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## Resilience and Disability: Consideration and Integration of Resilience Training in Undergraduate Rehabilitation Service Programs

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# *Resilience and Disability: Consideration and Integration of Resilience Training in Undergraduate Rehabilitation Service Programs*

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**Abstract:** *Resilience is a topic of growing interest with significant momentum generated by the Positive Psychology Movement. While resilience has been discussed at the graduate level and beyond, few articles seem to openly discuss how it is addressed as a part of undergraduate rehabilitation service programs. Discussion and careful consideration is needed as many undergraduates work in direct services. This article is designed to help rehabilitation educators and professionals understand the application and value of resilience and resilience-based skills as a part of the undergraduate rehabilitation curriculum. Article content addresses resilience, benefits of resilience, resilience-based factors, and the applicability of resilience to professionals and to the people they serve. Suggestions are provided to illustrate ways undergraduate programs can integrate resilience into their curriculum.*

**Keywords:** resilience; resilience cultivation; undergraduate programs; curriculum; rehabilitation

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Resilience is typically thought of as the ability to bounce back following adversity (Lazarus, 1993), a relevant life skill for persons with disabilities (White, Driver, & Warren, 2008; 2010), and as a key feature of rehabilitation and living life well following a disability (Stuntzner, 2016). Despite resilience being of value in overcoming challenging life events (i.e., disability, unemployment), it is unclear how well resilience or strategies to cultivate resilience are currently promoted as a component of undergraduate rehabilitation service programs.

Prior to July 2017, CORE (2011) accreditation standards for undergraduate rehabilitation service programs included resilience and information pertaining to resilience theories as a part of their current standards. However, following the 2017 CORE/CACREP merger, CORE accredited programs were left with no accrediting body (i.e., at least 10 CORE accredited programs; Arkansas Tech University, 2015) while others remained unaccredited. Since that time, 18 programs have achieved CACREP registry status (CACREP, 2018); yet, there appears to be some uncertainty, due to the lack of undergraduate CACREP standards, about the future of content standards within undergraduate rehabilitation service programs. However, in 2018, CAAHEP approved the creation of CORA (Committee on Rehabilitation Accreditation) as a

professional entity that may accredit undergraduate programs and standards are in development.

In the meantime, programs looking for ideas about resilience and content integration do not have immediate access to these standards. Some programs, such as the University of Texas Rio Grande Valley, are a part of the registry and have approval to follow the CORE accreditation standards until a specified date. Currently there are no guidelines requiring programs to maintain resiliency content; thus, those that wish to teach students about resilience may be unsure how to best teach valuable program content to undergraduate students and to promote resilience-based ideas among rehabilitation professionals and persons with disabilities.

Currently, there is no clear path of what to expect in the future. Uncertainty among professionals raises attention to the importance of resilience in three central domains: (1) resilience training in the curriculum among undergraduate rehabilitation programs, (2) resilience and resilience-based skills to help students meet the demands of becoming new rehabilitation service professionals, and (3) the cultivation of resilience and access to resilience-based skills as a part of living with a disability and in effectively dealing with challenges and potential changes in peoples' lives.

The purpose of this article is to address resilience and resilience theories within undergraduate rehabilitation programs. Throughout, it is our intent to share with rehabilitation educators and professionals information about resilience, resilience-based factors, its benefits and applicability to developing undergraduate rehabilitation service professionals and to the people they serve, potential ideas about ways to conceptualize and integrate resilience and resilience-based content into undergraduate programs (i.e., previous CORE standards), and suggestions for resilience cultivation strategies.

### **Overview of Resilience**

Resilience is an important area of interest within the Positive Psychology movement. Resilience has been identified and raised as a credible means to help people cope with adversity and life changing events (Fitzpatrick, 2010). Scholars have fostered understanding of several important points.

