

Resilient therapy as an expansion of counseling services in working with the vulnerable clients

Amalia Madihie^{*)}

Universiti Malaysia Sarawak

^{*)} Corresponding author, ✉ e-mail: mamalia@unimas.my

Abstract

This conceptual paper introduces Resilient Therapy and resilience framework- The Magic Box. The resilience framework, The Magic Box Model was applied in developing Resilient Therapy Intervention (RT-I) in counseling services. The framework consists of five domains also known as potions: Basics, Belonging, Learning, Coping and Core Self Potions will be discussed in details. Resilient Therapy (RT) has been introduced as one of the strategic methodologies in working with children and families. RT discusses four key principles named The Noble Truths: Accepting, Conserving, Commitment and Enlisting. The therapy itself is a non-clinical approach and able to be applied by non-professional counselors such as guardians, volunteers, medical doctors, social officers, and even by parents. At the end of this paper, the summary of Resilient Therapy Intervention is explained in building resilience in vulnerable clients from the perspective of counseling.

Keywords: Resilient Therapy, The Magic Box Model, Resilient Therapy Intervention

How to Cite: Madihie, A. (2016). Resilient Therapy as an Expansion of Counselling Services in Working with the Vulnerable Clients. *Couns-Edu: International Journal of Counseling and Education*, 1(1): pp. 21-28. DOI: 10.23916/22-28.0016.11-i2b



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Introduction

Resilience studies have become a trend in studying about individual differences in Malaysia, also worldwide (i.e. Amalia Madihie et al., 2015; Masten, 2011; Hart et al., 2007; Ungar, 2005; Germezy, 1992). Earlier resilience studies were focused on the influence of environmental factors onto individuals (i.e. Rutter, 2006; Luthar et al., 2000; Werner, E. E., & Smith, R. S., 1989). There are many arguments on the factors which contribute to building resiliency in individuals during and after adversity(ies) in life. One of the indicators in resilience studies which fascinates resilience researchers to focus on is turning point(s) in life (ie. posttraumatic event such as tsunami in Aceh, Indonesia by Yohana Ratri Hestyanti, 2007). Many resilience evidences have been identified across disciplines such as in counseling too (Rutter, 1979; Werner & Smith, 1982; Garmezy, 1971, 1991; Ungar, 2006; Hart et al, 2007; Amalia Madihie et al., 2015). Most studies in the literature focus on the children and adolescents' resiliency after adversities, stressors or obstacles occurred.

Counselors must equip themselves to be able discuss and explore each trait in the self of client. The in-depth and up-to-date knowledge about personal traits or individual differences is crucial in order for counselors to guide and facilitate vulnerable clients in sessions. One of our responsibilities is to conduct studies related to our own field to help understand working with clients better. Counselors who are

interested to explore the resilience development in clients or individuals, are advised to ask these questions based on the literature (Philip, n.d.): (1) How is resilience defined? (2) Is resilience an innate quality or a dynamic process? (3) Where do the origins of resilience research lie and how does this influence the ways in which it is studied? (4) How resilience study at the setting (for instance: school or organisational setting) can be carried out based on certain niche area in exploring resilience? (5) How is resilience studies and what methodological challenges lie ahead for the field? (6) What are the trends of resilience research and where is it heading? and finally (7) What are the benefits and challenges for future resilience research?

Author believes that resilience emerges to be a fundamental characteristic of living systems which includes both human and ecological systems. According to Reivich&Shatté (2002), “everyone needs resilience in order for us to face inevitable daily hassles and in common sense, life includes adversities”. From the perspective of neuropsychology, human being is resilient at every level- from the functioning of a single cell to the species evolution. In this perspective, human beings are resilient because they are able to adapt to both abrupt and gradual change according to the situational factors. Due to this reason, human beings have capacity to bounce back from any vulnerability or adversities in life.

Neenan (2009) explains that resilience comprises a set of flexible cognitive, behavioral and emotional responses to any acute or chronic adversities. A term which Neenan used to describe attitude of individuals is at the heart of resilience! Neenan believes that individual attitudes are flexible in nature, to adapt to a new environment or to any new circumstances in life by accepting that an adversity has occurred, differencing between what is and what is not within individual’s control to change, and trying out different problem-solving solutions. The important thing for counselor is to identify the right intervention to build resilience in clients by referring to the standard resilience models based on resilience theory (i.e. The Magic Box Model and Resilience Framework by Hart et al., 2007; Resilient Therapy Intervention, Amalia Madihie et al., 2015;).

The aim of the paper is to explain resilience definition, Resilient Therapy, and the application of resilience framework in developing Resilient Therapy Intervention focusing on self-concept among adolescents in Malaysia.

Discussions

Resilience Definitions

Below are resilience definitions from resilience researchers from the main reference of Shean (2015). A brief explanation of resilience definitions:

Rutter (2006) defined resilience as an interactive concept that is concerned with the combination of serious risk experiences and a relatively positive psychological outcome despite those experiences.

