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Resilient Families Help Make Resilient Children

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Family practitioners recognize that children can be resilient despite dysfunctional families, and studies of childhood resilience have found that individual, family, and community protective factors are associated with children's positive outcomes despite significant risk (Condly, 2006; Werner & Smith, 2001). However, it can be challenging to recognize family strengths when there is significant family dysfunction (Sousa, Ribeiro, & Rodrigues, 2007). In addition, when dysfunctional families are seen as a risk factor for children, treatment may focus on enhancing individual and community protective factors while possibly losing beneficial aspects of family identity and support. Family resilience research suggests that families can be resilient despite dysfunction and that family resilience influences positive outcomes for children (Amatea, Smith-Adcock, & Villares, 2006; Mackay, 2003). Thus, intervention that identifies and enhances family resilience can potentially help both children and their families.

This paper shows how resilience concepts explain children's and families' ability to grow and adapt. It describes how family resilience influences children's resilience and presents a framework for resilience-based family treatment that enhances resilience in families and children. A brief case example of a struggling family illustrates how this treatment framework utilizes family, community, and individual protective factors to enhance family and child resilience.

Individual and Family Resilience

Resilience is the ability to bounce back. More formally, it is a "dynamic process encompassing positive adaptation within the context of significant adversity" (Luthar, Cicchetti, & Becker, 2000, p. 543). It is an ongoing adaptive process in which protective factors interact with chronic or acute risk factors, resulting in positive outcomes (Condly, 2006). Risk and protective factors occur at individual, family, or community levels and may be situational or ongoing.

Werner and colleague's landmark study (Werner & Smith, 2001) followed 698 children who were born on the island of Kauai in 1955 from birth to 40 years old, and it discovered that one-third of children considered at-risk at birth showed resilient outcomes by adulthood (Werner, 1996). This study examined the impact of biological and psychosocial risks, stressful life events, and individual, family, and community protective factors. Risks included perinatal stress, poverty, and parental education, alcoholism, or mental illness. Resilient outcomes were indicated by participants' positive reports regarding their well-being, physical and mental health, and success in school, employment, and

relationships. These outcomes were associated with protective personal traits, family strengths, and community resources. Specifically, resilience was associated with children's health, level of intelligence, social interaction skills, and internal locus of control in which they perceived an ability to respond to external stressors rather than being controlled by them. Nurturing parents, school success, and emotional support from adults outside the family also predicted positive outcomes.

Resilient outcomes are affected by the number or intensity of risk factors, the availability of protective factors that are able to address current risk factors, and the person's ability to access those protective factors (Condly, 2006). Researchers have most often defined positive outcomes in terms of personal well-being, good mental health, successful completion of school, ability to maintain gainful employment, and positive personal relationships (Luthar et al., 2000; Werner & Smith, 2001). However, these outcomes do not always occur together. For example, work success may not always accompany well-being or positive relationships (Condly, 2006; Luthar et al., 2000). Therefore, some have proposed a more flexible definition related to successfully completing developmental tasks needed for overall well-being (Garmezy, 1991; Masten & Coatswith, 1998). This is particularly important for children. Their resilience is linked with their families during childhood, with growing autonomy during adolescence, and with balancing individual identity with relationship intimacy as adults. This definition acknowledges that resilience is an ongoing process rather than a goal to accomplish, although resilient outcomes at one developmental stage improve chances for future resilience (Egeland, Carlson, & Sroufe, 1993; Luthar et al., 2000).

Family Resilience

Resilience has also been described in families, defined as "the successful coping of family members under adversity that enables them to flourish with warmth, support, and cohesion" (Black & Lobo, 2008, p. 33). Walsh (1998) proposed that resilient families are cohesive and have flexible roles, positive belief systems, and effective communication and problem-solving. She described positive benefits when families express emotions and nurture and support each other. Flexible family roles help families adapt to stressors, such as illness or economic difficulties, and they take advantage of the strengths of individual family members. Families who believe they are able to band together to overcome adversity or who have spiritual beliefs that predict positive futures are more resilient, while communication and problem-solving skills provide tools for coping and

adapting to significant risks and life stressors. Studies of family resilience have demonstrated the protective role of these factors and also other family functioning characteristics, including effective financial management, positive parenting, and family routines such as shared meals and recreational activities (Armstrong, Birnie-Lefcovitch, & Ungar, 2005; Barnes, 2001; Black & Lobo, 2008; McCubbin, Balling, Possin, Frierdich, & Bryne, 2002).

