



Resilient Responders Best Practices Repository for Module 1

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Resource 1

1. Title of the Best Practice

Adaptive Thinking and Resilience Strategies for Disaster Responders – Based on *Resilience: The Science of Mastering Life's Greatest Challenges*

2. Related Training Module

Module 1 – Psychological Resilience Training

3. Context and Background

This best practice originates from the work of Southwick and Charney (2018), who consolidated decades of scientific research and extensive interviews with trauma survivors, military personnel, and emergency workers to identify common psychological and behavioral factors that promote resilience.

Their findings emphasize that resilience is not an innate personality trait but a dynamic set of skills and attitudes that can be developed through learning and practice. The authors identified key mental, emotional, and social capacities that help individuals recover, adapt, and even grow following adversity. These insights form a structured foundation for teaching adaptive thinking and resilience strategies applicable across diverse settings.

4. Objectives of the Practice

The main objectives of this best practice are to:

- Equip individuals with cognitive strategies such as reframing and realistic optimism to manage stress and adversity.
- Strengthen self-awareness and emotional regulation to reduce vulnerability to burnout.
- Enhance social support, trust, and collaboration as buffers against stress.



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- Foster purpose-driven behavior by grounding decisions and actions in personal and moral values.

5. Description of the Practice

Southwick and Charney (2018) identify several core strategies that resilient individuals consistently demonstrate:

- **Adaptive Thinking and Cognitive Reframing:** Learning to reinterpret stressful events in a more constructive way to reduce negative emotional impact.
- **Realistic Optimism:** Balancing positive expectations with accurate assessments of risk and opportunity, promoting hope and proactive action.
- **Social Support and Cohesion:** Building strong, dependable relationships that provide emotional and practical support during challenges.
- **Moral Compass and Values:** Drawing on deeply held personal or ethical values—such as duty, integrity, and compassion—to guide perseverance.
- **Role Models and Vicarious Learning:** Observing and emulating resilient behaviors in others to cultivate self-efficacy and adaptive coping.

The authors highlight that resilience develops through **experience, reflection, and repeated practice** rather than through one-time exposure. Their model integrates psychological science with real-world insights, illustrating how individuals can systematically strengthen resilience capacities through intentional habits and mindset shifts.

6. Outcomes and Impact

Research grounded in Southwick and Charney's framework demonstrates that individuals who adopt these resilience-building strategies experience:

- Improved emotional regulation and stress tolerance.
- Enhanced adaptability and persistence during prolonged or unpredictable challenges.
- Reduced symptoms of anxiety, depression, and post-traumatic stress.
- Greater sense of meaning, purpose, and connection with others.



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The approach has been influential in psychology, military, and clinical resilience programs, offering a versatile, evidence-informed foundation for building mental strength.

7. Lessons Learned and Success Factors

Success factors include the regular practice of cognitive and behavioral techniques, integration of social support, and sustained reflection on personal growth.

Challenges include initial skepticism toward reflective or psychological exercises, which can be overcome through gradual introduction and demonstration of their practical value.

A key insight from the model is that resilience develops through consistent experiential learning rather than brief interventions.

8. Transferability and Adaptability

The framework is highly adaptable across cultures and professions because it is grounded in universal human capacities such as optimism, problem-solving, and social connection. It has been effectively applied in multiple contexts, including health care, education, military, and community resilience programs, demonstrating its versatility beyond specific populations.

9. Ethical Considerations

The model encourages voluntary participation and respect for personal boundaries in reflective exercises. It emphasizes the importance of safe environments where individuals can share experiences without stigma or judgment. Persons exhibiting severe distress should be referred to appropriate professional care when necessary.

10. References

Southwick, S. M., & Charney, D. S. (2018). *Resilience: The Science of Mastering Life's Greatest Challenges* (2nd ed.). Cambridge University Press.