Garmezy (1991a) defined resilience, in general, as not necessarily impervious to stress. Rather, resilience is designed to reflect the capacity for recovery and maintained adaptive behavior that may follow initial retreat or incapacity upon initiating a stressful event. Then Garmezy (1991b) explained from the children perspectives which all children experience stress at some time, and resilient children are not ‘heroic’ compared those children who meet similar situations with retreat, despair, or disorder. Garmezy added that individuals who are resilient needs to show functional adequacy (the maintenance of competent functioning despite an interfering emotionally) as a benchmark of resilience behavior under stress.

Werner (1982) defined resilience as the capacity of individuals to cope effectively with the internal stresses of their vulnerabilities (labile patterns of autonomic reactivity, developmental imbalances, unusual sensitivities) and external stress (illness, major losses, and dissolution of the family. Additionally, Werner described resilience as those children who worked well, played well, love well, and expected well.

Luthar et al. (2000) defined resilience as a dynamic process encompassing positive adaptation with the context of significant adversity. According to Luthar, there are two critical conditions that must be met to be resilient: exposure to significant threat or severe adversity and the achievement of positive adaptation. Luthar proposed that resilient is not a personal trait but a product of the environment and the interaction between the child and the environment.

Masten (2011) defined resilience as the capacity of a dynamic system to withstand or recover from significant changes that threaten its stability, viability, or development. In 2014, Masten removed 'withstand' and changed the definition to include adapt successfully. So, the new resilience definition by Masten (2014) is the capacity a dynamic system to adapt successfully to disturbances that threaten system function, viability, or development. The new definition reflects the individuals do not withstand risk, but change to accommodation risk. She also is well known for suggesting that resilience is 'ordinary magic' and that normative processes and basic human adaptation systems account for the majority of resilience findings. Back in 2001, Masten said that resilience does not come from rare and special qualities, but from the everyday magic of ordinary, normative human resources in the minds, brains, and bodies of children, in their families and relationships, and in their communities.

Ungar (2005) defined resilience as more than an individual set of characteristics. It means structures around the individual, the services the individual receives, the way health knowledge is generated, all of which combine with characteristics of individuals that allow them to overcome the adversity they face and chart pathways to resilience. Ungar then expanded his definition in 2008 and stated that in the context of exposure to significant adversity, whether psychological, 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 experience in culturally meaningful ways. The point he is emphasizing is that it is the features of both individuals and the environment that lead to resilience (Ungar, 2013).

Hart et al. (2013) states that "resilience is overcoming adversity, also potentially subtly altering, or even dramatically transforming (aspects of) that adversity". They have summarized three main trends in describing resilience. The trends comprise: popular resilience, real resilience, and inoculated resilience. Popular resilience is resilience as used in everyday language to describe anybody who has overcome difficult times. In other words, *resilience is what almost all of us have*. Real resilience is a comparative concept and helps us to understand what lies behind the differences between people and their respective journeys through life. This trend of resilience what keeps individuals wondering, planning and ever hopeful for a better future for the children we know. In other words, real resilience is evident where people with persistently few assets and resources, and major vulnerabilities, have better outcomes than we might expect given their circumstances, and in comparison, to what we know happens with other children in their contexts. Inoculated resilience is the third category and it is complicated.

Amalia Madihie et al. (2015) define resilience as part of personal attribute development in individual. Resilience is the inner strength to a human trajectory in facing adversities in life. The trajectory in human evolves the emotion, cognitive and attitude after any turning point(s) in life. The process to 'reshape' the personal attributes is the process counselors need to focus on. In their study, a resilience gap has been answered which is the spiritual perspective. Hence, the inner strength in human being is the main focus in counseling.

Resilient Therapy

Resilient Therapy is a strategic methodology with its own frame of reference and practice philosophy. It is strategic because it harnesses a number of therapeutic interventions into a coherent programme. Hart, Blincow and Thomas (2007) refer RT as a methodology because it represents a particular approach to working with those interventions. Resilient Therapy is a relentless search for ways to help children and young people bounce up when life is particularly tough. They add that this strategy avoids pathologizing children, understanding how resilient mechanisms work in complex situation and building resilience (individual, family, organizational, and community) are core Resilient Therapy's strategic approach.

Resilient Therapy is delivered according to four key principles or also known as The Noble Truth. Hart et al. (2007) describe how they go about addressing the needs of the most disadvantaged children, their parents/carers and the practitioners and agencies who work with them. Working with these Noble Truths involves developing the skills of (1) accepting the precise starting point of children/families, (2) conserving any good that has occurred hitherto, (3) commitment to working with them over a sensible time period and thoughtfully (4) enlisting appropriate others to help.