Resilience is a concept that does not yet have one unified definition and research scholars have not decided on one specific understanding of what resilience means (Newman, 2005). Similarly, resilience and the road to resilience cultivation is individualized because numerous factors and skills exist that can help people be resilient (Black & Lobo, 2008). Many of these skills overlap with what rehabilitation professionals understand as factors that aid in positive coping and adaptation to disability. People who hold more resilience-based skills and abilities are usually more buoyant (White et al., 2010). One explanation is that resilient individuals have an overabundance of skills to choose from when past skills stop working (Stuntzner & MacDonald, 2014a; 2014b).

Evidence shows that resilience-based skills have multiple benefits once practiced and applied to people's lives. These benefits include the fact that resilience has a carry-over affect that, once applied, people observe positive life change with other life domains (Stuntzner & MacDonald, 2014a; 2014b). People do not have to be born resilient to become resilient; resilience can be taught and improved with intentional practice (American Psychological Association, 2013). Resilience and resilience-cultivation is under-addressed among persons with disabilities; yet, it has much applicability and relevance to this group of individuals and to their specific situations (Hartley, 2010, 2013). More specifically, persons with disabilities are faced with the necessity of adjusting to the disability and several life changes directly or indirectly related to the disability. Some of these include societal and attitudinal barriers, low expectations, lack of equitable access to resources (i.e., finances, employment, adequate health insurance), and changes in relationships and social support (Hartley & Tarvydas, 2012; Smart, 2009; Stuntzner, 2012). Thus, resilience is a means to help people deal with and surpass these issues, so they do not become obstacles to positive coping or a better way of life.

### **Defining Resilience**

Understanding resilience is an important component of building resilience. Throughout the literature, resilience scholars vary somewhat in the ways they define and explain resilience.

Some scholars define resilience as the ability to rebound or "bounce back" following a difficult life event (Lazarus, 1993). Other scholars perceive resilience as being able to face adversity and challenging life events while successfully coping with them (Lee & Cransford, 2008; Masten, Best, & Garzy, 1990). Resilience is described as a process that helps people become stronger, wiser, and grow tremendously following life changing situations (Neenan & Dryden, 2012). Collectively, these definitions help us understand resilience as something that happens after a major life event and how we are coping and is a means to growth and change.

To date, resilience is explained broadly, but research and definitions as they relate to the people with disabilities (PWD) are scant. Therefore, Stuntzner and Hartley (2014a; 2014b) as a part of their work on resilience and resilience cultivation, expand these definitions by applying resilience to the experience of disability and to the specific needs of PWD. Stuntzner and Hartley (2014b) describe resilience as:

An individual's ability to learn and enhance personal skills and characteristics following the presence of a disability which can be used and refined to help them cope with their situation and disability-related experiences, improve personal insight and knowledge of their skills and potential to overcome challenging life events, and to live in a way that reflects a better quality of life. As a result of their decisions, actions, and behavior, persons with disabilities are able to learn skills that help them experience fewer negative thoughts and feelings, recognize and acknowledge positive ones, and make decisions that help them live the life they seek. (p. 14)

According to Stuntzner and colleagues, (2017a; 2017b), the resilience definition can be examined and understood according to six specific points. These specific points include:

1. Resilience can be learned; a person's ability to cope can be improved and is not contingent on a how well one is currently functioning.
2. People may hold valid and useful coping skills but forgot they had them. When this happens, people may be encouraged to consider those they have and to strengthen them.
3. PWD can apply resilience to many parts of their lives (i.e., personal life, relationships, adjustment to disability, employment); improvement in one life domain typically leads to improvement in another.
4. Resilience can be cultivated and improved through inward examination and a willingness to learn more about themselves.
5. People who intentionally work on resilience may recognize they have the ability to cope better with difficult life situations than they previously thought.
6. Through the process of cultivating resilience, people reduce negative thoughts and feelings with more positive ones, while becoming more invested in their life and in the decisions made. Furthermore, the proposed resilience process can help people learn about the meaning of resilience while applying resilience building techniques to a life domain. This allows for identification of unsuccessful

coping strategies that pertain to outlook on life, locus of control, emotional and mental regulation, coping skills, spiritual practices, forgiveness, and self-compassion (Stuntzner & Hartley, 2014b).