McCubbin and McCubbin (1993) described resilience as a process of adjustment and adaptation. They explained how some families are resilient since they are able to use proficient family functioning to adjust to the impact of various life stressors. However, when multiple or ongoing stressors overwhelm families' ability to adjust, they must adapt family functioning patterns in order to become resilient. Two primary sources influence this adaptation: guidance from family belief systems and instrumental or emotional support from resources outside of the family. Extended family, neighbors, or various types of service providers may bolster families' coping capacity by performing family maintenance tasks or supplying economic assistance, emotional support, or resources for basic family needs. These extra-familial resources can help families learn how to modify or enhance skills that strengthen family coping and problem-solving skills. Likewise, cultural beliefs, values, or worldviews can lead to improved family functioning by helping families develop a sense of coherence, defined as being better able to comprehend the nature of risks, identify and implement available protective factors, and find positive meaning in the process (McCubbin, Thompson, Thompson, Elver, & McCubbin, 1998). This helps the family believe in its ability to become resilient.

Family Resilience Affects Children

Research has shown that family protective factors benefit families and the individual family members. For example, supportive parental relationships improved both parent's and children's ability to cope with economic adversity while older siblings taking on added tasks within the family reduced the impact of stress on their younger siblings (Conger & Conger, 2002). Families who were committed to working together to manage stressors reported closer relationships (Bayat, 2007) and improved coping with physical and mental illness (Greeff, Vansteenwegen, & Ide, 2006; McCubbin et al., 2002). The negative impact of parental drinking on member self-worth was mediated by family cohesion (Bijttebier, Goethals, & Ansoms, 2006), while supportive relationships among family members and good communication and problem-solving skills were associated with

more effective parenting and improved self-worth of family members despite parental alcohol abuse (Coyle et al., 2009) and also with better family coping following divorce (Greeff & Van der Merwe, 2004). A number of studies have noted the positive effect of family characteristics on adolescent family members. Family dinner routines were associated with less teen aggression and delinquency (Griffin, Botvin, Scheier, Diaz, & Miller, 2000). Teens had better educational and job achievement when their parents supported children's talents and restricted exposure to neighborhood dangers (Furstenberg, Cook, Eccles, Elder, & Sameroff, 1999). Family cohesion and parental monitoring were also associated with teen behavior and academic performance (Ary, Duncan, Duncan, & Hops, 1999). These studies have described reciprocal relationships that strengthened families' resilience during or following adversity while also enhancing the individual resilience of family members.

It can be difficult to distinguish individual from family resilience outcomes since they are interdependent (Rayens & Svavarsdottir, 2003). Furthermore, family developmental outcomes, such as achieving family members' physical and emotional needs, guiding children's growth toward becoming autonomous adults, and producing mutual support between adults and their aging parents, parallel individual developmental stages. Garmezy (1991) proposed that resilient families demonstrate family efficacy in which positive family identity and mutually supportive relationships enhance members' health and well-being. This provides a foundation for family management, positive relationships between couples, and effective parenting (Elder, Eccles, Ardelt, & Lord, 1995). Family systems practice approaches embrace these interactions as flexible methods for effecting positive changes at both family and individual levels. Consequently, both individual and family resilience concepts and domains provide helpful guides for family counseling and intervention.

Resilience-based Family Treatment

A resilience framework has an underlying assumption that positive development is possible even when significant adversity occurs, and treatment planning identifies and utilizes available individual, family, and community protective factors in order to moderate the expected negative impact of risk factors. This approach is consistent with ecological (Benzies & Mychasiuk, 2008) and strengths perspectives (Saleebey, 2006) as it assesses risk factors and protective strengths within the person, family, and environment. A resilience framework expands these perspectives by describing an ongoing process in which chronic or

changing risk factors may be managed with a changing array of protective factors that reflect available personal and environmental resources, family and individual belief systems, and developmental stages.

