

*Social Work Practice with Families* uses resiliency—a strength-based perspective—to frame a collaborative approach to assessment and treatment with families. In so doing, the text aims to help practitioners select a therapeutic model that effectively assists in addressing risk factors and promoting important resources. The book provides clear examples of the elements in a strength-affirming assessment and engagement process, discusses resiliency in terms of families belonging to various cultural groups and family structures, and identifies resiliency issues and implications for practice with families facing major problems. Including current evaluation research from the United States, Canada, and around the globe, the text serves as a helpful resource to undergraduate and graduate social work students and practitioners.

**Special Features of This Third Edition:**

- Clear linkages between assessment, selection, and implementation of treatment models
- Description of the theoretical frameworks and techniques of major treatment models and programs for specific populations
- Case illustrations to describe how treatment models could be implemented with a variety of families
- Empirical data on effectiveness of treatment strategies
- A global perspective

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WITH FAMILIES  
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THIRD EDITION



# SOCIAL WORK PRACTICE WITH FAMILIES

A Resiliency-Based Approach



MARY PATRICIA VAN HOOK

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# Social Work Practice with Families



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*A Resiliency-Based Approach*

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*For my husband, Jay Martin Van Hook, and my children, Carie, Stephen,  
Suzanne, and John, and their families, who taught me important lessons  
about families and have given their ongoing support.*



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## PREFACE

The term *resiliency* has received increased attention, with widespread recognition that people have the ability to cope with a variety of difficult life events. The issue of *Newsweek* marking the 10-year anniversary of the tragic events of September 11 had RESILIENCE in bold letters on the cover. Communities seeking to restore life after deadly tornadoes or floods and experiences of interpersonal violence are described as resilient. The strengths- and assets-based approaches to micro and macro practice rely on concepts associated with the literature on resiliency. For me personally, the path to thinking about resiliency began early in my social career as part of an attempt to understand how people managed not only to overcome difficult early life experiences but also to emerge as contributing individuals.

As a beginning social worker, I was working at a major New York City teaching psychiatric hospital on the children's services unit. In the course of arranging with a local foster care agency to place one of the children, we met the prospective foster father, a compassionate and responsible family man and father of two children. He and his wife were willing to open their home to a 5-year-old boy from our program. He told his own childhood story of going from foster home to foster home until he grew too old for the foster care system. During these years, he developed the goal of providing a stable foster home to protect other children from his own experience. The time had now come to fulfill this commitment, and he and his wife agreed to accept this little boy into their home. After meeting with this prospective foster father, the staff of the children's services discussed our own limitations in understanding the emotional and interpersonal strength of this man. If he had been a patient in the hospital and we had been asked to explain why he was in the hospital and unable to function or relate effectively with other people, we would have had no difficulty explaining his illness. We would have talked about attachment problems, ego deficits, and other contributing factors. We recognized that our theoretical tools had no answers for why he was the caring, responsible man that he currently

was. We were humbled at the complex nature of human beings and the presence of strength despite great odds.

Several years ago, a colleague and friend of mine received a major award for his contributions to the field of mental health. He had been responsible for creating some important changes in mental health services and had developed and administered several important mental health programs. In his acceptance speech, he described the source of his commitment to making a difference in the services offered. When he was a child, his father, a volunteer fireman, had died rushing to respond to a fire. He and his brothers were then raised by their mother, a fragile woman with many serious mental health problems. She was in and out of hospitals, and the boys experienced the stigma of family mental illness in their small community with very limited resources to help the family. As a result, he grew up dedicated to ensuring that other families would receive the help they needed—help that had not been available to him and his family. He became a committed and effective leader in the field of mental health, especially to providing care to those in underserved areas. When I described my friend's background to my students and asked for their description of his current situation, their stories were replete with pathology: inability to hold down a job, problems in relationships, perhaps substance abuse. They were surprised and rather skeptical when I described instead a caring husband and father, respected in the mental health field, and a good friend to those around him. Perhaps if we had met his two older brothers, both of whom grew up to be dedicated public servants and had learned more about the legacy left by his father, we would have had some clue regarding the source of his resiliency.

In the media, we hear and read of children caught up in crime and drugs within their troubled neighborhoods. Many of these children join the case rolls of social workers and other counselors. Their stories reveal the trauma and ongoing dysfunction in the lives of the people involved. But, receiving less attention are the children who somehow manage to forge productive and satisfying lives despite living in the same areas. We live in a world in which people must contend with the aftermath of accidents, violent actions, or severe illness that leaves families without a parent or partner. Other families face problems of poverty, political, or social oppression. Families experience the loss of children through illness or accidents. No family is immune to at least some of these adverse life events, and many of the families that we see in social work have experienced several of them.

Social workers and related professionals realize that while discovering and identifying why people develop problems and disabilities are important, this information is inadequate for the assessment and treatment process. It is essential to find answers to how people manage to endure, cope, and even sometimes thrive under the troubles that can be part of the human condition. It is further important to identify the specific aspects of a person's life that make such coping possible (Blundo, 2002). The strengths perspective reminds us that such answers are critical in the design and implementation of prevention and treatment efforts and

can promote the healing process (Saleebey, 2000). McQuaide (2000), in writing about women's resiliency at midlife, went even further. She described assessment and treatment that is vulnerability and pathology based as participating "in the process of subjugation—the subjugation of the resilient selves" (p. 74).

In recognition of the importance of identifying sources of strength, vitality, and effective coping in our work with families, this book draws on the theoretical framework and empirical literature regarding resiliency to examine the nature of the concept and the empirical basis of factors that promote resiliency in individuals and families. The book is organized to help the reader understand the concept of resiliency and the related concepts of risk and protection as well as individual, family, and community factors that promote resiliency. Subsequent chapters discuss resiliency from the perspective of families who are facing certain problem events and belong to different racial or ethnic and community groups and with diverse family structures. The book presents a model of assessing families using a resiliency framework. The book describes ways to join families using a resiliency approach. The understanding of what aspects of family life can either threaten or contribute to resiliency can guide the social worker in selecting intervention approaches that could be useful in strengthening a particular family with its unique set of current circumstances. Based on this discussion, the book links the concepts of resiliency with some of the family therapy approaches in terms of ways in which they can be used to promote the welfare of the family and its members.

Part I of the book introduces the reader to the concepts of resiliency and ways they can be incorporated into the basic social work practice with families. Chapter 1, *The Nature and Sources of Resiliency*, describes the meaning of the concept of resiliency and related concepts organized around risk and resiliency. It also presents findings regarding what contributes to resiliency for individuals and families and the process that influences how families are able to cope with potentially stressful life events. Recognizing the critical role that culture plays in how people experience and cope with life events, chapter. The next two chapters, chapter 2, *Setting the Stage for Work with Families: Development of the Therapeutic Alliance*, and chapter 3, *Assessment of Families*, discuss these two essential phases of social work with families from a resiliency-based perspective. Chapter 3 also begins to make the link between assessment and the section of intervention strategies. Resiliency theory thus becomes one of the tools that can be used by social workers in guiding their clinical judgments in working with families. This book is based on the premise that it is important to match the intervention approach to the family and its unique set of circumstances. In recognition of the importance of culture in influencing resiliency, chapter 4, *Cultural Issues, Family Structure, and Resiliency*, describes some of the risk and protective factors that have been identified for selected ethnic and racial groups, as well as military and gay and lesbian families. The updated section regarding ethnic/racial groups includes Latino, Africa American, Asian American, and First Nations and is organized in terms of risk and resiliency factors from the

community to the individual level. This edition also includes an expanded version on military families given the recent literature in this area and the increased need to understand what contributes to resiliency in these families.

Part II discusses several of the traditional family counseling approaches from a resiliency-based perspective. Resiliency-based practice can draw on various counseling strategies, with the joint goals of reducing the risks facing families and enhancing the protective aspects of families and their environment. This section opens with a chart of the major tenets of the models and a brief introductory history of important themes and developments in family therapy. The subsequent chapters discuss specific models of interventions with families and are generally organized in terms of the levels of family functioning described in chapter 3 with the exception of the chapter on multisystems family therapy because it draws on previously described models: chapter 5, Social Learning/Cognitive Family Therapy Models; chapter 6, Psychoeducational Family Counseling; chapter 7, Structural Family Therapy; chapter 8, Solution-Focused Family Therapy; chapter 9, Narrative Family Therapy; chapter 10, Multisystems Family Therapy; and chapter 11, Bowen Family Systems Therapy (new to this edition); and chapter 12, Object Relations Family Therapy. The chapters regarding specific models include one or more case illustrations of the use of this approach, a discussion of the theoretical background, major tenets, goals of treatment, role of the social worker, and an evaluation of the theory. Several chapters include information about adaptations of the approach for specific cultural groups or problems facing families. This section ends with chapter 13, Spirituality. Unlike the preceding chapters that address specific models of practice, spirituality does not represent such a model but instead is an important aspect of life that can play a role in a variety of approaches.

Part III includes chapter 14, Families Coping with Difficult Life Circumstances, which discusses the literature in terms of risk and protective factors for families that are facing a variety of difficult life events. Recognizing that the families seeking social work help tend to be struggling with one or more difficult life events, this chapter reviews literature in terms of valuable supports for families facing selected problems. Some of the topics include illness (both physical and mental health related), sexual abuse, divorce, trauma, and childhood behavior problems. With the essential caveat that information related to the problems facing families must be paired with an assessment of individual families and their context, each of the sections also includes a discussion regarding implications for treatment approaches. Chapter 15, Conclusion, includes a brief summary of the elements of a resiliency-based approach to social work practice with families and a discussion of the important aspects of this approach in strengthening families.

## ACKNOWLEDGMENTS

Many people have helped make this book possible. The families I have had the privilege to work with during my years of clinical practice have provided essential insights into the challenges facing families and the sources of resiliency. My own family also helped me more fully understand the reality of family life that underlies this book. This third edition builds on input that made earlier editions possible. A draft version of this manuscript was used with social work graduate students at the University of Central Florida. The feedback provided by these students and their faculty members, Drs. Michael Rothenberg and Mary Beth Harris, was invaluable. My husband's editing skills were essential. I am also deeply indebted to my mentor, Dr. Sallie Churchill, professor emerita, of the University of Michigan School of Social Work, whose clinical wisdom has encouraged me to think in terms of resiliency. I would also like to thank Bruce Friedman, Mary Helen Hayden, Shelley Cohen Konrad, Marian Mattison, Fred McKenzie, Tom Meenaghan, Renee Pogue, William Powell, Pat Sickinger, Wendy Smith, Martha Wilson, and Olga Molina, whose reviews of earlier versions of the manuscript provided invaluable probing questions and insights for the second edition. Also, I would like to thank Timothy Myland for his insights regarding the Canadian social services situation. The University of Central Florida library helped make this book possible through access to current literature. I would like to thank David Follmer, whose ongoing encouragement and advice made this book a reality.