### **Benefits of Resilience and Resilience Cultivation**

Professionals seeking to learn about resilience would benefit from exposure to content pertaining to contributing factors and the ways resilience improves peoples' lives. Educators may want to stress the idea that resilience cultivation is an individualized process utilized to build and maintain resilience (White et al., 2008). The process of resilience involves learning about resilience-based skills, understanding the benefits of resilience cultivation, and identifying resilience skills that are germane to a person's life, coping abilities, and circumstances (Stuntzner & Hartley, 2014b). Resilience skills can be viewed as a "menu of skills" that represent options for coping and becoming resilient (Stuntzner & MacDonald, 2014a; 2014b).

Resilience-based skills can be viewed as internal and external to oneself. From this perspective, people have two choices: they can work on identifying, cultivating, and strengthening resilience-based skills, or they can seek external support to enhance their resilience and coping abilities (Stuntzner, 2018). Either choice requires action toward improvement of their situation. People have the opportunity to decide if they want to develop new skills. Knowing about external factors and how to access them are key components of resilience and personal success. External factors include social support, peer relationships, family, income, financial health, role models, and access to community resources and support (Stuntzner, 2018).

How a person thinks and feels is another way to define and look at resilience skills. Examples would include topic areas such as locus of control, emotional and mental regulation, outlook on life, and flexibility (Frauley-O'Dea, 2016; Horn, 2013; Kumpfer, 1999; Moore, 2014; Southwick & Charney, 2012). Furthermore, a person's actions (i.e., facing one's fears, meditation and prayer, self-compassion, externalizing the problem) (Halifax, 2011; Southwick & Charney, 2012), spiritual practices (i.e., forgiveness, gratitude, meaning-making, self-compassion, compassion) (Dunn, 2015; Grych, Hamby, & Banyard, 2015; Gupta & Kumar, 2015), and resilience skills can be refined or strengthened through challenging negative thoughts and feelings (i.e., problem-solving skills, optimism, perseverance, grit) (Bonanno, 2008; Crede, Tynan, & Harms, 2016; Neenan & Dryden, 2012).

Benefits bestowed upon people who nurture resilience are as diverse as the skills people use to become resilient. Resilience and resilience-based skills help people improve their thoughts, attitudes, feelings, behaviors, choices, and enhance peoples' personal characteristics (Stuntzner & MacDonald, 2014a; 2014b). Improvement in one area leads to improvement in another. Resilience can help people develop inner strength, appreciation for life, increase self-awareness, find meaning and purpose in difficult life events, and forgive oneself, others, or God (see Stuntzner, 2018). Resilience skills lead a person to have better attitudes,

reduce negative feelings, adapt to disability, live in balance, cultivate hardiness, have better relationships, improve coping abilities, and develop perseverance (For full review see Stuntzner, 2018).

When life is not going well, it is beneficial to have numerous resilience-based skills to draw from as there are times in a person's life when some skills do not work as well as one would hope (Stuntzner & MacDonald, 2014a; 2014b). In such situations, additional skills may be necessary. Related to this is the notion that people may be resilient in some parts of their lives but not in others. When one or more life domains (i.e., personal, family, occupational, adjustment to disability) are not going well, people can be affected in a way that they do not recognize that life is a balance of ups and downs. Instead, people focus on what is not going well. This can lead to feelings of anxiety, depression, hopelessness, stress, as well as a perceived pile up of stressors. It is during these moments that people experiencing such challenges may find that resilience and resilience-based skills are the antidote to deal with and positively address their personal issues and set of life stressors (Stuntzner & Hartley, 2014b). The more resilience-based skills people have at their disposal, the greater their chance of being resilient (White et al., 2010).