Resilience-based treatment fits with goals and intervention methods from most models of family therapy since it focuses treatment on strengthening protective factors that can overcome risk factors and accomplish developmental goals rather than defining specific intervention techniques (Simon, Murphy, & Smith, 2005). It fits particularly well with solution-focused therapy models that emphasize positive behavior and skills (Nelson & Thomas, 2007; Todd, 2000) and narrative therapy approaches that engage positive family beliefs as guides for enhancing family functioning (Freeman & Couchonnal, 2006).

Resilience-based family treatment expands other family treatment models by conceptualizing presenting problems as risk factors that challenge the family's ability to accomplish individual and family developmental tasks. Families have the potential to adjust or adapt to these risks, even if they are significant, and risks provide opportunities for growth and skill acquisition (Black & Lobo, 2008). Treatment assesses interactions between risk factors and available or potential protective factors at individual, family, and community or environmental levels. Although protective factors that influenced past resilient outcomes may be helpful in the current crisis, the availability and efficacy of protective factors may change over time. In addition, different skill sets and resources may be needed to accomplish subsequent individual and family developmental stages.

A resilience framework has two aspects that are particularly helpful in treatment. First, resilience describes an interactive process between risk and protective factors rather than specific or required protective traits. As previously mentioned, resilience research has identified several domains of protective factors, but effective combinations of protective factors are changeable, influenced by developmental stages, current risks and risk levels, personal and family characteristics, and accessible resources. For example, Werner and Smith (2001) noted that the bond between mother and infant predicted resilience at all life stages and that school achievement and peer relationships were more protective during childhood for boys and during adolescence for girls. They also noted the impact of life-changing events, such as military service or significant personal relationships for older teens and young adults. Families affected by significant health crises reported the value of flexible family roles and emotional and material support from outside the family (McCubbin et al., 2002); this appeared more helpful than communication and problem-

solving skills, which are a common focus of family intervention. Additionally, positive family belief systems may provide motivation for successfully challenging ongoing or intense family stressors, and social interaction skills may improve individuals' and families' ability to access protective resources (Alvord & Grados, 2005). These protective factors may induce family resilience despite continuing stressful situations or conditions. In addition, a family's resilience can be influenced by combinations of several different protective factors, including family cohesion, supportive relationships and resources outside of the family, changed family roles, individual strengths of family members, or positive spiritual beliefs. Reduced levels of family abilities in one area may be offset by competence in another area.

Conceptualizing resilience outcomes as completing developmental tasks is a second helpful aspect of resilience. This provides a holistic, growth-centered focus that defines risk factors as only one aspect of normal development. This is particularly useful when families seek immediate resolution of chronic risks such as disabling conditions or behavior associated with developmental stages such as teen rebelliousness. Treatment goals that emphasize developmental outcomes may reframe current struggles as learning experiences and examine the influence of wider contexts. For example, families struggling with a member's disabling illness may feel more hopeful if they define their initial coping efforts as methods for choosing and evaluating the effectiveness of new family structures, skills, or resources. Furthermore, believing that one can ultimately overcome significant risks helps individuals and families conceptualize risks as normal aspects of development that can be managed. Recognizing and enhancing this family belief is a particularly helpful intervention when multiple problems impacting the family require a longer period of time to resolve or when families must adjust to chronic conditions or losses.

Using a Resilience Framework to Help Families and Children

The following example of family treatment describes the author's efforts to use family protective factors to improve both family and child outcomes. Specific aspects of the family's circumstances have been emphasized in order to more clearly illustrate resilience-based treatment. Names and identifiable information have been changed or omitted.