## ABOUT THE AUTHOR

**Mary Patricia Van Hook** is professor emerita of the University of Central Florida School of Social Work. She was director of the University of Central Florida School of Social Work and taught research and practice social work courses at the University of Central Florida, the University of Michigan, Grand Valley State University, and Northwestern College. She was also a clinical social worker and administrator for mental health and family agencies in New York, Maryland, and Iowa. She has written extensively in the areas of families, rural mental health, spirituality, and women's issues both domestically and internationally. She received the Howery Award for outstanding contributions to rural mental health and the Award for Distinguished Service to Christianity in Social Work by the North American Association for Christians in Social Work (NACSW). She was the Alan Keith-Lucas presenter for the NACSW in 2012. She received her PhD in social work from Rutgers University, her MS from Columbia University School of Social Work, and her BA from Calvin College.





## COMPETENCIES

This book is designed to address important competencies required by the Council of Social Work Education in the 2015 EPASS standards. The material that follows identifies competencies and ways in which they are addressed.

### Competency 1. Demonstrate Ethical and Professional Behavior

The competency to demonstrate ethical and professional behavior encompasses a wide range of expectations of ethical and professional behavior. The sentences *“They understand how their personal experiences and affective reactions influence their professional judgment and behavior”* and *“use reflection and self-regulation to manage personal values and maintain professionalism in practice situations”* are addressed in several ways throughout the book. Chapter 2, Setting the Stage for Work with Families: Development of the Therapeutic Alliance, and chapter 3, Assessment of Families, discuss the need for social workers to be aware of their own responses and behavior in their work with families. While this issue is important in all models, it is especially so in models related to spirituality and object relations and is discussed so specifically.

### Competency 2. Engage Diversity and Difference in Practice

Social workers understand how diversity and difference characterize and shape human experience and are critical to the formation of identity. The dimensions of diversity are understood as the intersectionality of multiple factors including. . . . Social workers understand that, as a consequence

of difference, a person's life experiences may include oppression, poverty, marginalization, and alienation as well as privilege, power, and acclaim. Social workers also understand the forms and mechanisms of oppression and discrimination and recognize the extent to which a culture's structure and values, including social, economic, political, and cultural exclusions, may oppress, marginalize, alienate or create privilege and power.

Social workers apply and communicate understanding of the importance of diversity and differences in shaping life experiences in practice at the micro, mezzo, and macro levels.

- Apply and communicate understanding of the importance of diversity

The issues identified in the competency to engage diversity and difference in practice are an important theme throughout the book and are addressed through case illustrations and other narratives, specific discussion of the risks and protective factors of many specific groups, and research findings from a range of different cultural and national groups as they pertain to treatment models and problems facing families. While evidence is presented in terms of the challenges of oppression, poverty, and so on, there is also an explicit effort to balance this with the sources of resiliency of these groups. Chapter 4, Cultural Issues, Family Structure, and Resiliency, is designed specifically to inform the reader about some major groups (e.g., Latinos, African Americans, Asian Americans, First Nations/Aboriginal people, Jamaicans, Military, gay and lesbian families, single parents, divorced families). Chapter 14 on coping with difficult life circumstances has an extensive discussion regarding refugees, child mistreatment, survivors of sexual abuse, persons with HIV/AIDS, and other forms of trauma. Throughout the book, there are case illustrations and narratives in which family members include, among others, Latinos, African Americans, refugees, Asians, Caucasians, Jewish individuals, Muslims, Christians, Hindus, single parents, gay/lesbian parents, and members of the military. While the primary emphasis is on issues in the United States and Canada, there is an explicit effort to include research findings regarding ways people cope and treatment models with people globally. The discussion regarding coping with life experiences includes research regarding how members of different cultural groups cope. Chapters regarding treatment approaches draw on case illustrations that reveal these risk and protective factors and include research regarding ways to adapt these models to members of different cultural groups.

- Present themselves as learning and engage clients and constituents as experts in their own experiences

The theme of presenting themselves as learners and engaging clients and constituents as experts in their own experiences is also important in the book. The

model used in this book is specifically a collaborative approach in which the client/family members are respected as experts regarding their experiences. It is an essential theme in chapter 2, *Setting the Stage for Work with Families*, but emerges also as the approach in working with families using different treatment models. The following are examples: social learning/cognitive family Counseling, for which the assessment process is a joint family–counselor effort with an emphasis on helping family members identify the source of their family difficulties; solution-focused counseling, which has an emphasis on the family identifying their goals and ways to reach them; narrative therapy emphasizes the family’s story, with the counselor only a coeditor; multisystems therapy emphasizes the family selecting their key issue to address; psychoeducational counseling, in which family members are clearly identified as partners; and spirituality, which provides respect for what is important for the family members. Case examples and illustrations are used to demonstrate what this means in terms of practice. One, for example, draws from the counselor’s own practice in which it was important to ask the client herself what blood meant to her, with the revealing answer that the client gives that opens the door to a fuller understanding of her incredible history of trauma experiences and her strength.

- Apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituents

Again, the need to apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituents is emphasized in chapter 2, *Setting the Stage for Work with Families*. There is a lengthy discussion about the risk of counselor biases, the need to be aware of them, and the importance of self-awareness. It is also stressed in methods chapters; for example, in terms of spirituality (understand one’s own life views and separate them from our clients), recognize the importance of clients determining their goals and steps for solution-focused therapy. The relationship between the counselor and the family members is identified as critical and thus the social worker needs to be aware of how he or she uses one’s self in this process.

### Competency 3. Advance Human Rights and Social, Economic, and Environmental Justice

While this is a book that focuses on counseling practices with families, there is recognition throughout the book on the need to identify and address macro issues that relate to poverty and discrimination. Some instances include the discussion of levels of intervention for multisystems treatment as well as the social and economic challenges facing families; information in the chapter on culture that identifies some

of the risk factors related to poverty, oppression, and other forms of injustice that create ongoing problems for family and members of at-risk groups; and the information in chapter 14 on coping with difficult life circumstances (especially relating to refugees, victims of various forms of trauma).

## Competency 4. Engage in Practice-Informed Research and Research-Informed Practice

Use and translate research evidence to inform and improve practice, policy, and service delivery. This book addresses research in the form of helping social workers draw on research to inform their practice with families. It does so by including findings from research throughout the book. The first chapter draws on research in the area of resiliency to help identify risk and protective factors that can influence needs and strengths of individuals and families. Research also informs the importance and practice of engagement with clients. Chapter 3, Cultural Issues, Family Structure, and Resiliency, is a research-based chapter to help identify risks and protective factors that can help inform practice needs and processes. The chapters on treatment models identify outcome results that are currently available as well as research regarding ways to adapt treatment to various cultural groups and needs. Chapter 14 on coping with difficult life circumstance draws on extensive research to help identify the issues of people facing these difficult life circumstances and practice implications.

## Competency 5. Engage in Policy Practice

This book identifies policy issues that have an impact on families and ways in which policies influence the nature of accessible service. It is, however, not primarily designed to prepare social workers to address and become experts in policy practice.

## Competency 6. Engage with Families, Groups, Organizations, and Communities

Social workers understand that engagement is an ongoing component of the dynamic and interactive process of social work practice with and behalf of diverse individuals, families, groups, organizations, and communities. Social Workers value the importance of human relationships. . . . Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and

constituencies. Social workers value principles of relationship-building and inter-professional collaboration. . . .

- Social workers apply knowledge of human behavior and the social environment . . . to engage with clients.

The book addresses the value of knowledge of human behavior and the social environment in the process of engaging and working with clients through the book. It does so in several ways. First, the book uses a basic resiliency perspective to organize research and theoretical information about the risk and protective factors facing individuals and families and on various theories to form the basis for practice interventions. This information is drawn from research from some of the fields of human behavior and the social environment, for example, development, attachment theory, object relations, operant conditioning, social learning, ecological frameworks, family life cycle, family crisis and resiliency models, family processes and organization, culture, trauma, and life events. While it is the basis for chapter 1, *The Nature and Sources of Resiliency*, theories related to human behavior and the social environment and how these issues might impact family members are incorporated into all the following chapters: chapter 2, *Setting the Stage for Work with Families*; chapter 3, *Assessment of Families*; chapter 4, *Cultural Issues*; the chapters on specific treatment issues; and chapter 14, *Families Coping with Difficult Life Circumstances*. It also does this through case illustrations throughout the book (e.g., families facing economic crisis, families experiencing cultural transitions, families experiencing major family changes). The book also emphasizes self-understanding in terms of recognizing how the counselor can join the family dance in ways that perpetuate dysfunctional family patterns (joining process) and ways in which the counselor can use his or her own emotional response in the assessment process. The book recognizes that the counselor uses himself or herself as a tool and thus needs to be very self-aware of behavior and reactions.

- Use empathy, reflection, and interpersonal skills to effectively engage clients and constituencies

In addition to theoretical and research information that can help inform engagement, case illustrations are included to help develop empathy for families experiencing a variety of life circumstances. These help personalize the impact of these various life events (e.g., what steps a family might take if they fear deportation back to refugee camps; what it would mean when the pillar of the family becomes disabled, when a child becomes seriously ill, when a father and husband comes back from the war with post-traumatic stress disorder, for a family to fear eviction, for a child to think that he or she is responsible for the financial problems of a family, to have been sexually abused as a child; and many other examples throughout the book). These illustrations

can also be used tools for reflection to examine one's own reactions and responses. The book also uses a shared vulnerability/strengths perspective by including several personal examples to further demonstrate how these life events can have an impact on people. While the focus is on direct work with families, there are also examples of incorporating other important people (e.g., pastors, other family members and support persons, teachers) in the lives of the family members into the process.

## Competency 7. Assess Individuals, Families, Groups, Organizations, and Communities

This competency is addressed through the work in the following ways pertaining the subheadings.

