RESILIENCE FIRST AID®

Resilience First Aid Certification Course Guide

Jointly Provided by:

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Resilience First Aid Course Overview

Welcome to the Resilience First Aid (RFA) Certification course. This course is designed to empower you with the skills and knowledge to proactively support mental health and build resilience within yourself and peers. Throughout the course, you will learn a range of evidence-based techniques that are focused on enhancing resilience through meaningful, strength-based conversations.

This handout provides an overview of the key learning objectives for the course. These objectives will help guide your journey through each module, offering a clear understanding of what you will achieve by the end of the program. Detailed objectives for each module, along with supporting scientific references, will be provided later in this document.

Activity Faculty

Dr. Jörgen Herlofson - BA, MD, Psychiatrist, Licensed Psychotherapist

Dr. Jörgen Herlofson, a Swedish psychiatrist, has significantly advanced psychiatric practice and mental health understanding. He serves as a science advisor for Hello Driven and is known for his work in cognitive therapy, and resilience training, and addressing work-related stress. He has authored several influential books and co-authored a comprehensive guide on exhaustion syndrome. Jörgen's dedication to both research and practical applications has made him a respected figure in psychiatry, known for his humility and extensive contributions to the field.

Jurie G. Rossouw - BCOM, Med Neuroscience (Cert), MIACN

Jurie is a resilience expert who founded Driven, an organization focused on resilience research and technology. He developed the AI-powered Driven Resilience Program, Resilience First Aid (RFA), and High Adversity Resilience Training (HART). Jurie holds a BCom and a Certificate in Medical Neuroscience, and he is a member of the International Association of Clinical Neuropsychotherapy. He has published numerous research papers and the book "Executive Resilience," and he provides training on resilience to psychologists, coaches, and trainers worldwide.

Maria Ruberto – Psychologist, MAAPi, MIAAN, MANS

Maria Ruberto is the founder and director of Salutegenics Psychology, focusing on strengths-based practices to enhance mental fitness and life-health. Her work is grounded in Salutegenics theory, emphasizing the development of positive human assets and strengths-based skills. She delivers workshops and education to organizations, focusing on emotional intelligence and resilience. Maria is a psychologist with 30 years of experience and is a national registered Master Trainer for Resilience First Aid (RFA), a program that teaches the neuroscience of resilience and proactive mental fitness building. She has extensive experience in educational leadership, trauma response, and student wellbeing, and collaborates with various health and education organizations.

Target Audience

This activity has been designed to meet the educational needs of physicians, nurses and nurse practitioners. Other healthcare providers may also participate.

Overall Course Learning Objectives

Resilience First Aid provides you with a comprehensive training and skills to enhance resilience, in yourself, your peers, and when supporting patients. This builds a supportive culture of resilience that protects mental health.

After participating in the course, learners should be better able to:

1. Identify early warning signs of mental health issues in peers
2. Apply resilience-building conversational strategies using the ALL Protocol
3. Collaborate effectively within an interprofessional team to implement peer support practices

The following sections will provide additional details on the learning objectives of each of the eight RFA modules listed below:

- RFA01 Primer
- RFA02 Composure
- RFA03 Collaboration
- RFA04 Vision
- RFA05 Reasoning
- RFA06 Health
- RFA07 Tenacity
- RFA08 Closing

Note that only these modules count towards the completion of the RFA Certification. In the online system, these modules are split across multiple units lasting about one hour on average.

Accreditation and Credit Designation

In support of improving patient care, this activity has been planned and implemented by American Academy of CME, Inc. and Hello Driven Pty Ltd. American Academy of CME, Inc. is Jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Physicians

American Academy of CME, Inc., designates this enduring material for a maximum 14.0 *AMA PRA Category 1 Credits*^{TM}. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nurse Practitioners and Nurses

American Academy of CME, Inc., designates this educational activity for 14.0 ANCC contact hours.

California: Provider approved by the California Board of Registered Nursing, Provider Number CEP16993 for 14.0 contact hours.