Maria Rae's sister suggested that she talk to a counselor about her escalating arguments with her 13-year-old son, Tony. Although her husband believed that counseling was a waste of time, she did not know what else she could do, so she and Tony came for an initial counseling

session. Maria reported that Tony refused to follow her rules about curfew and telling her where he would be. He used curse words, argued with her daily, and was failing a number of courses in school. Tony interrupted his mother's explanations by saying that she was overprotective, exaggerated the facts, and constantly complained about everything. Maria explained that she managed the household, paid family bills, and was primarily responsible for parenting Tony and his 9-year-old sister, while her husband worked construction and spent his free time drinking with friends. She would caution the children to behave well since her husband was easy to anger when he was drinking. Maria feared that Tony would ultimately drop out of school and associate with delinquent peers. Tony said that this was "stupid." He blamed school problems on teachers and believed that he would pass his courses by the end of the school year as had occurred in previous school years. Maria argued with him, saying that his teachers told her that he did not work hard enough and that she should push him to improve his effort. Regarding his mother's negative reactions about his friends, Tony complained that he and his friends had never been arrested and that his mother's fear of the neighborhood was even making his sister afraid to go outside to play. He asked the counselor to tell his mother to "chill" and stop nagging him, while his mother replied that she was trying to protect him from the neighborhood gangs and crime.

Assessing Family and Individual Resilience

This brief description contains a number of family problems yet also suggests possible strengths. The mother-son arguments were likely related to adolescent development and possibly influenced by poor parenting, parental alcohol abuse, unsupportive school staff, or hazardous neighborhood conditions. On the other hand, Maria had a supportive sister, and the family had a stable income. Mother and son were communicating, even though they were unable to move past arguing, and both asked the counselor for help.

Further assessment suggested that communication or conflict management training could improve family skills, but it would be difficult to implement since the immediate arguing between mother and son during the initial interview illustrated an argumentative style that was blaming, escalating, and emotionally driven. Individual counseling for Tony could engage his interest in help and possibly provide a mentoring relationship, but it would not directly address the mother-son tension that caused Maria to come for help. It could also triangulate the counselor since Maria could expect individual counseling to make Tony more compliant and Tony could expect the counselor to support his attempts to make his own

decisions. Individual counseling to improve the mother's parenting skills could help her better understand her son's adolescent development and replace emotionally escalating arguments with clear rules and consequences. Yet it might also support Tony's belief that his mother was the problem and would still require facilitating a negotiation process that would help Tony make more responsible decisions. A more useful aspect of the mother-son relationship became the key for treatment. The counselor noticed that they did express their feelings to each other and that they wanted to resolve the arguments. The mother was obviously worried about her son, but she wanted him to succeed, and Tony recognized this.

Family Treatment That Enhances Resilience

Traditional family therapy methods might ask all family members to attend sessions in order to strengthen the parental relationship, encourage the father to be a more active parent, and assess possible alcohol abuse. Yet Maria reported that her husband refused to attend counseling, and asking her to try to convince him otherwise would focus initial treatment on engaging the husband rather than capitalizing on Maria's and Tony's interest in resolving their arguments. Since the mother-son relationship appeared to be the strongest protective factor, family counseling focused on using their relationship strengths to reframe the conflict and facilitate subsequent treatment; this successively enhanced other available protective factors.

First, the counselor suggested that both the mother and the son wanted Tony to become an independent adult, although they had differing ideas about how to accomplish this. This refocused treatment from the escalating conflict (the mother's desire to change Tony's behavior versus Tony's wish that the mother would stop nagging him) to helping Tony grow up and thus offered more opportunities for success.

The next step was to assess the strength of various family protective factors. There were obvious limitations in the parental relationship, communication styles, and parenting. Suggesting that Maria and Tony seemed to care about each other was initially confusing for them to hear. However, Tony did agree that his mother worried about him and nagged him because she cared about him, and Maria did agree that Tony's actions were an attempt to become more independent. This realization changed the way that they thought about their arguing, even though it did not improve their communication. They were able to acknowledge the other's good intentions; this helped Maria see Tony's demands as attempts to grow up and allowed Tony to admit that his

mother was worried that he would be harmed. These initial interventions provided hope since they recognized the closeness between them and perceived the arguments as teenage development rather than dysfunctional behavior by either mother or son.