- Collect and organize data and apply critical thinking to interpret information from clients and constituencies

Assessment is addressed in a variety of ways and places in this book. The book begins with a discussion of resiliency and risk and protective factors that can contribute to the understanding of information gained in the assessment process. Chapter 3 is devoted to the issue of assessment of families. This chapter describes in detail ways to engage the family in a joint assessment process of the family situation. In addition, the book describes and illustrates the use of two collaborative tools—the ecomap and the genogram. Subsequently, in the spirituality chapter (chapter 13), the book also describes a spiritual ecogram.

The book also identifies the assessment process from a resiliency perspective that enables the counselor to gain an understanding of the nature of the problem as viewed by the family, drawing on the verbal and nonverbal messages of the family. This assessment potentially includes discussion in terms of sources of information, the reaction of the social worker, the family's coping process, current stressors and additive factors, relevant family belief systems, and family strengths and risks. This information is reinforced and supplemented in the chapters on treatment models by describing an assessment process with families through case illustrations and ways in which this information can form the basis for the intervention. The book also discusses the role of extended family members and others as sources of information.

- Apply knowledge of human behavior and the social environment, person-in-environment, and other theoretical frameworks in the analysis of assessment data from clients and constituents

In addition to the general information identified previously, the application of knowledge takes place in several places. Each of the treatment model chapters is

based on theory, theoretical perspectives, or conceptual frameworks from the area of human behavior and person-in-environment knowledge. The theoretical basis is used in these chapters to understand family members and the family unit and thus is a basis for selecting an intervention model and intervention strategies. In this way, there is a direct link between theory, assessment, and the selection of an appropriate treatment intervention.

- Develop mutually agreed intervention goals and objectives based on the critical assessment of strengths, needs, and challenges of clients and constituencies

As described previously, the emphasis in this book is on a collaborative relationship between the counselor and family members in using the information obtained in the assessment process to identify the goals of the client and ways to reach these goals. In each of the chapters on treatment models, there is a discussion of the process of working with the family to understand their strengths, needs, and challenges to create a way to respond and work toward healing.

- Select appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of the clients and constituencies

This statement on selecting appropriate intervention strategies speaks to the heart of the book. The entire focus of this book is on drawing on the research and practice literature to identify risk and protective factors and ways to use this assessment to help develop with clients an appropriate treatment strategy. All the treatment model chapters draw on research literature in terms of the theory and rationale for selecting this treatment approach and engagement with the family members in selecting and carrying out the intervention: “Begin where the client is.” In addition, chapter 14 regarding coping with difficult life situations also discusses implications for assessment and treatment approaches. Culture can play a critical role in influencing values and preferences; thus, this aspect is included throughout the book. The book was designed in this way because it helps link assessment with treatment models in a very explicit manner.

## Competency 8. Intervene with Individuals, Families, Groups, Organizations, and Communities

Social workers understand that intervention is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of diverse individuals, families, groups, organizations, and communities. Social workers are knowledgeable about evidenced-informed intervention to achieve the goals of clients and constituencies. . . .



- Social workers critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies.

This statement is a theme of the entire book, which begins with a research-based discussion of resiliency as a basis for understanding ways to support a strength-based perspective on working with and on behalf of people. It also posits that there are many different potential interventions, and it is the appropriate responsibility of the social worker to work cooperatively with the family to identify the intervention that is most likely to help them reach their goals and enhance their capacities. As described in chapter 3, *Assessment of Families*, people lose their homes for many reasons and with very different implications for intervention. As a result of the basic theme of the book, it is organized in such a way to link the selection of interventions with the assessment process, for example, using the following questions: Is this a family overwhelmed with basic needs to be met (multisystems approach)? Is this a family struggling with a sense of failure despite some important coping strategies (perhaps solution-focused or narrative approaches)? Is this a family going through transition and thus needing to learn new skills (social learning)? Is this a family having to deal with a person with a serious illness (psychoeducational)? Is this family situation an example of a community that has become demoralized (examples from First Nations in chapter 4 on culture)? Depending on the answer to some of these basic questions, the book uses the chapters on treatment models to begin to answer them. The chapters on ways in which families cope with difficult life circumstances (chapter 14) and cultural issues (chapter 4) also identify potential interventions depending on other related circumstances. These chapters also include information from the research literature in terms of outcome data generally and for specific cultural and other groups. This information is drawn from as many different cultures as the research literature permits.

- Apply knowledge of human behavior and the social environment, person-in-environment, and other theories in intervention with clients and constituencies

The chapters regarding the treatment models discuss the research and theoretical frameworks that form the rationale for these models. These theoretical models are subsequently used to select the treatment model and also link specific behavioral and cognitive patterns with treatment interventions. The chapters then continue with a discussion of how this informs the treatment approach generally and specifically using examples. The discussion that follows represents some of the examples. Social learning/cognitive theory begins with a discussion of classical conditioning, social learning, and cognitive models and then identifies how this information can be used to counsel families. Multisystems treatment draws on an understanding of an ecological framework to assess families and develop intervention strategies. Structural family treatment bases its model on an understanding of family structure,

and the case illustrations describe how this theoretical framework is used to develop an intervention strategy. Object relations therapy draws on object relations and attachment theory to assess family members and to develop an appropriate treatment strategy. Narrative therapy is influenced by theories derived from social deconstruction that value narratives and elaborate a therapy based on the counselor as a coeditor of strength-based stories that externalize problems rather than blame families. Psychoeducational treatment is based on research documenting the critical role of family members as partners in caring for individuals with health issues and a change in earlier views that blamed family members for mental illness. It is also based on research regarding the needs identified by family members: information, collaboration with the medical team, support. The theme of trauma is an important one because of its impact on the lives of people. Chapter 14, *Families Coping with Difficult Life Circumstances*, describes different groups experiencing trauma and appropriate ways to contribute to healing.

- Use interprofessional collaboration as appropriate to achieve beneficial outcomes

This book uses case illustrations and general description to indicate both the value of and ways that social workers can use interprofessional collaboration. Some case examples that illustrate the role of interprofessional collaboration include pastors (with Mrs. James and the young woman going through a divorce in chapter 13 on spirituality); the medical and rehabilitation care system (with the Patel family in chapter 3 on assessment); the Morris family in terms of the general Veterans Affairs system in the chapter 4 discussion of military families; and the White family in terms of the church and the VA (also in chapter 3 on assessment). The discussion of natural disasters indicates the need to work together with others in the community and beyond.

Chapter 10, *Multisystems Family Therapy*, includes a section regarding ways in which the family therapist can work with members of the church, community, and social service network. In addition, it includes a case illustration describing these actions. The section on case management describes the process of working with the community and linkages between families and the community resources. Chapter 6 regarding psychoeducational family therapy discusses at length the role of collaboration with members of the medical community in helping family members cope with care for the person with illness. Chapter 13, *Spirituality*, discusses ways in which the counselor can work with the spiritual/religious community to help families.

- Negotiate, mediate, and advocate with and on behalf of diverse clients and constituencies

The roles of negotiator, mediator, and advocate are addressed in several ways in this book. The chapter regarding engagement with families addresses the role of

the social worker in dealing with problematic expectations of referral sources and the importance of addressing this. Chapter 10 regarding multisystem family therapy addresses the roles of the social worker as an advocate, negotiator, and mediator in dealing with other organizations within the community. It also discusses the important role of educating the community regarding the person with needs in the community. Chapter 13, Spirituality, also discusses the potential role of the social worker in helping church communities understand and respond to needs of families within the community.

- Facilitate effective transitions and endings that advance mutually agreed-on goals

The model presented in this book is a strength-based/resiliency model that consistently emphasizes the strengths of family members and ways in which they are making change possible through the steps that they are taking. Resiliency research recognizes the value of self-efficacy in owning one's ability to be successful in addressing a life challenge. Highlighting ways in which the family members have been responsible for positive change helps create this sense of self-efficacy. Success in addressing these problems helps give family members new skills and confidence to address future concerns. Part of the termination process is the consolidation of gains, and this topic is part of the treatment discussions and the conclusion chapter. Because of the focus on this approach, the counselor is working with the family toward termination from the early stages of treatment. Several more specific approaches include the following: Families engaged in social learning/cognitive therapy learn important life and cognitive skills, and they are encouraged to identify and own these new skills. Narrative therapy has identified the role of letters to the family and certificates and celebrations that therapists can use. Solution-focused treatment has a future orientation that enables family members to envision their future and ways in which the steps that they are taking are making this possible.

## Competency 9. Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities

Social workers understand that evaluation is an ongoing component of the dynamic and interactive process of social work practice with and behalf of diverse individuals, families, groups, organizations, and communities. Social workers recognize the importance of evaluating processes and outcomes to advance practice, policy, and service delivery effectiveness. Social workers understand theories of human behavior and the social environment and critically evaluate apply this knowledge in evaluating outcomes. Social workers understand qualitative and quantitative methods for evaluating outcomes and practice effectiveness.

The partnerships model supported by this book suggest that the process of evaluating an intervention is part of the partnership process. Counselors and family members together identify if and how the intervention approach is being helpful and modify it accordingly.

- Social workers select and use appropriate methods for evaluation of outcomes

As indicated, the model presented in this book is a partnership one in which counselors and family members together evaluate progress on an ongoing basis. As a result, evaluation is built into the practice process. In addition, the book also includes numerous examples of evaluation of interventions using both qualitative and quantitative methods with people from many different cultural backgrounds.

- Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the evaluation of outcomes

The book includes evaluation research regarding outcomes of treatment models with people from a wide variety of cultural backgrounds. This is also accompanied by a discussion of ways in which research indicates that one should modify the model for members of diverse cultural groups, ages, family types, unique circumstances. Examples are found in each of the chapters on models. The general discussion regarding risk and protective factors also identifies some important ways to intervene that support strengths and reduce risks at the individual, family, and wider community levels.

- Critically analyze, monitor, and evaluate intervention and program processes and outcomes

As indicated previously, this process is a partnership between the counselor and the family members in terms of whether these actions are helping people meet their goals. There is also extensive information throughout the book regarding outcomes and needs that suggest possible intervention strategies. Each of the chapters regarding models includes a discussion of the outcomes as well as variations for people from differing cultural backgrounds.