Other Health Care Practitioners:

Other members of the care team will receive a certificate of participation.

Method of Participation

The fee to participate in this course is US $425. Participants must review the activity information including the learning objectives and disclosure statements, as well as the content of the activity. To receive CME/CNE credit for your participation, please complete the entire 14.0 hour course and the course evaluation.

Contact:

For any CE related questions, please contact: CEServices@academycme.org

For all other questions, including technical support, please contact support@hellodriven.com

Disclosures

According to the disclosure policy of the Academy, all faculty, planning committee members, editors, managers and other individuals who are in a position to control content are required to disclose any relationships with any ineligible company(ies). The existence of these relationships is not viewed as implying bias or decreasing the value of the activity. Clinical

content has been reviewed for fair balance and scientific objectivity, and any relevant financial relationships listed for these individuals have been mitigated.

Faculty Educators/Planners

Dr. Jörgen Herlofson, Jurie G. Rossouw, Maria Ruberto: no relevant financial relationships with ineligible companies

Academy Planners have no relevant relationships with ineligible companies.

This activity will not review off-label or investigational information.

The opinions expressed in this accredited continuing education activity are those of the faculty, and do not represent those of the Academy or Hello Driven Pty Ltd This educational activity is intended as a supplement to existing knowledge, published information, and practice guidelines. Learners should appraise the information presented critically, and draw conclusions only after careful consideration of all available scientific information.

Implicit Bias: Implicit bias refers to unconscious attitudes and stereotypes that influence our thoughts, judgements, decisions, and actions without our awareness. Everyone is susceptible to implicit bias, even clinicians. In healthcare, implicit biases can have a significant impact on the quality of care an individual receives. These biases can be both favorable and unfavorable, and are activated involuntarily without an individual's awareness or intentional control. Studies have indicated that healthcare providers' incorrect perceptions can impact providers' communications and clinical decision-making contributing to disparities in clinical outcomes. Addressing implicit biases in healthcare is critical to improving health outcomes and promoting health equity for all patients. Patient-centered care can reduce the impact of implicit bias, by treating each patient as a unique individual who may or may not hold beliefs associated with their backgrounds and circumstances. In addition, recognizing implicit bias in one's own practice using techniques such as self-reflection and mindful clinical decision-making can ensure more equitable and effective care for all patients.

Over the past several decades, cognitive science research has demonstrated human behavior, beliefs and attitudes are shaped by automatic and unconscious cognitive processes. The healthcare profession is devoting greater attention to how these automatic and unconscious processes impact care including: (1) preferential treatment toward or against specific patient populations causing healthcare inequities, (2) influence patient-provider communications leading to misunderstandings and mistrust, and (3) impact access to healthcare and affect treatment decisions resulting in misdiagnosis, delays in treatment and specialty referrals and poor pain management. Considering one might have unconscious biases and exploring them may be uncomfortable because the very idea that they exist may conflict with how clinicians perceive themselves. It is only by becoming aware of one's unconscious biases that members of the healthcare team can take steps to mitigate them to ensure all their patients receive quality healthcare.

Hardware/Software Requirements

Computer or phone with internet access.
Any recent web browser (Chrome, Edge, Firefox, Safari, etc.).
Headphones or speakers for course videos.

Privacy

For more information about Hello Driven's privacy policy, please access:
https://home.hellodriven.com/privacy/
For more information about the American Academy of CME privacy policy, please access
http://www.academycme.org/privacy.htm

RFA Original Research Papers

As a general overview of RFA and its origins, the following research papers provide a useful starting point:

Concept	Research Paper
Resilience model – Predictive 6 Factor Resilience Model (PR6)	• Rossouw, P. J., & Rossouw, J. G. (2016). *The predictive 6-factor resilience scale: Neurobiological fundamentals and organizational application*. International Journal of Neuropsychotherapy, 4(1), 31–45. ([Open Access Link](#)) • Rossouw, J. G., Rossouw, P.J., Paynter, C., Ward, A., Khnana, P. (2017). *Predictive 6 Factor Resilience Scale – Domains of Resilience and Their Role as Enablers of Job Satisfaction*. International Journal of Neuropsychotherapy, 2(1), 25-40. ([Open Access Link](#))
Resilience First Aid (RFA) Theory and Pilot Evaluation	• Rossouw, J. G., Ruberto, M. (2024) *Resilience First Aid improves peer support and suicide prevention skills: Conceptual design and pilot evaluation*. ResearchGate. DOI: 10.13140/RG.2.2.26008.81920/1 ([Open Access Link](#))
Resilience skills and neuroscience – High Adversity Resilience Training	• Rossouw, J. G., Herlofson, J., Geldenhuys, D. J., & Erieau, C. L. (2024). *High Adversity Resilience Training (HART): Development for emergency responders and defence*. Journal of Applied Neurosciences, 3(1), 8. DOI:http://dx.doi.org/10.4102/jan.v3i1.8 ([Open Access Link](#))
Resilience Statistics	• Rossouw, J. G. (2024, October). National Resilience Index – USA & Australia 2024. *Hello Driven*. ([Open Access Link](#))

A detailed list of over 800 research papers relating to the skills and concepts used in this resilience training can be found here - https://home.hellodriven.com/research/

RFA Accreditation

As of December 2024, Resilience First Aid is accredited by the American Academy of CME for physicians, nurses, and healthcare staff, allowing credits to be earned by completing the training.

This follows Resilience First Aid's accreditation by Suicide Prevention Australia, the national peak body for the suicide prevention sector in Australia.

These accreditations establishes Resilience First Aid as a best practice peer support and suicide prevention program, highlighting the years of research and dedication that has gone into the development of the program.

The accreditation process involves a great deal of diligence to document and highlight the quality of practices as an organisation as well as the work that has gone into the development and research of Resilience First Aid. This accreditation means that:

- RFA represents **best practices** in working towards suicide prevention
- RFA can be used to satisfy **mandatory training requirements**
- RFA is established as a **recognised certification** and a valuable qualification to have

Resilience First Aid works towards suicide prevention through a primary prevention approach. This means we proactively build mental wellness in people, teams and communities, helping people feel more connected and supported. This approach of 'connected resilience' means that mental health is protected, helping to circumvent the conditions that may lead to suicidal ideation.

Therefore, our goal is for everyone to achieve a protective level of resilience, finally working towards addressing the causes of mental health and suicide, rather than simply hoping to notice at the last moment. This is primary prevention – building resilience as a protective strategy to make life more worthwhile and enjoyable, thereby preventing the onset of suicidal thoughts and behaviours.

Through this preventative approach, Resilience First Aid fills a gap in the wellness continuum by teaching strength-based personal and peer support skills that should be learned by everyone as a broad proactive strategy.

Module 1 – RFA01 Primer

Learning Objectives

These learning objectives are designed to provide you with a comprehensive toolkit to enhance resilience, both for yourself and for the people around you. Together, we will explore the latest science behind mental well-being and gain practical skills to make a positive impact on mental health in your community and workplace.

By the end of this module, participants will be able to:

- **Describe the Fundamentals of Resilience** - Describe resilience and explain its significance in mental health and well-being in peer support
- **Explain the Predictive 6 Factor Resilience Model (PR6)** - Describe the six domains of resilience and their role in building mental wellness
- **Apply the ALL Protocol for Peer Conversations** - Apply the basics of the ALL Protocol (Appreciate, Listen, Lift) and explain how it supports resilience-building conversations
- **Connect Resilience Building to Prevention** - Explain how resilience contributes to primary prevention of mental health issues, including suicide prevention