### **Applicability of Resilience to Undergraduate Rehabilitation Service Professionals**

Resilience and resilience cultivation have much relevance to undergraduate rehabilitation service professionals as individuals and as a means to work with PWD. Researchers studying resilience among undergraduate students report that resilience interventions work (Driggers, 2014; Hartley, 2011; Houston et al., 2017; Morgan, 2016). Resilience studies among undergraduate students also show that resilience helps cultivate hope (Houston et al., 2017; Morgan-Consoli, Delucio, Noriega, & Llamas, 2015), social support (Driggers, 2014; Hartley, 2012a), optimism (Himmel, 2016), tenacity (Hartley, 2011), self-mastery (Himmel, 2016), aids in the practice of self-regulation and acceptance (Driggers, 2014), and lessens stress and depression (Hartley, 2011; Houston et al., 2017). Some resilience interventions do more than cultivate resilience and resilience-based qualities. According to Morgan-Consoli and colleagues (2015), some people learn to thrive with the use of spirituality to become resilient.

Given the fact that many undergraduate students and professionals provide direct service to PWD, resilience and strategies to be resilience are of utmost importance. This can be viewed as an essential skill set that helps professionals deal with stress and difficulties faced in both their personal and professional lives. The more resilient rehabilitation professionals are the more they can give the people they serve.

Herbert, Barrett, Evenson, and Jacob (2010) conducted a pilot study on work roles and functions of undergraduate rehabilitation service alumni. As a part of this study, 179 participants were surveyed disclosing a variety of work settings. Findings from this study found that undergraduate rehabilitation alumni work in community rehabilitation programs (12.3%), public school systems (11.2%), community mental health agencies (8.4%), public vocational rehabilitation agencies (5.6%), social services (5.0%),

public welfare agencies (3.4%), criminal justice positions (2.8%), private for profit rehabilitation companies (2.8%), rehabilitation hospitals (0.6%), and other (41.9%). While the “other” category did include a few “non-traditional” and non-human services areas, most responses to the “other” category included such settings as assisted living program, centers for independent living, early intervention programs, group homes, in-patient hospitals, in-patient addiction treatment centers, residential rehabilitation treatment centers, supported employment, sheltered workshops, and others.

Understanding the work roles of undergraduates is important because many of these positions involve direct care and service, which have the potential to lead to burn out. Resilience is an antidote to stress and burnout (Elliott, Berry, Richards, & Shewchuck, 2014; Newman, 2005; Pakeham, Mawdsley, Brown, & Burton, 2017). Professionals in these positions influence the well-being of PWD. They provide emotional support, client advocacy, crisis intervention, connections to community resources, individual counseling/coaching, behavioral modification, on the job support, employer education, and other related tasks. All of which may require an enormous amount of time and energy of rehabilitation professionals (Herbert et al., 2010).

Considering these major and consistent tasks across work settings, bachelor-level rehabilitation service professionals have ample opportunity to provide direct intervention, education, training, and advocacy for their consumers. These professionals have significant opportunity to incorporate and promote resilience training and skill building among their consumers. Resiliency is an important factor in overall quality of life. Acknowledging and nurturing the ability of undergraduate professionals to contribute to resilience-building and to promote resilience-enhancing practices among other rehabilitation professionals and employers is essential.

Resilience cultivation for PWD is specifically important as this diverse population faces a number of stressors and barriers to success as it relates to societal attitudes, education, employment, medical care, community inclusion, and coping/adaptation process (Hartley, 2012b; Hartley & Tarvydas, 2013; Smart, 2009). PWD learn to face changes following a disability, some of which include family roles, individual versus family functioning, societal bias and discrimination, and access to inadequate health care (Stuntzner, 2015). Many of these stressors include individual/personal stressors and systemic/environmental stressors. Some of the stressors related to the person and individual include symptoms, predictability, severity of disability, overall health, interpersonal relationships, and inadequacy in meeting expectations. Systemic and environmental stressors often include physical and structural accessibility, employment accessibility, social exclusion, and economic marginality (Iwasaki & Mactavish, 2005).