<https://dokumen.pub/resilience-the-science-of-mastering-lifes-greatest-challenges-9781009299749-9781009299725.html>



Resource 2

1. Title of the Best Practice

Resilience as a Common Human Response to Trauma – Bonanno’s Trajectories of Recovery

2. Related Training Module

Module 1 – Psychological Resilience Training

3. Context and Background

George Bonanno’s (2004) influential article *Loss, trauma, and human resilience* challenged the long-held belief that trauma typically results in chronic psychological disorders such as PTSD. Drawing on longitudinal studies of bereaved individuals, survivors of natural disasters, and victims of violent events, Bonanno demonstrated that resilience is the most common trajectory after trauma, occurring more frequently than chronic dysfunction or even delayed recovery.

This practice reframes the way disaster responders perceive both themselves and the populations they serve. Instead of assuming that exposure to crises inevitably leads to psychological breakdown, responders are encouraged to recognize resilience as the expected outcome for most individuals. This shift has profound implications: it normalizes adaptive coping, reduces fear and stigma, and strengthens responders’ belief in their own capacity to endure hardship.

The practice is relevant to a wide range of crisis situations, from earthquakes and floods to conflict zones and pandemics. The target groups include first responders, crisis managers, and community support workers, all of whom benefit from understanding resilience as a default human response.

4. Objectives of the Practice

- Normalize resilience as the most frequent trajectory after trauma and crisis.
- Reduce stigma and fear of psychological collapse among disaster responders.
- Provide scientific evidence to support resilience training and peer support initiatives.
- Empower responders to approach crisis work with optimism and confidence in recovery.

5. Description of the Practice

The practice consists of integrating Bonanno’s resilience trajectories into responder training:



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1. Psychoeducation on Recovery Trajectories

- Introduce four typical post-trauma pathways: resilience (stable functioning), recovery (initial distress but eventual adaptation), delayed dysfunction, and chronic distress.
- Emphasize that resilience is the most common, based on empirical studies.

2. Case Studies and Survivor Narratives

- Present stories of individuals and communities who adapted successfully after disasters.
- Highlight diversity of coping strategies and emphasize normality of resilience.

3. Reframing Trauma

- Encourage responders to perceive trauma not as an inevitable cause of long-term harm but as a stressor that many can overcome.
- Discuss resilience as a dynamic, trainable process rather than a fixed trait.

4. Group Reflection and Dialogue

- Facilitate guided discussions where responders share personal experiences of resilience, either in professional or personal contexts.
- Encourage recognition of resilience in peers and communities they serve.

6. Outcomes and Impact

- **Research evidence:** Bonanno's longitudinal studies showed that over 50% of trauma-exposed individuals display resilience trajectories, with stable functioning even in the face of severe adversity.
- **Impact on responders:** Training that incorporates these findings reduces anticipatory anxiety, promotes hope, and strengthens commitment to crisis roles.
- **Practical benefit:** Organizations that normalize resilience report higher morale, reduced stigma around stress reactions, and improved willingness among staff to seek early support when needed.

7. Lessons Learned and Success Factors

- **Success factors:**
 - Presenting resilience as science-based rather than motivational "positive talk."
 - Using concrete stories of resilient individuals to reinforce abstract concepts.
 - Embedding the practice in group discussions to validate shared experiences.



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- **Challenges:**

- Some responders may perceive normalization as minimizing their distress. Trainers must clarify that resilience is common, but support is always available for those struggling.

8. Transferability and Adaptability

This practice is highly transferable across sectors and cultural contexts. It has been successfully used in **bereavement counseling, military resilience training, community disaster preparedness, and healthcare staff well-being programs**. Adaptation involves:

- Using culturally relevant case studies and survivor narratives.
- Framing resilience in alignment with local values (e.g., collectivism, faith-based coping, or professional duty).

9. Ethical Considerations

Trainers must ensure that normalizing resilience does not dismiss genuine psychological distress. Ethical implementation requires balancing hope with sensitivity:

- Emphasize that while resilience is common, distress is valid and professional support should always be accessible.
- Maintain confidentiality during group reflections.
- Encourage voluntary participation in self-disclosure activities.