Research

Concept	Research Paper
Resilience model – Predictive 6 Factor Resilience Model (PR6)	- Rossouw, P. J., & Rossouw, J. G. (2016). *The predictive 6-factor resilience scale: Neurobiological fundamentals and organizational application*. International Journal of Neuropsychotherapy, 4(1), 31–45. (Open Access Link) - Rossouw, J. G., Rossouw, P.J., Paynter, C., Ward, A., Khnana, P. (2017). *Predictive 6 Factor Resilience Scale – Domains of Resilience and Their Role as Enablers of Job Satisfaction*. International Journal of Neuropsychotherapy, 2(1), 25-40. (Open Access Link)
Resilience First Aid (RFA) Theory and Pilot Evaluation	- Rossouw, J. G., Ruberto, M. (2024) *Resilience First Aid improves peer support and suicide prevention skills: Conceptual design and pilot evaluation*. ResearchGate. DOI: 10.13140/RG.2.2.26008.81920/1 (Open Access Link)
ALL Protocol influence - Process-Based Therapy (PBT)	- Hofmann, S. G., & Hayes, S. C. (2019). *The Future of Intervention Science: Process-Based Therapy*. Clinical Psychological Science. (Link)
ALL Protocol influence - Acceptance and Commitment Therapy (ACT)	- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2011). *Acceptance and Commitment Therapy: The Process and Practice of Mindful Change*. Guilford Press.

ALL Protocol influence - Motivational Interviewing (MI)	• Hettema, J., Steele, J., & Miller, W. R. (2005). *Motivational Interviewing*. Annual Review of Clinical Psychology. ([Link](#))
ALL Protocol influence - Compassion Focused Therapy (CFT)	• Gilbert, P. (2015). Affiliative and prosocial motives and emotions in mental health. Dialogues Clin Neurosci. ([Open Access Link](#)) • Craig, C., Hiskey, S., & Spector, A. (2020). *Compassion focused therapy: a systematic review of its effectiveness and acceptability in clinical populations*. Expert Review of Neurotherapeutics. ([Link](#))
ALL Protocol influence - Cognitive Behavioral Therapy (CBT)	• Butler, A. C., Chapman, J. E., Forman, E. M., & Beck, A. T. (2005). *The empirical status of cognitive-behavioral therapy: A review of meta-analyses*. Clinical Psychology Review. ([Link](#))
Stats on mental health treatment and early intervention	• NIMH. (2024, 10 6). Mental Illness. Retrieved from ([Open Access Link](#))
Self-Harm and Suicide Risk Factors, Protective Factors (all PR6 domains)	• National Institute of Mental Health. (2024). *Warning Signs of Suicide*. ([Link](#)) • Centers for Disease Control and Prevention. (2024). *Risk and Protective Factors for Suicide*. ([Link](#)) • Life In Mind. (2024). *Warning signs*. ([Link](#)) • American Foundation for Suicide Prevention. (2024). *Risk factors, protective factors, and warning signs*. ([Link](#)) • Cleveland Clinic. (2024). *Suicide.* ([Link](#)) • National Health Service. (2024). *Warning signs*. ([Link](#))

Module 2 – RFA02 Composure

Learning Objectives

By the end of this module, participants will be able to:

- **Explain the PR6 Composure Domain** - Explain the role of Composure in emotional regulation and its importance in activating other resilience domains
- **Apply Neuroscience to Manage Emotions** - Describe the neuroscience behind the fight-or-flight response and learn how to recognise signs of emotional activation in oneself and peers
- **Gain Practical Skills to Enhance Composure** - Learn and practise four key techniques (calm breathing, labelling emotions, reappraisal, mindfulness) to enhance and regain Composure in high-stress situations

- **Respond Effectively to Emotional States** - Identify signs of high and low Composure, and learn practical conversational examples to support peers in regaining emotional stability