Collectively, these have the potential to negatively influence a person’s coping and adaptation to disability, level of inclusion, integration, and personal independence, access to necessary supports, and quality of life. They can also prevent a person from living the best life possible following a disability; hence, working on resilience help PWD address barriers and live a better quality of life.

## Incorporation of Resilience Into Undergraduate Rehabilitation Programs

As previously mentioned, undergraduate rehabilitation service programs may currently be unaccredited, listed as a part of a national registry with CACREP, or may be seeking accreditation through CORA under CAAHEP in the very near future. Thus, several undergraduate rehabilitation service programs continue to exist without a clear understanding and pathway of what the standards are for undergraduate program curriculums, and guidelines of where and how to infuse resilience and resilience-based concepts may appear somewhat undefined.

Provided is a sample template to illustrate how one-way undergraduate rehabilitation programs can infuse the topic of resilience throughout their programs. This exploration and integration of resilience into undergraduate programs can be done by referring to the Council on Rehabilitation Education Standards (CORE, 2011) previously used by many undergraduate programs.

These standards were chosen because most undergraduate rehabilitation programs developed their curriculum standards under the CORE standards and will likely not undertake major curricular revisions until provided with new content standards from CACREP or CORA. Until that time, rehabilitation educators striving to understand, apply, and integrate resilience into undergraduate courses have eight content domains that comprise the CORE Undergraduate Standards. Within these eight content domains, four stand out as the most relevant in regard to the application and integration of resilience theories/education, resilience models and interventions, and resilience cultivation. These four domains are highlighted in Table 1.

Within each of these content domains are specific standards and areas of competence that must be addressed. There is room for flexibility in deciding where and how to educate students about

TABLE 1. CORE Undergraduate Content Domains and Subdomains (pp. 28–34)

<p>C1: Lived Experience of Disability*</p> <ul style="list-style-type: none"> <li>1c. Individualized Coping Responses and Impact of Living with a Disability</li> <li>5b. Personal, Familial, and Societal Impact of Disability</li> <li>5c. Wellness and Health Models of Disability</li> <li>6. Societal and Attitudinal Barriers Experienced by Persons with Disabilities</li> <li>9. Employment Barriers (i.e., personal, employer, and systemic)</li> <li>11. Resiliency Theories</li> </ul> <p>C2: Service Delivery Systems, including Allied Occupations and Professionals*</p> <ul style="list-style-type: none"> <li>2. Vocational Rehabilitation Systems</li> <li>3. Centers for Independent Living</li> <li>5. Substance Abuse and Addiction Treatment</li> <li>6. Wellness and Illness Prevention Programs</li> </ul> <p>C4: Interpersonal and Professional Communications*</p> <ul style="list-style-type: none"> <li>1f. Application of Resilience Theories</li> <li>2c. Critical Thinking/Problem-Solving Skills</li> <li>2f. Skills Training</li> <li>4a. Client Education</li> <li>4b. Family/Significant Other Educational Support Group</li> <li>4c. Communication With Peers and Colleagues</li> </ul> <p>C5: Advocacy and Self-Determination*</p> <ul style="list-style-type: none"> <li>7. Advocacy Techniques and Resources</li> </ul>
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Note: For full review of content domains, see CORE (2011). Each of the four curriculum domains as outlined in the CORE standards are identified with an asterisk (\*) in the table above.

resilience, and its applicability to PWD and to the rehabilitation service profession. Perhaps, the most obvious and the most directly related area is C1: *Lived Experience of Difference*. This content domain encompasses the personalized and varied lived experiences encountered by PWD. As a part of this domain, at least six subject areas exist to which resilience theories, resilience responses and interventions, and resilience-based skills can be applied (see CORE, 2011, pp. 28-29). For instance, this domain covers knowledge and skills pertaining to:

- 1c: Individualized Coping Responses and Impact of Living with a Disability;
- 5b: Personal, Familial, and Societal Impact of Disability;
- 5c: Wellness and Health Models of Disability;
- 6: Societal and Attitudinal Barriers Experienced by PWD;
- 9: Employment Barriers (i.e., personal, employer and systemic); and
- 11: Resiliency Theories.