10. References

Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist*, 59(1), 20–28. <https://doi.org/10.1037/0003-066X.59.1.20>



Resource 3

1. Title of the Best Practice

Harnessing Positive Emotions to Build Resilience – Tugade & Fredrickson's Broaden-and-Build Model

2. Related Training Module

Module 1 – Psychological Resilience Training

3. Context and Background

Tugade and Fredrickson (2004) explored how individuals use positive emotions to recover more quickly from stressful and traumatic experiences. Their study, grounded in the broaden-and-build theory, demonstrated that emotions such as gratitude, joy, hope, and interest help broaden cognitive flexibility, improve problem-solving, and build enduring psychological and social resources.

For disaster responders, this is particularly relevant: frequent exposure to traumatic events can narrow attention, foster pessimism, and create physiological arousal that hampers performance. By intentionally cultivating positive emotions, responders can counterbalance these effects, maintain composure, and strengthen their resilience both individually and collectively.

The target group for this practice includes frontline responders, team leaders, and crisis managers who need fast, practical tools to regulate stress and sustain morale in high-pressure environments.

4. Objectives of the Practice

- Show how positive emotions accelerate recovery from stress.
- Provide responders with practical exercises to foster optimism, gratitude, and mindfulness.
- Enhance adaptive thinking, teamwork, and coping strategies during crises.
- Normalize positive emotion practices as professional tools, not signs of weakness.

5. Description of the Practice

The practice is implemented through four key strategies:

1. Gratitude Journaling

- Responders are asked to write down three things they are grateful for each day, even in crisis settings.



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- This practice builds a habit of focusing on constructive aspects of their environment.

2. Mindful Breathing and Grounding

- Short (2–3 minute) exercises during shifts, where responders focus on breathing and awareness of surroundings.
- Helps reduce physiological stress and restore cognitive clarity.

3. Reframing Stress as a Signal

- Trainers explain that stress can be viewed as the body's way of preparing for action.
- Responders are guided to channel stress into focused energy instead of panic.

4. Peer Recognition and Positive Feedback

- Teams are encouraged to share positive observations of one another's actions.
- Builds cohesion, reduces isolation, and reinforces adaptive coping.

6. Outcomes and Impact

- **Empirical evidence:** Tugade and Fredrickson (2004) found that resilient individuals reported higher levels of positive emotions, which allowed them to rebound more quickly after adversity.
- **Impact on responders:** Teams that integrate positivity practices report higher morale, improved performance in simulations, and reduced burnout in long-term operations.
- **Physiological benefit:** Positive emotions speed up cardiovascular recovery after stress, enhancing physical readiness for responders.

7. Lessons Learned and Success Factors

- **Success factors:** Regular short exercises, integration into team routines, leadership modeling positivity.
- **Challenges:** Skepticism among responders who may see positivity as unrealistic or "soft." Trainers must present evidence that positive emotion practices improve decision-making and performance.



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8. Transferability and Adaptability

This practice is transferable across cultural and organizational contexts. Examples:

- In collectivist cultures, gratitude and peer recognition can be framed as reinforcing group solidarity.
- In high-risk professions, positivity practices can be embedded into debriefings or shift-change routines.
- Adaptable to virtual formats through mobile applications for journaling and mindfulness reminders.

9. Ethical Considerations

- Participation should be voluntary; no responder should feel forced to “be positive.”
- Trainers must avoid minimizing legitimate distress; positive practices should complement, not replace, professional psychological support when needed.
- Confidentiality in journaling or sharing gratitude must be respected.