Research

Concept	Research Paper
Composure Generally	• 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. (Open Access Link)
Emotional (Limbic Brain) vs Cognitive (Prefrontal Cortex) Thinking	• Epstein, S. (2003). *Cognitive-experiential self-theory of personality. Comprehensive handbook of psychology*, 5, 159-184. (Link)
Label Emotions	• Tugade, M. M., Fredrickson, B. L., & Feldman Barrett, L. (2004). *Psychological resilience and positive emotional granularity: Examining the benefits of positive emotions on coping and health*. Journal of personality, 72(6), 1161-1190. (Open Access Link)
Calm Breathing & Neural Regulation	• Iwakabe, S., Nakamura, K., & Thomas, N. C. (2023). *Enhancing emotion regulation*. Psychotherapy Research. (Open Access Link) • Yackle, K. (2023). *Transformation of Our Understanding of Breathing Control by Molecular Tools*. Annu Rev Physiol. (Link) • Li, W., Yang, P., Ngetich, R. K., Zhang, J., Jin, Z., & Li, L. (2021). *Differential involvement of frontoparietal network and insula cortex in emotion regulation*. Neuropsychologia, 161, Article 107991.. (Link)
Reappraisal	• Hofmann, S. G., Heering, S., Sawyer, A. T., & Asnaani, A. (2009). *How to handle anxiety: The effects of reappraisal, acceptance, and suppression strategies on anxious arousal*. Behaviour research and therapy, 47(5), 389-394. (Open Access Link) • Kleim, B., Thörn, H. A., & Ehlert, U. (2014*). Positive interpretation bias predicts well-being in medical interns*. Frontiers in psychology, 5. (Open Access Link)
Mindfulness	• Galante, J., Friedrich, C., Collaboration of Mindfulness Trials (CoMinT). et al. (2023). *Systematic review and individual participant data meta-analysis of randomized controlled trials assessing mindfulness-based programs for mental health promotion*. Nat. Mental Health 1, 462–476. (Open Access Link)

Module 3 - RFA03 Collaboration

Learning Objectives

By the end of this module, participants will be able to:

- **Describe the PR6 Collaboration Domain** - Explain the importance of social connection for well-being and resilience in a peer support setting
- **Learn the Neuroscience of Social Connection** - Describe the concept of co-regulation and the neuroscience underlying social bonding
- **Develop Social Connection Skills** - Practise three key social skills to build strong networks, enhance trust, and improve verbal and non-verbal communication
- **Support Social Needs in Peers** - Identify the social needs and strengths of peers, and gain confidence in using practical conversational examples to foster meaningful peer connections

Research

Concept	Research Paper
Social Bonding and Coregulation	• Siegel, D. J. (2012). The developing mind: How relationships and the brain interact to shape who we are. *Guilford Publications.* • Mikulincer, M., & Shaver, P. R. (2010). Attachment in adulthood: Structure, dynamics, and change. *Guilford Publications.*
Perceived Support	• Wethington, E., & Kessler, R. C. (1986). *Perceived support, received support, and adjustment to stressful life events*. Journal of Health and Social behavior, 78-89. ([Link](#))
Oxytocin & HPA Downregulation	• Detillion, C. E., Craft, T. K., Glasper, E. R., Prendergast, B. J., & DeVries, A. C. (2004). *Social facilitation of wound healing.* Psychoneuroendocrinology, 29(8), 1004-1011. ([Link](#))
Social Neuroscience	• Oesch, N. (2024). *Social Brain Perspectives on the Social and Evolutionary Neuroscience of Human Language.* Brain Sci. ([Open Access Link](#)) • Schore, A. N. (2000). *Attachment and the regulation of the right brain.* Attachment & human development, 2(1), 23-47. ([Link](#))
Peer Support	• Gilbert, P. (2015). *Affiliative and prosocial motives and emotions in mental health.* Dialogues Clin Neurosci. ([Open Access Link](#))
Social and Communication Skills	• Segrin, C. (2019). *Indirect effects of social skills on health through stress and loneliness.* Health communication, 34(1), 118-124. ([Link](#))

Module 4 – RFA04 Vision

Learning Objectives

By the end of this module, participants will be able to:

- **Describe the PR6 Vision Domain** - Explain the role of Vision in fostering a sense of meaning and purpose in life, personally and in peers
- **Identify Key Skills for Developing Purpose** - Identify skills that contribute to developing a sense of purpose, including understanding basic human needs, prioritising goals, and answering the big questions in life
- **Recognise Signs of High and Low Vision** - Recognise signs of high and low Vision in oneself and in peers, and describe what these signs indicate
- **Facilitate Conversations to Build Vision** - Apply practical conversational techniques to inspire proactive discussions that help individuals explore meaning and build relationships

Research

Concept	Research Paper
Goal Setting	• Locke, E. A., & Latham, G. P. (2006). *New directions in goal-setting theory*. Current directions in psychological science, 15(5), 265-268. ([Link](#)) • Duckworth, A. L., Peterson, C., Matthews, M. D., & Kelly, D. R. (2007). *Grit: perseverance and passion for long-term goals.* Journal of personality and social psychology, 92(6), 1087. ([Link](#))
Meaning & Purpose	• Steptoe, A., & Fancourt, D. (2019). *Leading a meaningful life at older ages and its relationship with social engagement, prosperity, health, biology, and time use.* Proceedings of the National Academy of Sciences, 116(4), 1207-1212. ([Link](#)) • Jonah, P. F., Wong, Y. J., & McDermott, R. C. (2021). *Examining Nietzsche's Epigram: Having a Why Helps You Bear Almost Any How?* Journal of Humanistic Psychology. ([Link](#))
Goal Priorities	• Etkin, J., Evangelidis, I., & Aaker, J. (2015). *Pressed for time? Goal conflict shapes how time is perceived, spent, and valued.* Journal of Marketing Research, 52(3), 394-406. ([Link](#))
Neuroscience of Purpose	• Holz, N. E., Tost, H., & Meyer-Lindenberg, A. (2020). Resilience and the brain: a key role for regulatory circuits linked to social stress and support. Molecular Psychiatry. ([Link](#))
Basic Human Needs	• Grawe, K. (2017). *Neuropsychotherapy: How the neurosciences inform effective psychotherapy*. Routledge. ([Link](#))

	• Epstein, S. (1998). Cognitive-experiential self-theory. In D. F. Barone, M. Hersen, & V. B. Van Hasselt (Eds.), *Advanced personality* (pp. 211–238). Plenum Press. ([Link](#))

Module 5 - RFA05 Reasoning

Learning Objectives

By the end of this module, participants will be able to:

- **Describe the PR6 Reasoning Domain** - Explain the role of Reasoning in building resilience through planning and problem-solving
- **Apply Cognitive Skills for Resilience** - Apply skills such as building resourcefulness, planning ahead, challenging beliefs, and appraising change to enhance resilience
- **Recognise Signs of Reasoning Needs and Strengths** - Identify signs of strong and weak Reasoning skills in oneself and peers, and describe their implications
- **Use Practical Examples to Build Reasoning** - Apply practical case study examples to demonstrate the use of Reasoning skills in real-world scenarios

Research

Concept	Research Paper
Reasoning Neuroscience	• Domic-Siede, M., Irani, M., Valdés, J., Perrone-Bertolotti, M., & Ossandón, T. (2020). *Theta activity from frontopolar cortex, mid-cingulate cortex and anterior cingulate cortex shows different roles in cognitive planning performance*. NeuroImage. ([Open Access Link](#))
Resilience and Reasoning	• Fazey, I. (2010). *Resilience and Higher Order Thinking. Ecology and Society*. ([Open Access Link](#))
Problem-solving, Anticipate Challenges, Acceptance	• Boemo Prieto, T., Nieto Romero, I., Vázquez Valverde, C., & Sánchez López, Á. (2022). *Relations between emotion regulation strategies and affect in daily life: A systematic review and meta-analysis of studies using ecological momentary assessments*. Neuroscience and Biobehavioral Reviews. ([Open Access Link](#))
Resourcefulness and Resilience	• Musil, C. M., Wallace, M. K., Jeanblanc, A. B., Toly, V. B., Zauszniewski, J. A., & Burant, C. J. (2021). *Theoretical and operational consideration of mindfulness, resilience, and resourcefulness*. Western Journal of Nursing Research, 43(3), 210-218. ([Link](#))