Given the number of subject areas to which resilience can be applied, rehabilitation educators can infuse information and learning exercises pertaining to resilience theories and models to help lay the foundation of what resilience is and looks like within the individual. Educators can help students understand and learn about the relevance and importance of resilience and resilience-based coping as it relates to coping with and responding to the disability process. Resilience education and content can also be used to help students learn how to assist PWD and/or their families in learning about resilience-based skills. Students can help PWD positively cope with and overcome societal and attitudinal barriers, changes in personal and familial functioning, employer bias, employment barriers, as well as learn techniques and responses to help PWD view their situation in a more positive and empowered fashion despite the challenges and altered lifestyle changes brought about by the disability.

To help illustrate the ways resilience-based skills can change based on a person's coping abilities and circumstances, educators may want to incorporate case studies that help students draw the connection between a person's disability, current coping abilities and needs, as well as the fact that resilience-based skills may need to be altered or enhanced to meet a person's changing life circumstances. One such example can be found in the following case study.

Sandra is a person with a spinal cord injury diagnosed with posttraumatic stress, depression, and anxiety. Sandra has had a lot of practice in learning to face her fears, monitoring and regulating her thoughts and feelings, adjusting her attitude and outlook on life, as well as having a fair amount of family support. Presently, Sandra finds her usual set of skills are not helping her in the ways she needs them to. Part of this is because she has experienced a reduction in personal and familial support due to a relationship ending and two supportive family members undergoing their own health issues. Recently, she was laid off from her job and is struggling with finances.

Sandra is experiencing changes in personal, familial, and financial support. She is struggling with her identity and her independence. Sandra is experiencing more anxiety and depression causing her to feel challenged in her ability to regulate her thoughts and feelings.

Sandra now has an opportunity to consider what other skills she can develop and/or enhance to meet the specific needs of the given situation. Presently, she realizes the need to take chances and to ask for help. She decides to actively build more social support with new people and professionals, attends short-term counseling, joins a support group for ailing family members, seeks available community resources to help with housing assistance, visits her physician about anti-anxiety medication, practices self-compassion techniques to address her personal and emotional pain, and works on her faith by reconnecting with her spiritual and religious supports. As she expands her repertoire of resilience-based skills, Sandra recognizes that she is better able to cope with her current predicament. Furthermore, she learns that different situations sometimes require additional skills than what she normally uses. Learning this lesson about herself and her coping abilities gives Sandra much insight and confidence that she has several resilience-based skills she can access and implement when she is feeling overwhelmed.

Beyond the lived experiences of disability, individual responses to disability, and barriers encountered by PWD are the situations pertaining to service delivery systems, agencies, and community programs (i.e., Curriculum Standard C2: *Service Delivery Systems, Including Allied Occupations and Professionals*). As part of the rehabilitation process, PWD often come in contact with state vocational rehabilitation agencies, Centers for Independent Living, substance abuse or treatment programs, and other programs pertaining to wellness and disability management. The overarching intent of these agencies and programs is to assist PWD with various facets of their lives (i.e., employment, personal independence, emotional and mental well-being). Thus, the opportunities for rehabilitation professionals to work with PWD on resilience and resilience-based skills as it applies to a specific part of their life are vast.

For instance, people working with state vocational rehabilitation agencies may realize the challenges of interviewing and securing a well-paying job. Some people may experience employer bias and societal stigma toward PWD as a part of the job training and job search process. This may result in being denied access to supportive training options or employment (Stuntzner, MacDonald, & Dalton, 2017b). These experiences can be unnerving and distressing causing PWD to feel hopeless and depressed resulting in a potential lack of investment in the rehabilitation process. For people in recovery, substance abuse and addiction treatment may be an integrated component of their rehabilitation process. It is in these moments in a person's life that rehabilitation professionals can introduce resilience, the necessity and value of resilience skills, and educate people about resilience strategies they can practice and integrate as a part of everyday living rather than self-medicating.