- Apply evaluation findings to improve practice effectiveness at the micro, mezzo, and macro levels

The focus of this book is primary on efforts at the micro level (individuals, families). There is extensive information throughout the book regarding outcome studies regarding treatment approaches that are designed to help the reader identify

effective models as well as important modifications for members of cultural and other groups. Some examples include outcomes studies following the chapters on the models (including variations for people from different cultural groups); military families (FOCUS, Families OverComing Under Stress), as well as its role for people experiencing trauma generally; models of addiction treatment for parents (chapter 14, Families Coping with Difficult Life Circumstances; suicide prevention programs for First Nations youth in chapter 4, Cultural Issues, Family Structure, and Resiliency).

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PART I

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INTRODUCTION TO RESILIENCY-  
BASED PRACTICE



# The Nature and Sources of Resiliency

## What Is Resiliency?

The term *resiliency* has been used to describe the process by which people manage not only to endure hardships but also to create and sustain lives that have meaning and contribute to those around them. The phrase *success against odds* is often used to capture the essence of resiliency. Resiliency thus involves the process of becoming successful in life despite exposure to high risks. It also includes the ability to recover successfully from trauma (Fraser, Kirby, & Smokowski, 2004; Greene & Conrad, 2002; F. Walsh, 2006, 2016). A. Masten, Best, and Garmezy described resiliency as “the process, capacity for, or outcomes of successful adaptation despite challenging or threatening circumstances” (1991, p. 426). Rutter defined resiliency as “reduced vulnerability to environmental risk experiences, the overcoming of a stress or adversity, a relatively good outcome despite risk experiences” (2012, p. 336). Resilient individuals are able to draw on their own internal resources, their family, and potential resources in their extended environment to cope with challenges. H. I. McCubbin, Thompson, Thompson, and Fromer (1998) defined resiliency in terms of behavior: “The positive behavioral patterns and functional competence individuals and families demonstrate under stressful or adverse circumstances” (p. xvi). Resiliency moves beyond the absence of pathology to the ability to cope, to find meaning, and to have continuity in the presence of adversity (Greene & Conrad, 2002). F. Walsh stressed that resiliency represents more than surviving from trauma; rather, it represents the qualities “that enable people to heal from painful wounds, to take charge of their lives, and to go on to live fully and love well” (2006, p. 5). At the same time, Rutter reminded us that resiliency does not require superior functioning, but rather “relatively better functioning compared with that shown by others experiencing the same level of stress or adversity” (2012, p. 336). While some families are more vulnerable or have experienced major trauma, “a family resiliency perspective is founded in a deep conviction in their potential for repair and growth.” (F. Walsh, 2016, p. 617).



The purpose of this book is to identify characteristics that contribute to or hinder the process of resiliency in families and their members and ways to promote resiliency in families. The characteristics that contribute to the process of resiliency are multifaceted and interact in important ways throughout the life cycle of individuals and the family unit as the challenges facing individuals and their potential resources vary during this time. *Resiliency is thus part of a synergistic process including family beliefs, organizational patterns, coping strategies, development, and contextual factors.* Although having to cope with difficult life events can create a burden, the process of coping successfully leads to increased confidence and self-efficacy and enhances resiliency (Gutheil & Congress, 2000; Rutter, 2012; F. Walsh, 2016). Rather than emerging despite adversity, resiliency is “forged through (*italics added*) adversity” (F. Walsh, 2006, p. 7). F. Walsh (2006) went further, stating that “resiliency is promoted when hardship, tragedy, failure, or disappointment can also be instructive and serve as an impetus for change and growth” (p. 79). Rutter pointed out that adversity can either have a steeling effect (reducing vulnerability to adversity) or increase vulnerabilities through a sensitization effect. The question thus is why adversity has different effects and what the mechanisms at work are (Rutter, 2012). In part, the active response of families to potentially stressful life events can either increase or ease their impact on the family (Walsh, 2016). Resiliency is thus described as a process (Greene & Conrad, 2002; F. Walsh, 1998, 2016) “woven in a web of relationships and experiences over the course of a life lived from birth through death” (Walsh, 1998, p. 12).

### Types of Resiliency

Fraser et al. (2004) described three types of resiliency: overcoming the odds, sustained competence under stress, and recovery from trauma (p. 23). *Overcoming the odds* is defined as the attainment of positive outcomes despite high-risk status (e.g., a preterm baby who does not experience negative outcomes or a child who grows up in a very high-risk neighborhood to become a contributing adult). *Sustained competence under stress* refers to the ability to cope despite ongoing difficult circumstances. People who either struggle with serious chronic illnesses or care for such individuals can demonstrate this type of resiliency. *Recovery from trauma* is reflected in individuals who function well after a highly stressful event (e.g., war, violence, accidents, natural disasters).

### Risk, Vulnerability, and Protective Factors

Several related concepts help in understanding resiliency: risk factors, vulnerability factors, and protective factors. These factors interact in the process of stress and resiliency and vary over the life course as well as from individual to individual.

Risk factors include those aspects of life that increase the likelihood of a negative outcome. Risk factors can be characterized in terms of specific events (e.g., loss of a job, death of a parent, destruction of one's home due to a storm or fire, problems in reading) or cumulative/additive risk factors by which a cluster of individual events (e.g., illness followed by loss of a job) contributes to the likelihood of this outcome (Fraser & Galinsky, 2004; Fraser et al., 2004; Greene & Conrad, 2002; Norman, 2000). The concept of cumulative/additive risk factors has received increased attention with recognition of "there is no single path to many social problems" (Fraser, Richman, & Galinsky, 1999, p. 13). Many of the stresses experienced by families are not single short-term events but a complex set of circumstances with a past and a potential future (F. Walsh, 2016). For many family members, their story is one of several risk factors that are impinging on the family.

A study of African American children living in single-mother households revealed the increased stress as the risk factors increased from three to four factors (D. Jones, Forehand, Brody, & Armistead, 2002). In an earlier study conducted with rural families who had suffered from the economic problems associated with the farm crisis, it was the number and extent of such problems rather than the nature of specific problems that emerged as the best predictor of the presence of symptoms (Van Hook, 1990b). Many of the families social workers work with are experiencing a combination of factors both currently and in their life span, for example, loss of a job, followed by illness of a child and then marital strain.

Risk factors can also be characterized in terms of their relative closeness to the individual's immediate environment. Proximal risk factors are closer to the individual (e.g., homelessness) than are distal risk factors (e.g., the economy in the community) (Greene & Conrad, 2002). Distal risk factors frequently increase stress by influencing proximal risk factors; for example, these factors include community poverty that negatively affects the child by diminishing the parent-child relationship or making it more likely that a family will be homeless or a war in Iraq that leads to a family member's being called to active duty with subsequent stress on all the family members. Therefore, it is important to understand the nature of the distal risk factors facing a family and the ways in which these factors influence the family members in more direct ways.

The process by which risk factors influence people needs to be viewed as a dynamic one depending on the individual, the developmental stage of the individual, and the life context (Greene & Conrad, 2002). For example, a young child would probably be more likely to experience distress due to the death of a parent than a young adult who is living independently and working. While the emphasis in this discussion is on ways to promote resiliency, a careful assessment of risk factors is also necessary to identify the needs of individuals and to select appropriate intervention strategies.

*Vulnerability factors* refer to the concept that some people with risk factors are more likely than others to develop a negative outcome. A vulnerability factor is a

characteristic of an individual that makes that person more susceptible to a particular threat during the life course. Vulnerability can take many forms involving the biological, psychological, developmental, and social aspects of the person, and no one is immune to being wounded by life events. For example, a child born prematurely would be more vulnerable to the stresses faced by an infant. A young woman who had been raped could be more vulnerable to being anxious when moving away from home to live in a college world. Although one can talk about resiliency, it is a myth that anyone is invulnerable to all life stresses (F. Walsh, 2006).

*Protective factors* are the aspects of life that buffer the negative impact of risk factors. Protective factors can be internal to the person (e.g., intelligence, sense of self-efficacy); part of the supportive family context (e.g., loving parents); or the larger social context that is supportive (e.g., an interested youth leader, good schools, job opportunities) (Greene & Conrad, 2002; Norman, 2000; F. Walsh, 2006).

Protective factors can be characterized in terms of playing one of three roles. Protective factors can buffer risk factors so that they cushion the negative impact of aversive life experiences. In the moving book *Tuesdays with Morrie*, Morrie describes the important role played by a warm and loving stepmother in the lives of two boys left bereft by the death of their mother and an emotionally detached father (Albom, 1997). Protection can also occur through interrupting the risk chain, so that the protective factors eliminate the link between the aversive circumstances and the negative result. For example, parents can receive help from a counselor to deal with the stress associated with economic strain. This service can potentially interrupt the risk chain because family conflict generated by these economic problems can be reduced; thus, the chain of risk between economic problems and the negative impact on the children is reduced. Protection can also prevent the initial occurrence of a risk factor by changing the situation. For example, medical care services provide the care needed to help cure a parent or a grandparent who provides care when a parent is ill from a serious illness. The presence of this medical care or grandparent thus changes the situation for the child (Fraser et al., 2004, pp. 32–33).

Resiliency thus represents a dynamic process during the life cycle of the individual and the family during which the multiple stresses of life are balanced by the ability to cope. Context influences the nature of the risk factors as well as potential means of coping. The family's resiliency is tested especially in times of transition, when new demands are made on the family that require a different set of coping strategies (e.g., a new stage in the family life cycle, moving to new locations, or having different responsibilities). The experience of being successful in coping with difficult life events in turn increases an individual's or a family's sense of competence (F. Walsh, 2006, 2016) and contributes to resiliency.

Developmental stages of life and the accompanying life events and challenges influence the nature of resiliency (Greene & Conrad, 2002). For example, Glen Elder's (1974) study of young people who experienced the Great Depression of the

1920s and 1930s revealed such a life cycle issue in terms of how age played a critical role in terms of impact. Adolescents were sometimes strengthened by this adversity because they had to take on adult roles and did so successfully—finding that they could succeed made them more resilient. In contrast, younger children became sensitized (increased vulnerability) by this stress.