Thought Distortions	• Beck, A. T. (1963). Thinking and depression: I. Idiosyncratic content and cognitive distortions. *Archives of general psychiatry*, 9(4), 324-333. ([Link](#))
Adaptability	• Waldeck, D., Pancani, L., Holliman, A., Karekla, M., & Tyndall, I. (2021). *Adaptability and psychological flexibility: Overlapping constructs?*. Journal of Contextual Behavioral Science, 19, 72-78. ([Link](#))

Module 6 – RFA06 Health

Learning Objectives

By the end of this module, participants will be able to:

- **Explain the PR6 Health Domain** - Describe how physical health supports resilience by creating a healthy environment for the brain
- **Understand Neuroplasticity and Health Habits** - Explain the role of neuroplasticity and how health habits like nutrition, sleep, and exercise contribute to building resilience
- **Recognise Signs of Health-Related Resilience** - Identify signs of good and poor health-related resilience in oneself and peers, and describe associated risk factors
- **Promote Healthy Habits for Resilience** - Apply practical conversational examples to support and encourage healthy habits in peers

Research

Concept	Research Paper
Brain Derived Neurotrophic Factor (BDNF), Exercise, Sleep, Nutrition	• Lu, B., Nagappan, G., Guan, X., Nathan, P. J., & Wren, P. (2013). *BDNF-based synaptic repair as a disease-modifying strategy for neurodegenerative diseases.* Nature Reviews Neuroscience, 14(6), 401-416. ([Link](#)) • Cassilhas, R. C., Lee, K. S., Fernandes, J., Oliveira, M. G. M. D., Tufik, S., Meeusen, R., & De Mello, M. T. (2012). Spatial memory is improved by aerobic and resistance exercise through divergent molecular mechanisms. Neuroscience, 202, 309-317. ([Open Access Link](#)) • Issa, G., Wilson, C., Terry, A. V., & Pillai, A. (2010). *An inverse relationship between cortisol and BDNF levels in schizophrenia: data from human postmortem and animal studies.* Neurobiology of disease, 39(3), 327-333. ([Link](#))

	• Molteni, R., Barnard, R. J., Ying, Z., Roberts, C. K., & Gomez-Pinilla, F. (2002). *A high-fat, refined sugar diet reduces hippocampal brain-derived neurotrophic factor, neuronal plasticity, and learning*. Neuroscience, 112(4), 803-814. (Link) • Castrén, E., & Rantamäki, T. (2010). *The role of BDNF and its receptors in depression and antidepressant drug action: reactivation of developmental plasticity*. Developmental neurobiology, 70(5), 289-297. (Link) • Monteiro, B. C., Monteiro, S., Candida, M., Adler, N., Paes, F., Rocha, N., ... & Machado, S. (2017). *Relationship between brain-derived neurotrofic factor (bdnf) and sleep on depression: a critical review*. Clinical practice and epidemiology in mental health: CP & EMH, 13, 213. (Open Access Link)
Exercise	• Chapman, S. B., Aslan, S., Spence, J. S., DeFina, L. F., Keebler, M. W., Didehbani, N., & Lu, H. (2013). *Shorter term aerobic exercise improves brain, cognition, and cardiovascular fitness in aging*. Frontiers in aging neuroscience, 5, 75. (Link) • Kraschnewski, J., Sciamanna, C., Poger, J., Rovniak, L., Lehman, E., Cooper, A., Ballentine, N., & Ciccolo, J. (2016). *Is strength training associated with mortality benefits? A 15 year cohort study of US older adults*. Preventive Medicine, 87, 121–127. (Link)
Quality Sleep	• Hirshkowitz, M., Whiton, K., Albert, S. M., Alessi, C., Bruni, O., DonCarlos, L., ... & Neubauer, D. N. (2015). *National Sleep Foundation's sleep time duration recommendations: methodology and results summary*. Sleep Health, 1(1), 40-43. (Open Access Link) • Greer, S. M., Goldstein, A. N., & Walker, M. P. (2013). *The impact of sleep deprivation on food desire in the human brain*. Nature communications, 4. (Open Access Link)
Nutrition	• Oyebode, O., Gordon-Dseagu, V., Walker, A., & Mindell, J. S. (2014*). Fruit and vegetable consumption and all-cause, cancer and CVD mortality: analysis of Health Survey for England data*. J Epidemiol Community Health, 68(9), 856-862. (Link)