Two other curriculum domains of potential interest to rehabilitation educators are C4: *Interpersonal and Professional Communications*, which includes subdomains on the application of resilience theories and C5: *Advocacy and Self-Determination* (CORE, 2011). As a part of these domains, students are exposed to

skills and approaches they can use to build relationships, empower PWD, and to assist PWD in learning skills and techniques they can use and apply to their lives. More specifically, within the *Interpersonal and Professional Communication* domain, rehabilitation services programs and educators can help students learn about resilience skills and resources that can be incorporated into course work pertaining to resilience theories, person-centered problem-solving and skill training (i.e., Subject areas: 1f, 2c, 2f), group facilitation skills, client education and support groups, family group work, and assertive communication (i.e., Subject areas: 4a, 4b, 4c).

Educators interested in applying resilience and resilience strategies to advocacy and learning to self-advocate may find curriculum domain C5: *Advocacy and Self-Determination* of interest. Included in this domain is a content section on advocacy techniques and resources (i.e., Subject area: 6). Infusing resilience cultivation and resilience skill-building into the process of learning to self-advocate can be very helpful and empowering to persons with disabilities, especially when asserting and advocating for oneself is not a natural or well-rehearsed skill.

The aforementioned ideas of where and how resilience, resilience theories, and resilience cultivation strategies can be applied to the undergraduate rehabilitation service program curriculum domains is similar and consistent with the resilience philosophy and work proposed and completed by Stuntzner and colleagues (Stuntzner & Hartley, 2014b; Stuntzner & MacDonald, 2014a; 2014b; Stuntzner, MacDonald, & Dalton, 2017a; 2017b). Collectively speaking, resilience and resilience cultivation has an overabundance of areas to which it can be applied to peoples' lives (i.e., coping with the disability, family issues, employment, employer bias, mental and emotional well-being, positive coping responses, substance abuse treatment techniques, societal attitudes and bias, self-advocacy) and to the undergraduate rehabilitation service curriculum. Related is the notion that as people build resilience in one part of their life they often improve some of the others—all of which leads to a greater level of resilience overall.

### Professional Implications

Resilience can be integrated into several courses within the undergraduate curriculum. Several of these subject areas were outlined in the previous section (i.e., individualized coping responses to disability; personal, social, and familial impact of disability; addressing societal attitudes and employment barriers; self-advocacy). Also mentioned were examples of various life domains to which resilience could be applied. Another point stressed is the fact that resilience is beneficial to undergraduate professionals, personally and professionally. These points lead rehabilitation professionals to ideas and strategies they can utilize to promote resilience and resilience-based concepts throughout the curriculum and students' professional development.

Resilience and resilience-based strategies can occur in a variety of ways as there is no one right way for people to learn about and to apply resilience to their life and set of circumstances. More specifically, resilience and resilience-based skills can be

promoted individually or within a group setting. They can occur as a part of counseling, group interventions, educational sessions, or workshops (i.e., group work on facilitating resilience-based skills, final project and presentation on applying resilience-based skills among people living with a specific disability type). Furthermore, resilience concepts and strategies can also be applied to typical bachelor-level rehabilitation work roles (Herbert et al., 2010) such as independent living, counseling (i.e., adjustment, coping, family concerns), substance abuse treatment, crisis management, and as a part of services offered through agencies providing community resources and support (i.e., connecting resilience to substance abuse recovery, helping people work through crisis by identifying resilience skills they can use). Due to vast ways resilience can be applied to the professional skills learned and to various employment settings, rehabilitation educators are urged to review their undergraduate courses to identify places where content and course assignments can be a vehicle for teaching and to promote resilience-based skills.