Utilizing Resources from Outside the Family

An additional resilience strategy was to reduce the intensity of their escalating arguments by arranging support from outside the family. The mother was able to discuss her fears with her sister, and this reduced the amount of reassurance that she was seeking from Tony. It also helped her acknowledge the impact of her own anxieties and to communicate reasons other than fear when she described rules that she wished her son to follow.

Talking with Tony about possible supportive relationships confirmed that his father continued to be uninvolved; Tony seemed to accept this. He did not feel supported by teachers, and no other adult mentor was identified. Yet Tony did respond to guidance from the counselor, who was male. Tony was very vocal, and he appreciated that the counselor listened to his complaints. He would listen when the counselor suggested alternative explanations for his mother's behavior or proposed other methods for achieving his goals.

The counselor avoided the previously mentioned triangulation by using part of the mother-son counseling sessions to talk with Tony individually, suggesting how he could better communicate his needs to his mother and then facilitating the mother-son conversations. At times, this involved asking them to both take a "time-out" when escalating arguments reoccurred. It also helped to remind them that, while they may need more time to resolve their disagreement, they were both working to accomplish their goal. Progress was influenced by several factors. Tony accepted the counselor's suggestion that showing his mother responsible behavior would be more effective than telling her to stop nagging him. He also acknowledged that he cared about how she felt. The mother was relieved when the counselor explained that much of Tony's behavior exhibited typical adolescent wishes for more freedom, and she agreed to balance her own fears with the need to allow Tony increased responsibility when he demonstrated good judgment.

The initial use of cohesion and positive beliefs about teen development helped reduce the intensity of the arguing. This was influenced by the focus on growing up, hope that a solution was possible, and their supportive conversations with the mother's sister and the counselor. This also helped them to be more receptive to learning

effective negotiating skills. Beginning attempts to improve communication were frustrating for them since the mother found it difficult to listen to Tony's demands without becoming defensive and since Tony was impatient with trying to understand his mother's feelings. However, with the counselor's help, they were able to agree to a number of trade-offs. The mother agreed to better manage her anxiety about the neighborhood if she was able to meet Tony's friends and if Tony accepted her rules about neighborhood safety. Tony's curfew would be extended if he had passing grades in school.

Maria chose not to confront her husband's absence or drinking, and her improved relationship with Tony appeared to balance the family's functioning despite this. Tony's observation regarding his younger sister's fears about playing outside encouraged his mother to address this. She arranged opportunities for her daughter to socialize with friends in supervised settings. Maria felt that she was able to manage her fears about the neighborhood without additional counseling. The mother and son were still prone to argue, with both trying to convince the other to change. However, instead of escalating, they brought their arguments to the counseling sessions, during which the counselor suggested solutions based on additional family and individual protective factors. For example, the counselor proposed that a parent's role was to make final decisions about rules while a teenager's role was to use increasing levels of responsibility to learn about good judgment. This challenged the mother to set limits while giving Tony increased opportunities to make decisions. It also reassured Tony that he could trade acceptance of his mother's current limits and instances of responsible decision making for desired responsibilities and privileges. In particular, the mother needed to recognize that Tony would sometimes fail because he was learning new skills, and Tony needed to recognize that failure had consequences even if he did not mess up on purpose.

Strengthening Individual Resilience

At times, the counselor would meet with Maria and Tony individually in order to enhance their individual protective factors; then he would bring them together to use their individual skills to further strengthen their relationship. Tony found it easier to listen when the counselor suggested that he was asking for too much, and he would most often agree with the counselor's suggested alternative. On the other hand, Maria was more willing to agree to a request that she found uncomfortable if the counselor explained how she could negotiate reasonable limitations. For example, she initially agreed that Tony could have a cell phone if he paid the

monthly bills. Tony was able to use money that he received for his birthday and from small jobs to pay initial costs, but he was unable to earn enough money to pay the monthly bill. He asked his mother to pay the bills since she often telephoned him to check on his whereabouts. Maria was uncertain, but with the counselor's help, she negotiated behavior conditions that Tony must follow in order to use his cell phone. She also noted that, since the phone contract was in her name, she could turn off the phone if Tony refused to give her the phone until he complied with her conditions. In addition, Tony became quite good at negotiating trade-offs, and Maria saw this as evidence of his maturation.