Module 7 – RFA07 Tenacity

Learning Objectives

By the end of this module, participants will be able to:

- **Describe the PR6 Tenacity Domain** - Explain the role of Tenacity in maintaining motivation and persistence in the face of challenges
- **Apply Tenacity Skills for Resilience** - Apply skills such as realistic optimism, self-motivation, overcoming mistakes, and effective time management to enhance Tenacity
- **Recognise Signs of Tenacity and Risk Factors** - Identify signs of high and low Tenacity in oneself and peers, and determine when support may be needed
- **Use Practical Examples to Foster Tenacity** - Apply practical conversational techniques to help individuals build and sustain Tenacity in challenging situations

Research

Concept	Research Paper
Tenacity and Persistence	• Duckworth, A. L., Peterson, C., Matthews, M. D., & Kelly, D. R. (2007). *Grit: perseverance and passion for long-term goals*. Journal of personality and social psychology, 92(6), 1087. (Link) • Fritsch, T., McClendon, M. J., Smyth, K. A., Lerner, A. J., Friedland, R. P., & Larsen, J. D. (2007). *Cognitive functioning in healthy aging: the role of reserve and lifestyle factors early in life*. The Gerontologist, 47(3), 307-322. (Link) • McEwen, B. S. (2002). Introduction: Protective and damaging effects of stress mediators: The good and bad sides of the response to stress. Metabolism, 51(6), 2-4. (Link)
Realistic Optimism	• de Meza, D., & Dawson, C. (2021). *Neither an Optimist Nor a Pessimist Be: Mistaken Expectations Lower Well-Being.* Personality and Social Psychology Bulletin. (Open Access Link) • Oettingen, G. (2000). *Expectancy effects on behavior depend on self-regulatory thought*. Social Cognition, 18(2), 101-129. (Link) • Kappes, H. B., & Oettingen, G. (2011). *Positive fantasies about idealized futures sap energy*. Journal of Experimental Social Psychology, 47(4), 719-729. (Link)
Bounce Back, Overcome Mistakes	• 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. ([Open Access Link](#)) • Carver, C. S. (1998). *Resilience and thriving: Issues, models, and linkages*. Journal of social issues, 54(2), 245-266. ([Link](#))
Time Management	• Claessens, B. J., Van Eerde, W., Rutte, C. G., & Roe, R. A. (2007). *A review of the time management literature*. Personnel review, 36(2), 255-276. ([Link](#)) • Jensen, P. M., Trollope-Kumar, K., Waters, H., & Everson, J. (2008). *Building physician resilience.* Canadian Family Physician, 54(5), 722-729. ([Link](#))

Module 8 – RFA08 Closing

Learning Objectives

By the end of this module, participants will be able to:

- **Review Key Resilience Concepts** - Summarise key concepts learned throughout the course and reflect on their application in supporting resilience
- **Develop a Personal Resilience Action Plan** - Create a personal resilience action plan to continue building resilience beyond the course
- **Practise the ALL Protocol with Enhanced Skills** - Apply the ALL Protocol through a detailed case study, integrating skills gained across all six domains
- **Champion Resilience in Different Contexts** - Develop an action plan to champion resilience in workplaces, communities, and personal life settings
- **Complete Certification Requirements** - Successfully complete a multiple-choice assessment to achieve RFA certification

Certification

Once you are fully certified, you will receive a PDF copy of your certificate which states the expiration date (after three years). To remain RFA Certified, ensure you complete the training again within three years to renew your knowledge and skills in resilience and peer support.

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