### Life Events and Resiliency

Life events can demand very different coping and adaptive capacities. Greene and Conrad (2002) described several ways to categorize life events. Events can be categorized in terms of either nonnormative events that are idiosyncratic to the individual or a small number of people (e.g., the birth of a child with serious developmental disabilities, loss of a home due to a house fire) or normative events that are influenced by social definitions of the stage of life (e.g., loss of a spouse, retirement) or cohort events that are common to people who are part of a cohort of individuals (e.g., the Great Depression, Vietnam War, political shifts within a country such as war in Iraq, fall of Communism in Eastern Europe, split of Korea into North and South Korea). Events can also represent major traumatic life events that can readily overwhelm an individual's coping capacity. Examples include natural events such as tornadoes or hurricanes; human-induced events such as the terrorist attack on the World Trade Center or the murders at the Pulse nightclub in Orlando, Florida, or the concerts in Las Vegas or Paris; and accidents such as a plane crash or a major earthquake

The dynamic nature of resiliency presented in both the preceding and following discussion highlights the roles that social workers and other helping professionals can play in enhancing and supporting resiliency within families. While genetic characteristics and certain background factors of individuals may be givens in the situations, resiliency is a dynamic process influenced by the ongoing interplay between life events and individuals and families. Social workers and other helping professionals can enhance the ability of families to cope, to overcome adversity, and to move toward a more fulfilling future. Counselors' efforts to address contextual issues and the social support system (for example, improved school services, services for people displaced in floods) in the design of prevention and treatment approaches can also enhance resiliency. Given the developmental nature of resiliency, such efforts help families not only cope with the present situation but also can enable them to gain a sense of self-efficacy and skills that can then enable them to cope more effectively with future life demands. F. Walsh referred to these efforts in terms of immunizing people with resiliency skills to address future adversities (2006). In assessing families, F. Walsh (2016) reminded us that we need to consider each "families' strengths and vulnerabilities on multiple system dimensions in relation to the challenges they face, their resources and constraints, their social environment, and their developmental passage" (p. 619).

## Historical Background

Early studies in the 1970s and 1980s regarding resiliency in individuals recognized that despite difficult circumstances, some children were able to develop into relatively well-adjusted people who coped effectively with life. Families were also able to weather major problems, find a sense of meaning in these events, and forge ahead. These findings indicated that mechanistic views of life based on deterministic models that assume a certain set of problems (risk factors) inevitably create an accompanying list of maladaptive responses were inaccurate and unduly pessimistic. They pointed out the need to examine not only the factors that contribute to maladjustment (risk factors) but also the characteristics that contribute to this resiliency (protective factors). The emphasis on risk factors was balanced with a focus on the protective factors that enable people to adapt and cope effectively (protective factors). While appreciating the pain and possible damage to individuals and families created by difficult life events, there is also a respect for the potential strength and resiliency present within individuals and families. Resiliency thus represents a strength-affirming perspective that believes it is worthwhile to look for the competencies and abilities within families.

This chapter is organized in three sections: traits that influence individual resiliency, elements associated with family resiliency, and models describing the process by which families cope with stressors. The discussion regarding factors that increase risk and protection must be understood within the context that while these are valuable general statements, a careful assessment must be made in terms of individuals and families regarding the specific elements at work for an individual/family at a point in time.

## Individual Resiliency

Studies regarding the resiliency of youth have identified basic themes that promote resiliency: personality characteristics such as self-esteem, easygoing personality, or intelligence; nurturing family environments; and support systems external to the family system that offer opportunities for personal growth and mentoring (Conger & Elder, 1994; Elder & Conger, 2000; Fraser et al., 2004; A. Masten & Tellegen, 2012; Rutter, 2012).

An early landmark longitudinal study conducted by Werner and colleagues in Kwaii, Hawaii with children who grew up in high-risk environments revealed the importance of these individual traits as well as family and interpersonal relationships. The results were also encouraging because even among youth who had juvenile criminal backgrounds, the majority became productive adults, especially those who were able to gain important educational and vocational skills, to create constructive social connections, and to develop a sense of spirituality (Werner & Smith, 1992).

A similar pattern emerged in a small qualitative study conducted with African American youth who had made it against the odds. Factors promoting resiliency included individuals' traits (efforts related to prosocial goals, a sense of autonomy [locus of control], spiritual connections); sustaining interpersonal relationships in the course of their development; and positive meanings of life events (W. E. Gordon & Song, 1994, cited in Greene, 2002).

The University of Minnesota conducted another study to examine children at risk for mental health and behavior disorders. The Project Competence Longitudinal Study (PCLS) was designed to study resiliency over a period of 20 years. The first set of findings at Year 10 revealed important patterns related to individual and family characteristics. Children who had good cognitive skills and received good parenting could cope with adversity and demonstrate adequate competence in developmental tasks in childhood, adolescence, and early adulthood. In contrast, children who had to cope with the same level of adversity without good cognitive skills and good parenting demonstrated maladaptive patterns of adjustment (Masten & Tellegen, 2012).

As children matured, their paths tended to diverge further. Young people "characterized by competence and resiliency shared a pattern of positive traits: average or better socioeconomic status, cognitive skills, openness to experience, drive for mastery, conscientiousness, close relationships with parents, adult support outside the family, and feelings of self worth" (Masten & Tellegen, 2012, p. 357).

In contrast, children who did not evidence competence in the face of adversity demonstrated higher rates of negative emotionality, lower IQ scores, and high levels of negative behavior by late adolescence (e.g., being arrested, conflict in relationships). As they grew older, they began making decisions that created further negative consequences.

Yet, just as in the Kwai study, some young people could turn their lives around. Several characteristics seemed to make the difference: planfulness, autonomy, and adult support outside the family. They moved away from negative peers and created healthier relationships through marriage or employment. They also appeared to have been more conscientious as children.

The final 10-year profile revealed a similar pattern of competence and resiliency, demonstrating that in general adult competence has its roots in childhood competence. "Adaptive children generally became adaptive adults" (Masten & Tellegen, 2012, p. 357). The role of adversity played a role particularly in the absence of protection from protective factors (Masten & Tellegen, 2012; Shiner & Masten, 2012). A similar pattern of continuity from childhood to adulthood emerged in other longitudinal studies (Burt & Pysnick, 2012).

Research with adults further reveals the long-term impact of abuse and related events during childhood in terms of subsequent increase in problems related to mental health, behavioral, and physical illness and morbidity. (Anda et al., 2006)



These studies indicated the need to understand resiliency and individuals from a broader ecological perspective rather than traits limited to the individual. The preceding discussion regarding resiliency illustrates the nature of the individual existing within the family as a living system occurring over time within an ecological framework. As a living system, the family has ongoing information and energy exchanges with its individual members, the family as a unit, and its larger context. The family is composed of individual members with their unique developmental history and individual characteristics, which are both shaped by the family and its larger context and in turn influence the family and its context. The family as a unit also has a developmental history and organizational structures, which in turn are influenced by individual members, life cycle issues, and the larger context. The family operates within and is shaped by a larger cultural and community context (e.g., neighborhood, employment and educational organizations, faith-based or other voluntary organizations), which in turn is influenced by family units. As a result, it is important to understand risk and resiliency factors from the perspective of individuals, family units, and the larger community context. These systems in turn interact in ongoing ways.

As an example of this ongoing systematic interaction, the serious chronic illness of a child within a family not only affects the child but also has an important impact on all the members of the family as well as the nature of the demands on the family unit. The illness of the child potentially creates emotional strain for all the family members, makes demands on parental time and attention, forces the family to make potentially difficult decisions regarding parental employment and viable day-care arrangements, and requires additional funds to pay for the treatment of the child. The child and his or her illness in turn are influenced by the interpersonal and economic resources of the nuclear and extended family: the ability of family members to provide adequate physical and emotional care, the nature of the marital/parental relationship and what effect this strain makes on the relationship, extended family members who can provide respite care, adequacy of the family's medical insurance or governmental policies in terms of medical services, other economic resources, and parental belief systems regarding the nature of appropriate care and the meaning of the child's illness. The nature of the community healthcare system and social policies regarding payment for healthcare are critical for this family's life. These policies in turn are potentially shaped by parent organizations that advocate for the needs of children with this illness, the nature of available community resources, and larger societal views regarding the role of healthcare. Canadian healthcare policies that extend medical care to virtually all residents compared to the current debate and uncertainty in the United States regarding healthcare policies represent ways in which the contextual factors influence the nature of healthcare resources available to families. The current opioid crisis in the United States that has decimated families and communities represents an example of ways in which individual, family, community, and broader systems

intersect. My granddaughter recently developed a life-threatening form of malaria. The statistics regarding survival and adverse consequences were frightening. Fortunately, she was living in Boston, where she was able to receive highly sophisticated medical care and emerged unscathed from the illness. In addition, her parents had access to good medical insurance. Sadly, for many children who are stricken with this illness in African communities with limited medical services, the outcomes are more likely to match these alarming statistics. Parental devotion and commitment need the support of a medical system of care that family members can access.

These findings give support to a living system model in which individuals, the family unit, and the larger context interact on an ongoing basis. Fraser et al. (2004) and Benzie and Mychasiuk (2009) used an ecological approach to organize risk and protective factors in terms of these three system levels: (1) broad environmental conditions, including neighborhood and school; (2) family conditions; and (3) individual (psychosocial and biological). The risk and protective factors discussed next have emerged as important in these reviews of the research on resiliency as well as findings from longitudinal and other studies (Burt & Paysnick, 2012; A. Masten & Tellegen, 2012; Rutter, 2012; F. Walsh, 2016).

### Environmental Level

*Risk factors* include few opportunities for education and employment, racial and other forms of discrimination and injustice, and poverty (often associated with poor housing, unsafe neighborhoods, and lack of access to health care), community violence.

*Protective factors* include many opportunities for education, housing in safe neighborhoods, employment, adequate income, growth, and achievement; confident and effective functioning communities, and presence of caring adults (e.g., caring teachers, youth leaders, social workers, and other supportive community members), sources of social support, health care services.

### Family Level

*Risk factors* include child maltreatment, parental conflict, parental neglect, parental psychopathology that impedes parenting, and harsh parenting.

*Protective factors* include positive parent-child and family relationships and effective parenting.

### Individual Level

*Risk factors* include biomedical problems (including genetic liability) and changes in brain functioning because of extreme adverse conditions.



*Protective factors* include “easy temperament as an infant, self-esteem and hardiness, competence in normative roles, self-efficacy, self regulation, and high intelligence.