10. References

Tugade, M. M., & Fredrickson, B. L. (2004). Resilient individuals use positive emotions to bounce back from negative emotional experiences. *Journal of Personality and Social Psychology*, 86(2), 320–333. <https://doi.org/10.1037/0022-3514.86.2.320>



Resource 4

1. Title of the Best Practice

Measuring and Enhancing Resilience with the Connor-Davidson Resilience Scale (CD-RISC)

2. Related Training Module

Module 1 – Psychological Resilience Training

3. Context and Background

The Connor-Davidson Resilience Scale (CD-RISC), developed in 2003 by Kathryn M. Connor and Jonathan R. T. Davidson, is a psychometric instrument designed to quantify an individual's capacity for resilience. It emerged from clinical and community research aimed at identifying factors that allow some individuals to maintain or regain psychological well-being in the face of adversity.

Since its introduction, CD-RISC has become one of the most widely used and validated measures of resilience worldwide. It assesses personal characteristics such as adaptability, self-efficacy, optimism, and problem-solving ability—attributes linked to stress tolerance and recovery. The scale's reliability and cross-cultural validity have been confirmed in numerous studies involving general, clinical, and occupational populations.

4. Objectives of the Practice

The CD-RISC serves several purposes:

- To provide a reliable, standardized measure of psychological resilience.
- To support self-reflection on coping strengths and vulnerabilities.
- To enable researchers and practitioners to evaluate resilience-building interventions.
- To promote evidence-based understanding of how resilience operates across different contexts.



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5. Description of the Practice

The original CD-RISC consists of 25 items rated on a 5-point Likert scale (0 = not true at all, 4 = true nearly all the time). Shorter 10-item and 2-item versions were later developed for use when time or participant burden is limited.

Each item corresponds to one or more resilience factors identified in empirical research, including:

- **Adaptability and Flexibility** – ability to adjust to changing circumstances.
- **Self-Efficacy** – confidence in personal competence and problem-solving.
- **Positive Acceptance of Change** – maintaining perspective during stress.
- **Control and Purpose** – sense of agency and goal-directed behavior.
- **Spiritual Influences** – belief systems that foster meaning and perseverance.

Administration typically takes five to ten minutes. Respondents' scores are summed to produce a total resilience score; higher values indicate greater capacity for recovery and adaptation. The CD-RISC is used both in research and in clinical or organizational settings as a diagnostic-adjacent developmental tool for tracking resilience over time.

6. Outcomes and Impact

Empirical studies have shown that higher CD-RISC scores correlate with reduced vulnerability to post-traumatic stress disorder, anxiety, and depression, as well as improved coping during stressful or traumatic experiences. The tool provides quantifiable data that help evaluate personal growth and the effectiveness of resilience-enhancing programs.

Its adaptability has enabled widespread use across cultural contexts, contributing to a robust body of comparative research on psychological resilience.

7. Lessons Learned and Success Factors

Success factors: clear communication of the scale's purpose, confidentiality of responses, and contextual interpretation of results.

Challenges: the potential for respondents to over- or under-report resilience; effective facilitation requires careful explanation that the CD-RISC is not a diagnostic test but a developmental instrument for reflection and research.



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8. Transferability and Adaptability

The CD-RISC has been translated and validated in more than 20 languages and applied across populations such as healthcare workers, students, veterans, and community members. Its standardized structure and psychometric soundness make it easily transferable for international or cross-sectoral use, whether in research or organizational well-being assessments.

9. Ethical Considerations

Completion of the CD-RISC should be voluntary and anonymous. Informed consent and data protection must be ensured, and participants should receive information about the non-clinical purpose of the tool. Individuals showing signs of significant distress during assessment should be directed toward qualified mental-health professionals.

10. References

Connor, K. M., & Davidson, J. R. T. (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC). *Depression and Anxiety, 18*(2), 76–82. <https://doi.org/10.1002/da.10113>



Resource 5

1. Title of the Best Practice

The Road to Resilience – Practical Strategies from the American Psychological Association

2. Related Training Module

Module 1 – Psychological Resilience Training

3. Context and Background

“The Road to Resilience” is a guide published by the American Psychological Association (APA) in 2014 to translate decades of psychological research on resilience into practical, accessible strategies for the general public. The guide was developed to help individuals cope with adversity, trauma, and stress by providing evidence-based techniques drawn from positive psychology, cognitive-behavioral research, and clinical practice.

