Selena was shattered. She couldn’t stop crying. Why? Why now? How could he? It’s my fault! I must have pushed him away with my moods! Oh, the thoughts that went on in her head... Selena asked him why he would want to end their relationship, and all he said was that he just wanted to be friends. She stopped talking to anyone, she slept all the time, and she even stopped eating. Blaming herself...and him. She knew that she would never again find anyone to love, as much as she loved Gary. He shouldn’t have left me, how will I survive? I can’t stand it. Without thinking, Selena pitched at her best friend’s house with enough booze to cater for a crowd. The next thing she remembers was her mom standing by her bed in the hospital.....

FALL SEVEN
TIMES,
STAND UP
EIGHT!

Japanese proverb

Challenges are what
make life interesting,
overcoming them
is what makes life
meaningful -

Joshua J. Marine

Success is not
final, failure is not
fatal: it is the courage to
continue that counts.

- Winston Churchill

Use
mistakes
as stepping
stones, and not
as stumbling
blocks!

Men are
disturbed not by
things, but by the
views which they
take of them.

- Epictetus

The greatest
challenge to any
thinker is stating
the problem in a
way that will allow
a solution.

- Bertrand Russel

Appendix D

Programme Evaluation Questionnaire

EVALUATION OF TODAY'S CHALLENGES

Please rate today's session (on a scale of 1 to 5), according to your personal experiences. You may mark the appropriate box with an "X".

I found today's session to be....

Not enjoyable			Neutral		Very enjoyable
1	2	3	4	5	

Not useful			Neutral		Very useful
1	2	3	4	5	

Not interesting			Neutral		Very interesting
1	2	3	4	5	

Not well organised			Neutral		Very well organised
1	2	3	4	5	

After today's session I feel that I...

Learnt no new skills			Neutral		Learnt many new skills
1	2	3	4	5	

Understand very little about myself			Neutral		Understand myself very well
1	2	3	4	5	

Understand very little about others			Neutral		Understand others very well
1	2	3	4	5	

Can't manage my thoughts well			Neutral		Can manage my thoughts very well
1	2	3	4	5	

Additional comments:

Thank you for partaking in today's challenges!

Summary

In acknowledgement of the identified hiatus in existing research and literature, this study aimed to develop, implement and evaluate a programme to promote internal resiliency among female adolescents by means of a cognitive-behavioural approach. In this research, the conceptualisation of resilience was guided by the Resilience Framework proposed by Kumpfer (1999), where the domain pertaining to personal and internal resiliency served as the selected focus area. The implementation strategy and mode of programme delivery were informed by the principles and techniques underlying a cognitive-behavioural approach.

The unit of analysis comprised 100 female Grade 9 learners from an English-medium girls' school in Bloemfontein (Free State Province) with diverse learner demographics pertaining to socio-economic status and race. Following the implementation of the intervention, both the short- and long-term (three months) efficacy, value and integrity of the programme were assessed. Owing to the experimental nature of this research, the Solomon four-group research design (Solomon, 1949) and the accompanying analytical techniques suggested by Walton Braver and Braver (1988) were utilised to guide the statistical procedures. This was achieved by means of employing a three-dimensional assessment strategy, where the Resiliency Outcomes (Sense of Mastery, Sense of Relatedness and Emotional Reactivity), Cognitive-behavioural Outcomes (Self-downing, Need for Achievement, Need for Approval, Need for Comfort, Demands for Fairness and Other-downing), and quantitative and qualitative feedback from the Programme Evaluation Questionnaire were investigated. For this purpose, three measuring instruments were employed: (i) Resiliency Measure – the *Resiliency Scales for Children and Adolescents: A profile of personal strengths (RSCA)* (Prince-Embury, 2006, 2007); (ii)

Cognitive-behavioural Measure – the *Shortened General Attitude and Belief Scale (SGABS)* (Lindner, Kirkby, Wertheim, & Birch, 1999); and (iii) a Programme Evaluation Questionnaire.

The formulated central and secondary research hypotheses were largely confirmed, as results on the Resiliency and the Cognitive-behavioural Measures indicated statistically significant positive effects for this resiliency programme in the short term as well as over a period of three months, irrespective of whether a pre-measure was administered or not.

Quantitative and qualitative feedback obtained from the Programme Evaluation Questionnaire also signified positive results with regard to participants' perceptions of the structure of the programme as well as personal experiences and perceptions of skills learnt.

Findings were interpreted against the backdrop of existing international and South African resilience literature and research. Results suggest that female adolescents' internal resiliency (improved Sense of Mastery and Sense of Relatedness, and reduced Emotional Reactivity), and cognitive processes (increased Rationality, and reduced Self-downing, Need for Achievement, Need for Approval, Need for Comfort, Demands for Fairness and Other-downing) can be promoted significantly through skills training and development. The potential theoretical and practical implications of the findings were presented, with specific consideration of the contextual nuances related to female adolescents from South Africa. The findings support the notion that individuals are able to learn personal and internal resiliency skills and competencies, and that resiliency might not be predetermined solely by genetics, or exclusively dependent on their environmental status in this process. Despite the significant effect observed for the resiliency programme in the short and long terms, an extended implementation period might serve to sustain the initial effect of the programme over a longer period than the current three months. Recommendations for future interdisciplinary resilience research were made, as well as

for the advancement of studies on programme development, implementation and evaluation on this dynamic and multi-dimensional construct.