### Environmental Level

The nature of educational opportunities plays a critical role in enabling children to gain the necessary academic skills required to cope in an increasingly complex and demanding world. Employment opportunities shape the family’s economic resources as well as family members’ sense of self-worth and competence. Discrimination in various forms reduces opportunities and expectations that efforts will be worthwhile. Injustice further limits opportunities for individuals and families. Poverty plays an important role regarding economic resources and furthermore is frequently associated with poorer educational options, greater danger in living arrangements, and problems in healthcare. It also places a burden on family members who are attempting to provide adequate care for their family. For example, research with both African American and Caucasian families revealed the process by which economic problems facing the community and the family can contribute to parental conflicts and subsequent negative parenting, which in turn have a problematic impact on youth, as well as the potential sources of resiliency that buffer youth (Conger & Conger, 2002; Landers-Potts et al., 2015).

Communities that provide members with broader opportunities for growth (e.g., recreation, athletics, the arts) give youth a broader array of coping strategies and opportunities for development of a sense of self-efficacy and worth. Communities that have confidence (collective self-efficacy) that they can meet the needs of the community members, rather than those that are demoralized because of an ongoing sense of powerless, represent a supportive context for members. Communities and their members are further supported by the presence of caring and competent adults who take an interest in the development of their youth and families.

### *Interpersonal Relationships*

Positive and caring relationships within the family or other intimate environments support resiliency (Benzies & Mychasiuk, 2009; Conger & Conger, 2002; Masten et al., 1991; Masten & Coatsworth, 1998; Masten & Tellegen, 2012; Rutter, 2012; F. Walsh, 2006, 2016). Drawing from theoretical perspectives regarding development, these relationships foster development in several ways. In terms of object relations theory, Winnicott described the importance of “good enough mothering” or a “holding environment” that provides what the child needs at various developmental stages and in turn enables the child to develop an integrated sense of the self who can have genuine relationships with others (Goldstein, 1995; Kilpatrick, Kilpatrick, & Callaway, 2000). Attachment theory stresses the importance of someone that a

young child can feel connected to and is able to trust for accessibility and responsiveness. Attachment theory studies have identified the following patterns as supportive of personal maturity: “mutual trust and approval between the child and his parents” (including acceptance, trust, open communication, encouragement of wider social relationships, and congenial parental relationships) and “consistency of family life” (including regular routines, consistency of parenting, participation of members in family activities) (Bowlby, 1973, p. 335).

The interaction between interpersonal relationships and individual personal qualities is further suggested by research related to the brain. Nurturing relationships help build healthy brain architecture in young children and buffer the impact of stress of the development process (Shonkoff, 2005) and increase the ability to regulate affect (Shapiro, 2000).

When such positive relationships are not found within the immediate family, individuals have been able to find someone within the extended family, teachers, neighbors, church members, and others within the community to establish these connections (F. Walsh, 2006, 2016). Similar to the language of attachment theory, Norman (2000) described these persons as offering “a safe harbor promoting autonomy and competence” (p. 9). While such relationships are important, recent research with economically troubled farm families pointed out the limitations of such relationships for teenagers when, for example, economic distress engenders harsh parenting by parents (Elger & Conger, 2000). Resiliency is also promoted when the child has relationships with others who hold positive and realistic expectations of the child (Norman, 2000, p. 10).

A sobering study conducted by Kaiser Permanente with a large (over 17,000) number of primarily middle-class individuals seen for routine physical care revealed the impact of negative life experiences. Individuals were asked to self-report about childhood experiences related to physical, emotional, and sexual abuse; neglect; family dysfunctions (alcohol or drug use by parents, loss of parents, depression/mental health problems of parents, mother treated violently, family member imprisoned). As the number of categories of negative life experiences increased (not merely number of times within a category), individuals in later life reported substantially higher levels of mental health problems, addictions, violence, rates of heart disease and other illnesses, and lower life expectancies. This study demonstrated that the risk factors associated with some of these early life interpersonal experiences can cast a long shadow (Anda et al. 2006; Felitti, 2012).

### Personality Characteristics

Key personality and related interpersonal characteristics that support resiliency in individuals include self-efficacy, a realistic appraisal of the environment, an ability to make plans, social problem-solving skills, a sense of direction or mission, empathy, humor, androgynous sex role behavior that provides for flexibility

of behavior in different circumstances, and adaptive distancing (the ability to avoid being enmeshed into the problems and dysfunctional patterns of the family while remaining connected to the persons involved) (Norman, 2000).

Self-efficacy includes both “a sense of self-worth or self-esteem, and a sense of mastery of one’s self and the external environment (sometimes called an internal locus of control)” (Norman, 2000, p. 5). Self-efficacy is specific to context. Self-efficacy can take several different forms that contribute to resiliency in different contexts, for example, academic efficacy (confidence in ability to learn), social efficacy (confidence regarding social relationships), and self-regulatory efficacy (ability to resist pressure from peers and others) (Fraser et al., 2004). Self-efficacy as a protective factor is enhanced by successfully overcoming adversity (F. Walsh, 2006).

Self-efficacy is enhanced by the ability to appraise one’s environment in a realistic manner. This includes a realistic understanding of the nature of the situation and what one can do to change it. The ability to draw on appropriate problem-solving skills also enhances self-efficacy. Individuals need a range of problem-solving skills to address the variety of situations they will face over time. Self-efficacy with the accompanying actions to take control of one’s life emerged as an important factor in supporting resiliency in studies, including the Hawaiian cohort of Werner and Smith (1992), high-risk children (Rutter, 1984), the offspring of mentally ill parents (Garmezy, 1985), and the street children of Columbia (Felsman, 1989). Unfortunately, trauma can contribute to a sense of constant apprehension that can interfere with one’s appraisal of situations and reduce one’s sense of self-efficacy.

Sense of direction or mission has been identified in groups ranging from concentration camp survivors (Moskowitz, 1983) to civil rights workers (Beardslee, 1989) and the young people from Hawaii (Norman, 2000; Werner & Smith, 1992). Ruby Bridges, the young girl who integrated her New Orleans elementary school, was able to walk the gauntlet of threats while praying for those who threatened her and survived this experience as a strong and happy person (Coles, 1964).

Self-regulation is important in developing competence in a variety of spheres associated with effective development. It is supported by means of loving but firm parenting efforts (Benzies & Mychasiuk, 2009; Masten & Coatsworth, 1998). Such self-regulation enables individuals to draw on effective coping strategies in a planned manner rather than acting in an impulsive manner. A child with effective self-regulation is able to complete an essential assignment for school rather than be tempted by a video game or to resist getting into a flight with a teammate during a basketball game and thus risk being thrown out of the game.

*Hardiness* refers to several related concepts that draw on the previous discussion. Frazer et al. (2004) identified three components: (a) control (the ability to assess a situation and select and carry out the appropriate strategies), (b) commitment to a set of values that impart a sense of purpose, and (c) a response to the stressors or challenges that creates a sense of motivation and capability to solve the problem (p. 48).

Intelligence contributes in several ways. It helps young people gain academic success, which in turn builds self-efficacy and helps them develop effective problem-solving skills (Frazer et al., 2004, pp. 48–49).

Easygoing temperament permits a young child to respond in a less intense way to a stressful event and to be more adaptable. Children with more easygoing temperaments are able to elicit more positive responses from their parents and others that further support development (Fraser et al., 2004).

Without spelling out the many potential risk and protective factors, one can appreciate the interaction between personal and contextual factors that take place in both negative and positive ways. A negative interaction pattern takes place for one child with a very reactive temperament who is being reared by parents who worry where they will be living next week and what will they do to protect their children from the violence that is being played out around them. In contrast, a second child with an easygoing temperament being raised by parents with a secure economic base and supported by loving extended family and effective programs for families experiences a benign interaction.

## Family Resiliency

F. Walsh (2006) described family resilience as “the coping and adaptation processes in the family as a functional unit. . . . How a family confronts and manages a disruptive experience, buffers stress, effectively reorganizes and moves forward with life” will influence how the family and its members adapt and survive in the immediate and long term (p. 15). Resiliency does not refer to a family that is problem free but rather a family that is able to absorb the shock of problems and discover strategies to solve them while finding ways to meet the needs of family members and the family unit. The challenge of social workers is to find ways to empower families to cope in this manner with the myriad problems that are part of the ongoing life experience of families, for example, illness, loss of jobs, or death of members. Efforts to empower families in this manner help strengthen resiliency within families and in turn enable them to cope in more effective ways when facing future life difficulties.

The family plays a critical role in terms of risk and protective factors for individual members. It is thus important for members to support elements that reduce risk and promote resiliency within the family unit. Caring and stable relationships within the family were identified as protective, while conflictual family relationships emerged as risk factors in various studies and theoretical frameworks. Negative family events in childhood can create lasting risk factors that contribute to mental health and physical problems in adulthood (Anda et al., 2006). The presence of caring adults emerged as the “most important and consistent protective factor” in terms of dealing with multiple types of stress (A. Masten et al., 1991, p. 431). Positive interpersonal and environmental influences can even produce neurological, physical, and even

genetic changes that can counter stress conditions (F. Walsh, 2016). The development of competence that supports resiliency is nourished within an interpersonal context. Family members also respond in ways that encourage the sociability and sense of competence of the child: “the child and parent dance.” Relationships set the stage for how events and potential resources are perceived. For example, depending on culture and individual family circumstances, families can value quite different traits for their children. For one family, academic excellence might be highly valued, while in another family athletic prowess is honored. Within the family, children can also be valued for different reasons: One child might be valued for academic achievement and another for artistic or athletic ability.

Because families play crucial roles in the lives of their members and in supporting the ability of children to become resilient, it is important to understand the aspects within the family and the broader community that support families and promote family resiliency. Knowledge of these elements can help in the design of prevention and healing approaches that support resiliency within both families and individuals. While the specific forms of family units may change and vary over time and between cultures (e.g., extended families in some cultures compared to nuclear families in others, larger numbers of single parents, divorced and blended families, and gay and lesbian couples raising children), the family unit remains the key institution for providing children with the essential physical and emotional nourishment needed. The family unit gives its members a key sense of identity. Family members can turn to each other for companionship and ongoing social support in good and trying times. Families develop meaning systems that help members interpret the world around them and life events. These interpretations help in coping or contribute to ongoing struggles.