The APA’s approach emphasizes that resilience is a process rather than a fixed trait. It can be strengthened through intentional behaviors, thoughts, and actions that support adaptation and recovery. The framework was designed to make psychological science understandable and applicable for diverse audiences, encouraging people to cultivate everyday habits that foster well-being and emotional balance.

4. Objectives of the Practice

The main objectives of the APA’s resilience framework are to:

- Provide individuals with evidence-informed strategies for managing adversity and change.
- Encourage personal growth through reflection, connection, and proactive coping.
- Normalize resilience-building as a learnable process accessible to everyone.
- Promote psychological well-being through simple, sustainable habits and social support.



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5. Description of the Practice

The APA framework outlines **ten key principles** that together describe the process of building and sustaining resilience. These principles offer practical guidance applicable to various life challenges:

1. **Make Connections** – Build strong, positive relationships with family, friends, and community members as protective factors against stress.
2. **Avoid Seeing Crises as Insurmountable Problems** – Reframe challenges as temporary and manageable rather than permanent or overwhelming.
3. **Accept Change as Part of Life** – Recognize that certain goals or paths may no longer be attainable and adapt accordingly.
4. **Move Toward Your Goals** – Develop realistic, actionable steps to regain a sense of control and purpose.
5. **Take Decisive Action** – Act on problems rather than avoiding them, reinforcing self-efficacy and confidence.
6. **Look for Opportunities for Self-Discovery** – Identify ways in which adversity can lead to personal growth, new perspectives, and strength.
7. **Nurture a Positive View of Yourself** – Strengthen self-confidence and trust in your ability to overcome difficulties.
8. **Keep Things in Perspective** – Maintain a balanced outlook by reframing negative thoughts and avoiding catastrophizing.
9. **Maintain a Hopeful Outlook** – Focus on optimism and envision positive outcomes while staying realistic about challenges.
10. **Take Care of Yourself** – Support mental and physical well-being through self-care, rest, and mindfulness.

These principles form a comprehensive yet flexible framework that integrates psychological research into everyday practice. They highlight the interaction between individual mindset, social support, and proactive coping in sustaining resilience.

6. Outcomes and Impact

Research associated with the APA's framework indicates that individuals who engage in structured resilience practices experience:

- Improved coping and emotional regulation during stressful events.



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- Enhanced capacity to maintain optimism and problem-solving under pressure.
- Reduced symptoms of anxiety, stress, and depression.
- Greater social connectedness and engagement in positive health behaviors.

The guide has been used in diverse educational, clinical, and organizational contexts, demonstrating broad accessibility and adaptability.

7. Lessons Learned and Success Factors

Success factors: simplicity of language, accessibility of online resources, and use of relatable examples that make psychological science understandable for general audiences.

Challenges: sustainability of practice over time; users benefit most when resilience activities become integrated into daily routines rather than treated as one-time interventions.

A key insight is that resilience requires active engagement and reinforcement—its benefits accumulate through consistent, long-term application.

8. Transferability and Adaptability

The APA framework is intentionally designed for global relevance. It can be applied across cultural and professional contexts due to its focus on universal psychological needs such as connection, purpose, and self-care. Adaptations typically involve translating materials into local languages and contextualizing examples to reflect cultural coping traditions.

9. Ethical Considerations

Participation in resilience activities should always be voluntary. Facilitators using the APA framework must ensure that discussions remain supportive and confidential, and avoid implying that resilience practices replace professional psychological care. Individuals displaying signs of serious distress should be referred to appropriate health professionals.

10. References

American Psychological Association. (2014). *The road to resilience*. American Psychological Association. <https://www.apa.org/topics/resilience>



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RESILIENT RESPONDERS

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