Discussion

The Rae family appeared broken. The mother-son arguments, questionable parental relationship, the father's possible alcohol abuse, Tony's oppositional behavior, and the mother's anxiety seemed to be overwhelming the family. Furthermore, the family seemed to have limited capacity to directly resolve these problems. Yet resilience-based family treatment found useful individual, family, and community protective factors that were able to enhance family interactions that influenced individual and family development and resilience.

This case illustrates the benefits of identifying treatment goals related to developmental tasks, such as helping adolescents become adults. Moreover, utilizing accessible protective factors evokes higher levels of family or individual capability. For the Rae family, this included the emotional connection between the mother and Tony, emotional support from Maria's sister, and Tony's ability to seek and accept guidance from the counselor. Helping them recognize that both were looking for the same outcome produced a sense of hope for a successful future; this in turn helped them cope with continued tension during the time that it took to resolve the arguments. Family counseling sessions continued for approximately eight months, and initial biweekly sessions changed to monthly follow-ups for the last three months. In addition to supportive relationships outside of the family, individual protective factors improved individual and family resilience. Maria learned to trust her ability to manage her own fears and parent her children, even though she received little support from her husband. Tony's social skills and interest in learning about negotiation helped resolve destructive arguments.

Although the parental relationship, husband's drinking, and occasional mother-son arguments continued following treatment completion, some family resilience was apparent since the family was better able to support the children's development. Tony showed personal

growth compatible with his developmental stage, and Maria appeared more confident. Both reported an improved ability to cope with ongoing life stressors consistent with individual resilience. This illustrated resilience as an interactive process in which protective factors accommodated risk factors rather than replaced them.

Resilience-based treatment does not imply that every family can be resilient if only they choose the right protective factors. There are times when family dysfunction is so significant that child protection efforts are required, such as in cases of serious child neglect, abuse, or family violence. Certain presenting problems may demand more direct intervention rather than the developmental approach described here. Intervention for addiction, mental illness, or economic adversity may be necessary before a family is able to focus on enhancing coping skills. This treatment approach also depends upon family-counselor engagement. This is a reciprocal process in which the family is willing to adapt patterns of functioning and the counselor is willing to adjust treatment to the specific family needs and strengths (Becker, Hogue, & Liddle, 2002). This collaborative approach is not always possible with families who rely upon avoidant coping, learned helplessness, or rigid family structures that eschew outside help.

When attempts to adapt family functioning are unsuccessful, children and adults may still achieve individual resilience by accessing individual and community protective factors. Individual resilience may also become a protective factor that influences future family resilience.

While family resilience research has noted several domains of protective factors that are useful guides for family treatment (Simon et al., 2005), clearer insight about interactions between specific protective and risk factors and patterns of resilience over time could better guide treatment choices. There is a need for longitudinal studies that examine patterns of resilience across developmental stages and family resilience processes for different types of risk factors in order to differentiate combinations of risk and protective factors that more often lead to resilience from those that do not.

Resilience-based family treatment is a promising framework for enhancing effective family functioning (Benzies & Mychasiuk, 2008; Black & Lobo, 2008; Simon et al., 2005) and should be included in educational and training curricula for family practitioners. Additionally, practitioner analyses and case studies of resilience-based treatment have an important role in continued theoretical development by illustrating or challenging resilience concepts and treatment models.

The flexibility and hopefulness that underlie a resilience framework provide a helpful guide for family treatment. When we observe families who succeed despite overwhelming odds, we wonder how they did it. Their stories often explain how they took advantage of personal or family strengths or were able to access resources which helped them persevere. They also describe how the crisis challenged them to become stronger. These stories can provide hope for other families, encouraging them to discover their own resilience.

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