An emphasis on family resiliency also influences the basic nature of the relationship between the family and the helping professional. Using a collaborative relationship between the counselor and the family members is most effective when it identifies sources of resiliency and encourages the family’s efforts in recovery and growth. Such an approach empowers people and enables them to cope with the current problem and prepares them to address the challenges of the future. F. Walsh emphasized the importance of a collaborative relationship (2006, 2016) and asserted that the resiliency-based approach “affirms the family’s potential for self-repair and growth out of crisis and challenge” (F. Walsh, 1998, p. 16). Research in the area of resiliency provides empirical grounding for assessment and treatment intervention strategies. While the specific focus of this book is on counseling approaches in working with families, evidence regarding resiliency points out the additional need for interventions in the areas of social and economic policies that address aspects of life that have a profound impact on families. Thus, a multilevel systemic assessment approach is needed to understand family needs and to identify appropriate efforts at the family and community levels.

Research regarding family resiliency has grown out of two basic streams of research and thought: the nature of healthy family processes and family response to stressors and related family crisis theory. There is considerable overlap in the family and contextual characteristics that influence resiliency identified within these traditions. The discussion that follows is organized first in terms of the factors that have been identified that enhance resiliency within families; second, the process that occurs when families attempt to cope in terms of ways that promote resiliency or lead to further distress is addressed.

### Principles of Family Resiliency

In her excellent discussions of healthy family processes and resiliency, F. Walsh (1998, 2006) used a family system approach to describe the interaction between individuals, families, and the wider context. The health of the family and the hardness of individuals are influenced by these interactions. Crisis events affect the family as a whole as well as individual family members. While maladaptive responses increase vulnerability and distress, protective processes that buffer stress promote resiliency. The outcome of potential crisis events is influenced by family processes, such as the ability of the organization of the family to cope with required changes, to communicate as needed, or to give members adequate support. Walsh offered a strength-affirming stance: "All families have the potential for resiliency, and we can maximize that potential by encouraging their best efforts and strengthening key processes" (1998, p. 24). Positive interaction patterns in turn have a "mutually reinforcing effect in positive life trajectories or upward spirals" (F. Walsh, 2016).

### Key Factors of Family Resiliency

The keys to family resiliency can be understood in terms of three important family elements: belief systems, organizational patterns, and coping process (Benzies & Mychasiuk, 2009; Lietz, 2007; F. Walsh, 1998, p. 24, 2006, 2016). These elements are further influenced by the social support system of the family, the community, and the cultural context and reactivation of past issues that heighten positive or negative aspects of family members. The presence of several risk factors increases the vulnerability of families. A qualitative study of families whose children were successfully reunified further supported these protective factors (Lietz & Strength, 2011). Table 1.1 summarizes risk and protective factors identified in the family crisis and strengths traditions. The section that follows discusses ways in which these factors contribute to either vulnerability or resiliency within families. These factors also have an ongoing influence on other aspects.

**Table 1.1 Family Risk and Protective Factors**

<i>Risk Factors</i>	<i>Protective Factors</i>
<b>Belief Systems</b>	
Lack of sense of “we” in terms of the family	Relational perspective
Lack of trust	Trust of family, loyalty, affection
Lack of self-efficacy	Self-efficacy, mastery
Negative cultural beliefs	Appropriate cultural beliefs
Lack of developmental perspective	Developmental perspective
Demoralization	Sense of coherence
Fatalistic views	Hope, courage, perseverance
Blaming and Scapegoating	Recognition of complex patterns
All-or-nothing thinking	Recognition of what is possible
Negative aspects of spirituality	Transcendent beliefs that promote meaning
<b>Role Models</b>	
Ineffective role models	Role models of strength
<b>Organizational Patterns</b>	
Lack of cohesion, rigidity	Cohesion, flexibility
Lack of effective leadership, chaotic or abusive power	Effective leadership
Ineffective communication	Clear, open communication
Conflict	Positive interactions, mutual support, trust
Ineffective problem-solving/coping strategies	Effective PSC strategies
Lack of sense of humor	Humor
<b>Social Support System</b>	
Lack of social support	Social support
<b>Economic Resources</b>	
Poverty	Adequate resources
Community Context	
Poverty, lack of economic and educational opportunities	Economic/educational opportunities
<b>Reactivation of Past Events</b>	
Evidence of weakness and unresolved conflict	Evidence of strength/family support



### *Belief Systems*

Family belief systems are the product of the historical and cultural context of families as well as the unique experiences of the extended and immediate family members. Families develop paradigms (organized belief systems about the world and individuals' relationship to it) that influence how they view the world and appropriate survival responses (Reiss, 1981). These belief systems provide a sense of coherence to family life events. Adversity in one form or another is part of the life journey for members of all families. Even if family members should be fortunate enough to escape economic and major interpersonal problems, loss is an inevitable part of the family story (e.g., death of parents or grandparents). How family members interpret these events is critical in influencing how families are able to cope. F. Walsh (1998, 2006, 2016) asserted the importance of families creating meaning out of adversity and the value of sharing a sense of meaning by family members. Interpretations of mastery contribute to self-efficacy on the part of the family that emerges as an important protective factor. Belief systems also influence important aspects of family organization and process.

The family's definition of the nature of life events influences the strategies that family members employ to address problems and the preferred solutions. These definitions influence, for example, whether the family can deal with problems through its own internal resources, if it is appropriate to seek help from others outside the family, and what type of help to seek. When problems or issues are identified as something that the family is ashamed of, family members may be reluctant to seek help from those outside the family circle. A potential resource within the community is not a resource to the family unless defined so by the family and the family is able to access this resource.

Cultural messages shape perceptions of the meaning of life events, such as the relative value of possessions, family ties, family honor, and history. They influence how people view what contributes to success or difficulties in life and how to address problems (Delgado, 2007; Falicov, 1999; Magana & Ybarra, 2010; H. I. McCubbin, McCubbin, Thompson, & Thompson, 1998; McGoldrick & Giordano, 1996; Smith, Bakir & Montilla, 2006; F. Walsh, 2006, 2016; Yeh, Borrero, & Kwong, 2011). When my daughter was serving as a Peace Corps volunteer in a small village in the African country of Chad, a land stricken by poverty and decimated by a recent war and other problems, she was surprised to see how happy the people were despite having nothing in terms of the usual sense of belongings from a middle-class American standard of living. While from our perspective these people were extremely poor, they had close family and relational ties that made life meaningful. When it was time for her assignment to end after 2 years, some people were surprised that she would actually leave "the best place on Earth to live." When my other daughter (also in her early 20s) joined the Peace Corps, she lived with a family during her training period in the Cameroons. The wife in this family was a lovely



young woman who did not leave the family compound (the buildings that composed the home) without her husband's permission. The family was economically quite well off, and she was able to send others to the market to get the daily needs of the family. This woman felt fortunate to be cared for in this way and worried about my daughter, who had no one to take care of her. The life circumstances and cultures of each of these young women had led them to value quite different aspects of life: security/adventure.

Relevant cultural messages influence how family members view events and the appropriate types of help. Members of some cultures turn to folk healers, while others might see solutions in terms of medical doctors or financial advisors. HIV/AIDS has represented a critical global health problem with painful social and family definitions that have impeded people from seeking or receiving help because of the stigma involved. Advocates in the field of mental health have fought and are continuing to fight a battle against the stigma that has prevented people from receiving help and definitions of mental health that have long supported decreased insurance funding. Cultural practices contributed to the spread of Ebola during the latest tragic period in Africa.

*Relational perspective.* The belief that we face problems together, that the situation represents a shared challenge, provides relational resilience (F. Walsh, 1998, 2006, 2016). Families are strengthened by a sense of closeness as they tackle problems together (Beavers & Hampson, 1990; F. Walsh, 1998, 2006). A junior high boy whose family was experiencing major financial problems and related interpersonal ones illustrated this sense of relational resilience when when asked why his family had come for counseling: "Our family is having some hard times, and *we* are here to find out ways that *we* can make things better in our family." The emphasis on the "*we*" made it clear that he viewed the job of solving the family problem as belonging to the entire family unit.

*Trust.* A sense of trust encourages this relational perspective and further strengthens families. This sense of trust enables family members to turn to others within the family for help and collaboration (Beavers & Hampson, 1990; Walsh, 1998, 2006). Krasner (1986) described trustworthiness as the primal family resource. Family trustworthiness occurs within the realistic complexity of family relationships with the inevitability of unfair expectations, doubts, and misunderstandings along with the possibilities of attachment, caring, and support. Family members are able to look beyond the negative aspects to the enduring elements of trust within relationships. Supporting family trustworthiness are valuable relational rules of respect that communicate that others are valued, reciprocity that entails fairness and give and take among members, reliability that enables people to count and trust each other, and repair that involves efforts to make up for damage done in relationships (Karpel, 1986, p. 186).

*Self-efficacy and competence.* Meanings are influenced by past life events within the extended family circle. These events create fundamental views about the

nature of the world and the family's place in it (Reiss, 1981). Families who view themselves as having overcome difficult events in the past are most likely to have confidence in their ability to cope with the current event (H. I. McCubbin, E. Thompson, A. Thompson, K. Elver & M. McCubbin, 1998; Robinson, 2000; F. Walsh, 2006). As White and Epston (1990) stressed in narrative family therapy, individuals and families have a variety of stories (narrative interpretations of life events) available to them that influence how life events are experienced. While some stories promote a sense of competence and strength and facilitate healing, other stories disqualify and are demeaning to the persons involved. The nature of these stories is important in promoting resiliency. As some family members said in a study with financially troubled farm families: "We got through tough times in the past and will do so again" (Van Hook, 1990b). Such an interpretation contributes to self-efficacy and an important sense of competence.

*Developmental perspective.* The ability to take a life cycle, a developmental perspective, so that issues that arise are viewed as part of the rhythms of life further strengthens families. This perspective permits families to view changes as developmental challenges rather than threats to the family (F. Walsh, 1998, 2006). Such families are able to recognize the growing pains of adolescents without viewing them as such a threat to the family. A developmental perspective can be especially helpful because threats to resiliency are especially likely to occur during times of family and life transitions.