Key Terms

Resilience, internal resiliency, cognitive-behavioural approach, programme development, female adolescents, sense of mastery, sense of relatedness, emotional reactivity, rationality, self-downing, need for achievement, need for approval, need for comfort, demands for fairness, other-downing

Opsomming

Ter erkenning van die geïdentifiseerde leemte in bestaande navorsing en literatuur beoog hierdie studie om deur middel van 'n kognitiewe-gedragbenadering 'n program ter bevordering van persoonlike en interne veerkragtigheid onder vroulike adolessente te ontwikkel, te implementeer en te evalueer. In hierdie navorsing is die konseptualisering van veerkragtigheid deur die veerkragtigheidsraamwerk volgens Kumpfer (1999) gelei, met die domein wat met persoonlike en interne veerkragtigheid verband hou as die gekose fokusarea. Die implementeringstrategie en modus van programlewering is gerig deur die beginsels en tegnieke onderliggend aan 'n kognitiewe-gedragbenadering.

Die proefpersone het uit 100 vroulike graad 9-leerders van 'n Engels-medium-skool in Bloemfontein (Vrystaat-provinsie) met diverse leerderdemografika rakende sosio-ekonomiese status en ras bestaan. Na afloop van die implementering van die intervensie, is die kort- en langtermyn- (drie maande) effektiwiteit, praktiese waarde en integriteit van die program geassesseer. Weens die eksperimentele aard van hierdie navorsing is die Solomon-viergroep-navorsingsontwerp (Solomon, 1949) en die gepaardgaande analitiese tegnieke, deur Walton Braver en Braver (1988) aanbeveel, aangewend om die statistiese prosedures te lei. 'n Driedimensionele assesseringstrategie is geïmplementeer, waar die veerkragtigheidsuitkomstes (*Sense of Mastery, Sense of Relatedness* en *Emotional Reactivity*); kognitiewe-gedraguitkomstes (*Rationality, Self-downing, Need for Achievement, Need for Approval, Need for Comfort, Demands for Fairness* en *Other-downing*); en die kwantitatiewe en kwalitatiewe terugvoer van die progamevalueringsvraelys ondersoek is. Drie meetinstrumente is vir hierdie doel aangewend: (i) Veerkragtigheidsmeetinstrument – die *Resiliency Scales for Children and Adolescents: A profile of personal strengths (RSCA)* (Prince-Embury, 2006, 2007); (ii)

meetinstrument van rasionele en irrasionele kognisies – die *Shortened General Attitude and Belief Scale (SGABS)* (Lindner, Kirkby, Wertheim, & Birch, 1999); en (iii) ’n

Programevalueeringsvraelys.

Die geformuleerde sentrale en sekondêre navorsingshipoteses is grootliks bevestig, aangesien resultate op die veerkragtigheids- en kognitiewe-gedragmetings statisties beduidende effekte vir hierdie veerkragtigheidsprogram oor die kort termyn, asook oor ’n tydperk van drie maande, aangedui het. Die beduidende effekte is toegeskryf aan die effektiwiteit van die program, en nie aan voortoetsensensitiserings nie. Kwantitatiewe en kwalitatiewe terugvoer wat van die programevalueeringsvraelys ontvang is, het ook positiewe resultate met betrekking tot deelnemers se persepsies van die programstruktuur, asook hul persoonlike ervarings en persepsies van die vaardighede wat hulle aangeleer het, getoon.

Bevindinge is geïnterpreteer teen die agtergrond van bestaande internasionale en Suid-Afrikaanse veerkragtigheidsliteratuur en -navorsing. Resultate dui dat vroulike adolessente se interne veerkragtigheid (*Sense of Mastery, Sense of Relatedness* en *Emotional Reactivity*), asook hul kognitiewe prosesse (*Rationality, Self-downing, Need for Achievement, Need for Approval, Need for Comfort, Demands for Fairness* en *Other-downing*) beduidend bevorder kan word deur middel van vaardighedsopleiding en -ontwikkeling. Die potensiële teoretiese en praktiese implikasies van die bevindinge is voorgehou met spesifieke oorweging van die kontekstuele nuanses wat met Suid-Afrikaanse vroulike adolessente verband hou. Die bevindinge ondersteun die nosie dat individue in staat is om persoonlike en interne veerkragtigheidsvaardighede aan te leer, en dat veerkragtigheid nie voorafbepaal is slegs deur genetica, of uitsluitlik van omgewingstatus in hierdie proses afhanklik is nie. Ten spyte van die beduidende effek wat vir die veerkragtigheidsprogram oor die kort en lang termyn waargeneem is, mag ’n verlengde

implementeringstydperk die aanvanklike effek van die program oor 'n langer tydperk as die huidige drie maande volhou. Aanbevelings vir toekomstige interdisiplinêre veerkragtigheidsnavorsing is gemaak. Verdere aanbevelings vir programontwikkeling, -implementering en -evaluering ten opsigte van hierdie dinamiese en multidimensionele konstruk is ook motiveer.

Sleuteltermes

Veerkrachtigheid, interne veerkrachtigheid, kognitiewe-gedragbenadering, programontwikkeling, vroulike adolessente, *sense of mastery, sense of relatedness, emotional reactivity, rationality, self-downing, need for achievement, need for approval, need for comfort, demands for fairness, other-downing*