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Commentary on "Resilient Families Help Make Resilient Children"

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The article entitled "Resilient Families Help Make Resilient Children" describes a guiding framework for therapeutic work with children and their families to identify strengths and protective factors as a basis for supporting positive outcomes in the face of dysfunction or stressors. Identification of a child's resilience factors is critically important, as these are often the factors that can protect children at different points in their development from negative outcomes. As a child's resilience is directly linked to the child's family, and its strengths or weaknesses, therapeutic approaches need to target resilience in the family system in order to support the child. Identification of strengths within the family system in the resilience-based approach places an emphasis on capabilities rather than disabilities. In this approach, family practitioners work with a child, the child's family and other supportive persons to identify the characteristics (e.g., beliefs, problem-solving skills) or resources (e.g., supportive relatives, community services) that can support their resilience in crisis and/or dysfunction. Thus, there is a lot of appeal to this framework, not the least of which is its emphasis on building from family strengths towards resolution of problems.

It is important to note that research, especially longitudinal research, has informed this therapeutic approach. For example, the study carried out by Werner that followed 698 children born on the island of Kauai in 1955 until they were 40 years old identified numerous protective factors that supported more positive outcomes in spite of early risks and stress (Werner & Smith, 2001). For children, resilience factors included some very predictable characteristics such as health and cognitive and social skills but also less predictable personal characteristics such as a child's internal locus of control. This suggests that the extent to which a child has an internalized representation of their ability to have some degree of control over what happens to them could protect them from negative outcomes. Identification of resilience factors, such as a child's locus of control, may be quite important, particularly as it is a personal trait that is amenable to change through intervention. A number of family resilience factors also have been determined through research to be important for their protective value in the face of stress and unexpected negative events, including a family's communication style, the belief that they can weather problems together, or their responsiveness to their child's needs (Armstrong, Birnie-Lefcovitch, & Ungar, 2005; Walsh, 1998). Findings from other existing descriptive longitudinal studies that have examined risk and protective factors for children and their families may add to our understanding of what constitutes resilience. Intervention research may also reveal family behaviors that, if supported in therapeutic approaches,

can improve the extent to which they become protective factors to help a family to be resilient to dysfunction and/or negative events in the future. For example, responsive parenting is often reported as a family strength that can play a protective role for better child outcomes (Armstrong et al., 2005). Intervention studies demonstrate that families can be supported to develop responsive parenting behaviors even when these are only present at very low levels prior to the intervention. Increased parent responsiveness, in turn, has been demonstrated to be a causal influence that explains increases in social, emotional, and cognitive competencies for young children in these families (Landry, Smith, Swank, & Guttentag, 2008). It is encouraging in this intervention research that families with high risk factors (e.g., poverty, low levels of education, depression) could become positive parents such that this change impacted their children's well being. Other intervention research has identified factors in families' communities that are key to understanding a family's ability to effectively respond to intervention. For example, a family's perception that they have support from others (friends, spouse, relatives) for their role as parents was a unique predictor of tendency to make positive changes in parenting practices in response to an intervention (Guttentag, Pedrosa-Josic, Landry, Smith, & Swank, 2006). In a large study based upon a high-risk neighborhood where there was a strong presence of senior citizens, the presence of a senior member of the community as a mentor to families with young children who were participating in a parenting program resulted in greater gains in families' responsive parenting practices and in their children's social and cognitive development (Dietrich, Landry, Smith, Swank, & Hebert, 2006). These examples are included to help make the point that the field of resilience-based family treatment is more likely to advance if it is based on a solid foundation of research that can inform clinical training programs and practice. It will be important for the field to develop goals for future research that address gaps in the field and to also identify funding mechanisms that will better assure that much-needed research is carried out.

A challenge to the resilience-based therapeutic field is how to build clinical expertise in identifying protective factors in families. Some children and families who face very difficult life stressors may have more easily identifiable strengths that a therapist can target to help the family cope with and overcome negative events. However, others may face significant negative situations and events and protective factors may not be apparent. One challenge to the field of resilience-based therapy will be to determine how to train clinicians to work through the process of discovering possible protective factors within families when the

dysfunction is so great that none are apparent. To achieve this goal, the field may need to build a greater knowledge base about what constitutes resilience and how that might vary within specific cultures. This may include a more in-depth appreciation of cultural belief systems, the importance of particular family practices across different cultures, and communication styles specific to different cultures. This knowledge would then guide resilience-based family therapists to effectively use family characteristics that are unique to the family's cultural background to build protective factors rather than ignore or attempt to change them.

In order to understand the mechanism by which resilience works to support families and children to face challenges, it is important to appreciate it as a set of characteristics and protective factors that change or adapt to the changing challenges that families are expected to meet if they are going to be successful in supporting their children's development. Thus, there is an emphasis on the need for families to grow, adjust, and be flexible in order to meet the ever changing demands of life. In some ways the field of resilience-based family therapy needs to develop its own set of resilience characteristics such that it is supported to grow and adjust in order to meet new challenges that face the field. Identification of gaps in the knowledge base that informs the field may be one place to start to better assure that training programs and practice continues to be able to effectively support families to succeed in life.

References

- Armstrong, M. I., Birnie-Lefcovitch, S., & Ungar, M. T. (2005). Pathways between social support, family well being, quality of parenting, and child resilience: What we know. *Journal of Child and Family Studies, 14*, 269-281. doi: 10.1007/s10826-005-5054-4
- Dieterich, S. E., Landry, S. H., Smith, K. E., Swank, P. R. & Hebert, H. M. (2006). Does using a community mentor in a parenting program benefit changes in maternal behaviors and child outcomes? *Journal of Early Intervention, 28*(2), 111-124.
- Guttentag, C., Pedrosa-Josic, C., Landry, S.H., Smith, K., & Swank, P. (2006). Shifts in parenting profiles: Effects of an intervention and mothers' internal and external resources. *Journal of Applied Psychology, 27* (4), 349-369.
- Landry, S. H., Smith, K. E., Swank, P. R., Guttentag, C. (2008). A responsive parenting intervention: The optimal timing across early childhood for impacting maternal behaviors and child outcomes. *Developmental Psychology, 44*(5), 1335-1353.
- Walsh, F. (1998). *Strengthening family resilience*. New York: Guilford.
- Werner, E. E., & Smith, R. S. (2001). *Journeys from childhood to midlife: Risk, resilience, and recovery*. Ithaca, NY: Cornell University Press.