Resilient Therapy also represents a range of interventions that are the constituents of five separate, but related, conceptual arenas that the term compartments or remedy racks. These form a systematic whole, which named as The Magic Box. Interventions within each of these conceptual arenas are designed to increase resilient responses to overwhelming adversity. The conceptual arenas are Basics, Belonging, Learning, Coping, and Core Self. The first three compartments Basics, Belonging and Learning include strategies and practices for working directly with children but also involve practitioners strategically linking with and reaching out to others. Most of the interventions in Coping and Core Self consist of a set of micro-therapeutic approaches designed for direct work with individuals. Core Self focuses on working at a deep intrapersonal level, whilst



Coping provides children with strategies to manage better in the moment rather than waiting for some deeper personal transformation to occur. A complete remedy of Resilience Framework- the Magic Box Model is attached in Annex I. Resilient Therapy is a pragmatic strategic methodology that involves explicitly prioritizing areas on which to work. Due to lack of theoretical development in understanding resilience which particular mechanisms should be prioritized for promotion (Fonagy, Steele, Steele, Higgit, Target, 1994). It is always to find the right remedy to hold the element of trial and error, and matters of chemistry are relevant when we consider how different interventions might work together.

Figure 1: Resilient Framework

Counseling Application of Resilient Therapy Intervention

Amalia Madihie and friends (2015) developed a counseling intervention called Resilient Therapy Intervention (RT-I) based on the resilience framework- The Magic Box Model (Hart et al., 2007) as their theoretical background in the intervention research development. They referred the Sidek Module Model Development (in Amalia Madihie&SidekMohd Noah, 2013) as their guidelines in developing RT-I. The intervention (also known as module) developed focusing on self-concept of institutionalized adolescents in Malaysia.

The Resilient Therapy Intervention (RT-I) consists of ten psycho-educational interventions which comply the five *potions*: *Basics, Belonging, Coping, Learning, and Core Self* (Hart et al., 2007). The main purpose of RT-I is to develop resilience skills by restructuring adolescent’s self-concept. In each potion, it has two sub interventions for counselors or practitioners to apply on the clients. Counseling or helping skills are needed in applying RT-I on clients (i.e. children or adolescents). It is best if the counselors can meet at least five weeks consecutively to complete the intervention. It is also advised to administer a resilience measure (i.e. the Resilience Tool Assessment*), also based on the Magic Box Model before and after the five weeks of psycho educational session. The reason of measure administration is to assess the influence of resilience skills on the self-concept in clients).

Table 1 shows the intervention and objectives of each activity. In RT-I, the counselor focused on the following objectives which consisted of the definition of self-concept and its application.

Table 1: Summarization of the Resilient Therapy Intervention focuses on Self-Concept

Session	Intervention Title	Activity Title	Time	Objectives
1	Basics Potion	Basics Needs Assessment	1 hour	<ol style="list-style-type: none"> To identify basic needs; To discuss the importance of basic needs; and To discuss on lacking of basic needs and ways to fulfill the existed basic needs.
			Am I Safe?	<ol style="list-style-type: none"> To identify ‘feeling of safe’

Session	Intervention Title	Activity Title	Time	Objectives	
				among members at orphanage, school, or other places?; 2. To discuss ways to be safe in right ways; and 3. To build positive perceptions about limited basics needs.	
	2	Belonging Potion	I am...	1½ hours	1. To further explore about self by writing a poem titled 'I am...'; 2. To explore sense of belonging experiences and similar feeling among members; and 3. To build support group by thoughts or experiences sharing cognitively among members facing life challenges.
	3	Learning Potion	My Learning Style	1½ hours	1. To identify learning style; 2. To discuss strengths and weaknesses of learning style; and 3. To apply learning style in learning processes.
	4	Learning Potion	My Future	1¼ hours	1. To explore future planning; 2. To discuss steps to achieve goals; and 3. To discuss problems to alternatives to achieve the ideal goals which beyond of self-

Session	Intervention Title	Activity Title	Time	Objectives	
	5	Coping Potion	Who Did 'That' Happened?!	1½ hours	capability. 1. To identify locus of control; 2. To discuss about internal and external locus of control; and 3. To discuss the implications of internal and external locus of control to adolescents.
	6	Coping Potion	Problem Solving	1½ hours	1. To learn problem solving through resiliency; 2. To assess resilient therapy elements in problem solving; and 3. To apply problem solving steps in case study.
	7	Core Self Potion	I Can Do It!	1½ hours	1. To encourage members to trust themselves by applying 'I can do it!' approach; 2. To explore possibility of choices/changes in self at present; and 3. To stimulate members' mind on self-awareness by focusing on their own emotion.
	8	Core Self Potion	Find Hope	2 hours	1. To list out hopes at present and future ; 2. To plan steps in order to achieve hopes in future; and 3. To list out possible challenges that

Session	Intervention Title	Activity Title	Time	Objectives
				may occur and steps to face the challenges.

Conclusions

Based on the prior discussion, resilience definitions and Resilient Therapy Intervention are discussed to provide a resilience flavor in interventions when working with clients, especially the minor clients. There are many resilience gaps we can explore especially in Asia such as gaps in resilience theories, interventions, and resilience skills for counselors to implement with clients in sessions. Research methods and empirical findings, too, need to be considered by the resilience researchers in their studies so that future research is able to expand and extend in other field of professional helpings.

Acknowledgments

The earlier version of this article was presented in 4th International Counseling Seminar (ICS), 2016, Padang Indonesia. We would like to thank Universiti Malaysia Sarawak for the financial assistant under the Fundamental Research Grant.

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