Second, resilience competency can be strengthened using university career fairs or professional conferences. Related but somewhat different from the ideas are ways rehabilitation educators and students can learn about and promote the importance of resilience as a positive coping skill and within the profession. One way to encourage students to explore and promote resilience is through attendance and participation at a local university event such as a career fair or another university-sponsored event. In these settings, students could assemble and disperse information and handouts, or present a visual display about resilience and how it can help people succeed in life and on the job. Such events are a way to help students apply what they are learning and to concretely visualize and explain the relevance of resilience to their own lives and to the lives of the people they serve. Another way to help students learn about resilience is through attendance and participation at local, state, or national conferences (i.e., NRA, NRCA). Related is the possibility of a program putting together a local service provider event, during which time, professionals and students can share information and resources among one another about what they can provide to assist the people they serve.

Third, rehabilitation service professionals, which may include current students and student interns, are encouraged to examine their current employment setting and to determine which approaches and situations are best to help showcase the importance of resilience and resilience-based skills and their applicability to peoples' lives and to the situations they encounter. Of importance is for professionals to consider where in the professional/service relationship they introduce, explore, or encourage resilience as a part of the services and supports offered. Some may find it most helpful to explore resilience and the use of resilience-based skills during the initial intake or client interview. These examples may be infused in course content through guest speakers who share their professional and lived experiences. In this instance, instructors can have people share a story or a past event where they went through something difficult and had to find a way to solve it. Throughout this process, people can be asked to identify the resilience-based skills they used to solve the problem in a positive way. Others may decide to have a formalized checklist of

resilience-based skills they have used when going through some difficult life event and then briefly discuss how these skills helped them and what they learned from such an experience (Stuntzner, 2016).

Resilience can also be used as a skill-building service learning project to help increase personal independence, comfort in learning to self-advocate, or to assist people in facing their fears by developing new coping and resilience-based strategies. In these types of situations, rehabilitation service professionals may opt to work with people individually or as a part of group work or an agency workshop. Suggested strategies might include exposing people to various resilience-based skills such as those found in resilience-based interventions (i.e., Stuntzner & Hartley's *Life Enhancement Intervention: Developing Resiliency Skills Following Disability*) or through agency-sponsored educational sessions and workshops that introduce resilience-based skills and that encourage people to consider those they use or would like to try as a part of everyday life.

Students in field experience interested in resilience intervention work may decide to complete a project where they assist PWD to learn about resilience over the course of 10 weeks. Stuntzner and Hartley's (2014b) resilience intervention exposes people to 10 resilience-based skills, one module per week. Throughout the project, participants would learn about resilience, outlook on life, locus of control, emotional and mental regulation, spiritual beliefs and practices (i.e., forgiveness), compassion and self-compassion, growth and transcendence, and social/familial support. Each of the modules gives people a chance to assess their functioning and personal insight in relation to each skill, engage in skill building activities, apply content to life domains (i.e., personal, employment), identify barriers to skill development, learn benefits of incorporating the new skill, practice skill-based strategies, and develop weekly action plans to further refine skill development. At the conclusion of the project, participants would be encouraged to consider those skills they find of value versus those they do not and to consider other potential resilience-based skills they want to consider going forward.

## Conclusion

Resilience and resilience cultivation have a lot of promise as a potential skill and as a means of coping with difficult life events. Resilience is helpful for everyone, people with and without disabilities, as well as helping professionals in the rehabilitation profession. However, throughout the literature, resilience and the integration of resilience-based skills and strategies utilized within undergraduate rehabilitation service delivery programs appears to be sparse and not openly discussed.

The information covered throughout this article was provided to encourage undergraduate programs, faculty, and students to consider ways resilience, resilience models/theories, resilience-based skills, and interventions can be applied and integrated into the curriculum and as an essential component of undergraduate rehabilitation service training. Programs that incorporate resilience training into their curriculum may find it helps both students and the people they serve. In conclusion, questions to ask might

be; "Who doesn't want 'better' for themselves and for the people they serve?" The answer remains that for many, the road to 'better' involves the application and practice of resilience throughout their lives and to effectively deal with challenging life events.

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