The family life cycle presents family members and the family unit with a number of transitions and accompanying tasks. McGoldrick and Carter identified stages in the family life cycle that begins with the single young adult (McGoldrick & Carter, 1982, p. 176). The following describes some of the tasks related to this stage and subsequent stages:

1. The unattached young adult must establish a new relationship with the family of origin and social and work relationships and responsibilities.
2. The newly married couple must commit to a new family system while realigning their relationships to other family and friends.
3. Families with young children must now take on parental roles and make room in the family system for a child. Their parents have now moved into grandparent roles.
4. Families with adolescents need to alter family roles to accommodate growing adolescent independence and relationships with peers, new challenges in the world of careers, and concerns for the older generation.
5. Families with children who are launching out of the family require a family with flexible boundaries and adult-to-adult relationships between parents and offspring and must recognize the grandparents' challenge of dealing with growing older.
6. Family in later years must adapt to new roles and possible loss of family members.

The family transitions described require new coping skills and can potentially reduce prior sources of support (while potentially offering a new set of ones). Demands for change can reduce the important sense of self-efficacy in addition to the sadness evoked by some of these changes. In terms of the meaning of life events, as family members grow up and marry, the resilient family is able to incorporate new members rather than to focus on the loss of connection.

While the preceding represents one prototype of a family life cycle, the reality of family life can represent major differences that bring with them new sets of meanings and life tasks. Many people never marry. Many couples remain childless or lose young children. Parents and spouses can die at any age, leaving family members with the challenge of coping with this new family arrangement. High rates of divorce at different stages in the relationship mean that many family members are addressing ways to negotiate this change. When parents remarry, family members have to negotiate ways to establish new sets of relationships and redefine already existing ones. Young people can become parents while still needing the care of their parents, who have now become grandparents as well as parents of teenagers. Grandparents can assume parental roles when parents are unable to provide this care. Individuals can become parents and raise children as single adults. People can marry as older adults, and some of these marriages require the integration of several family units. Adult relationships and marriage can be between individuals of different or similar genders. The case examples in this book illustrate a number of these variations within the family life cycle.

In the insightful musical *The Fantastiks*, the fathers seek to protect and script a happy life for their children (T. Jones & Schmidt, 1960). As both the parents and the young people discover, however, depth of character and a genuine relationship between the two young people are forged through pain and adversity, not through the father's protective activities.

*Coherence.* A sense of coherence—that life is comprehensible and meaningful—also supports resiliency (Antonovsky, 1998; H. I. McCubbin, Thompson, Thompson, & Fromer, 1998; F. Walsh, 1998, 2006, 2016). Such an orientation to life promotes confidence in the ability to clarify the nature of problems so that they are understandable and predictable. This orientation is related to the self-efficacy identified previously in terms of resiliency in individuals but goes beyond it to include issues of meaning and purpose of life. Family members can view life events as having a sense of purpose and ways in which the family can respond accordingly. Family members are able to view problems, for example, as ways that the family will be strengthened in the long term or as opportunities for growth for family members.

Traumatic events can create problems for family members in terms of this sense of coherence. The news is replete with fatal accidents, murders, and other traumatic events experienced by family members. Out of their pain, family members ask, “Why did this happen? Why did it happen to us?” Walsh described a potential way that “resilient persons—and communities—often draw something positive out of

a tragic situation by finding sometime to salvage and seeing new possibilities in the midst of the wreckage” (F. Walsh, 2006, p. 77). One set of parents, for example, funded a center to serve young people from a community in South Africa where youth had murdered their daughter. It was their way of honoring their daughter and furthering her work.

*Recognition of complex patterns.* Effective families can recognize that events are products of complex patterns and to explain life events accordingly rather than to blame individual family members. Poorly functioning families, on the other hand, tend to lock on to one explanation for a problem and to be organized in terms of blaming and scapegoating (Beavers & Hampson, 1990). Their family members tend to either pointing the finger of blame or defending against blame that they have little energy left to work together to solve their problems.

*Views of the future.* Family views about the future also influence resiliency. The belief that family members can have a positive impact on what happens to them strengthens them and gives them the impetus to continue to try. Families suffer when family members hold fatalist views that nothing can be done or expect that one person should be able to control everything (F. Walsh, 1998, 2006). Several important elements contribute to a positive outlook. These include perseverance, courage and encouragement, hope and optimism, and mastery of the art of the possible (F. Walsh, 1998, 2006, 2016).

*Perseverance.* “The ability to struggle well and persist in the face of overwhelming adversity—is a key element in resilience. It enables family members to continue to struggle despite odds” (F. Walsh, 2006, p. 69). In the many accounts of ways in which families have coped with the difficult life events created by the tragedy of September 11, 2001, a key theme has been the family’s determination and ability to continue to move forward as a family despite terrible losses and pain. Families who struggled to find new lives for their families following the Katrina disaster in New Orleans and other Gulf Coast communities also demonstrated such perseverance.

The courage of family members to cope, especially combined with the support of others, further supports resiliency (F. Walsh, 1998, 2006, p. 70). Courage can be manifested in facing dramatic life events as well as the daily efforts to move ahead despite difficulties. An individual who runs into a burning building to save a child demonstrates courage, as does the daily act of holding down two difficult jobs while meeting the many needs of the family members or caring for family members despite ongoing severe health problems. The latter type of courage is frequently not identified as such by the parties involved but is manifested in many of the families seen by social workers and other counselors.

Hope promotes resiliency by enabling people to look to a brighter future despite the bleak past and present and thus to persevere. Resilient families have an “optimistic orientation in dealing with stress and crisis” (F. Walsh, 1998, p. 63, 2006). These views enable family members to think about ways that they can contribute to the solution. As counselors recognize, one of the key elements in any effective

counseling endeavor is the ability to engender hope for the future that enables individuals and families to mobilize their efforts to meet their goals.

Hopefulness is supported by beliefs and mindsets. The family's belief that they have the ability to match the current challenge promotes hope (E. Friedman, 1986; F. Walsh, 2006). There is an ongoing interaction between belief systems and life experiences. This positive mindset needs to be reinforced by experiences that give evidence of success and a context that is supportive. Such experience encourages the sense of self-efficacy described previously. Positive illusions contribute by enabling people to hold to the possibility of optimistic outcomes (F. Walsh, 2006, p. 69). Such hopeful mindsets encourage families and individuals to maintain the efforts to cope and address difficult life events, in contrast to a sense of helplessness, which discourages efforts to try.

Interpretations about success and failure also influence resiliency. Resilient families are more likely to view mistakes or failure as experiences from which to learn rather than occasions of defeat. They view difficult life events as possibilities for growth and strengthening of the family. Such life events are viewed as opportunities to reassess life and even "to be seen as a gift that opens a new phase of life or new opportunities" (F. Walsh, 1998, p. 76).

*Mastery of the art of the possible.* Resilient families are able to assess what is possible to accomplish in a situation and to organize their efforts accordingly rather than being governed by all-or-nothing thinking (F. Walsh, 2006, 2016). Families can thus direct their attention to these steps. Such successful efforts provide confidence about future success or opportunities for learning for future actions (F. Walsh, 1998, p. 124, 2006). Mastering the possible is reflected in families whose members can identify the specific steps that are needed and possible in the current context or ones that the family can influence. Family members can then direct their efforts accordingly.

Culture influences what success means in this context. F. Walsh (1998, 2006), for example, contrasted the orientation of control and of mastery of people from Western backgrounds to that of living in harmony of families from Eastern and Native American traditions. Regardless of the tradition, families need to be able to identify what the steps are that enable the family to work toward their cultural goals. Related to this is the ability of family members to use their creative imagination to envision new possibilities for the family (F. Walsh, 1998).

*Transcendent beliefs and spirituality.* For some family members, these beliefs can potentially enable them to cope with difficult life experiences by providing a link to the transcendent and providing a sense of meaning. This transcendent value system enables people to define their lives as meaningful and significant (Benzies & Mychasiuk, 2009; F. Walsh, 1998, 1999, 2006, 2016). Families can especially need such a sense of meaning when tragedy and hardship strike (Wright, 1999). Studies drawn from a variety of traditions suggest ways in which religion can potentially provide a sense of meaning and support for families as well as some of the

risk factors that religion can pose (Falicov, 1999; Van Hook, Hugen, & Aguilar, 2002; F. Walsh, 1999, 2006). On the one hand, spirituality and religion can offer a sense of purpose, the comfort of being cared for, meaningful rituals, and the support of common community. On the other hand, beliefs centered on punishment can create additional distress.

*Role models.* Role models can be viewed in terms of the organization of the family as well as the belief systems that are created. Members of the family can model ways to cope with life in ways that contribute to effective solutions (e.g., going to work on a regular basis rather than skipping work to drink, parents dealing with conflict in ways that promote effective solutions and convey mutual respect). These role models give children lessons on effective ways to behave that can be used both within the family and in larger social contexts. They also contribute to an empowering belief system by giving images of strength and new possibilities. These images can be drawn from role models of strength within the family or the larger context (e.g., teachers, youth leaders). Such strength can be identified in response to the big challenges of life as well as to ongoing efforts to address the challenges of daily life. Social workers regularly encounter family members who demonstrate such strength as they care for family members with disabilities, raise children in dangerous neighborhoods, and work in difficult and dangerous conditions to support their families. These role models within the family can be the source of powerful messages that create belief systems of hope and strength that support resiliency.

### Organizational Patterns

*Organizational patterns* refer to the ongoing interpersonal arrangements within the family unit. Research from the traditions of normal family processes, family resources, and family crisis identify specific organizational patterns that contribute to family resiliency.

*Flexibility and connectedness (cohesion).* Flexibility refers to the ability of family members to assume new roles or to change the nature of family roles and responsibilities as needs arise (F. Walsh, 2016). Connectedness (cohesion) refers to the sense of closeness, of togetherness of family members. These two concepts are important because they enable families to respond to the changes and vicissitudes of life while maintaining an essential sense of relatedness and support within the family. F. Walsh described these characteristics as family shock absorbers (2006, p. 83). Optimally, families require a balance of these characteristics so that flexibility is within the context of some stability, and connection permits individual family members their own individuality (Beavers & Hampson, 1990; Olson, 1993).

Families need to be flexible to respond to a variety of positive and negative changes. When one parent can no longer carry out his or her accustomed family role due to illness, death, change in the economic situation, or military deployment, other family members must be able to rise to the challenge and take over



these responsibilities in some form or another (Beavers & Hampson, 1990; H. I. McCubbin & Patterson, 1983; Robinson, 2000; H. I. Walsh, 1998, 2006, 2016). When young people from rural families struggling with the farm crisis were asked how their families survived, many described changes in family roles: mothers who went to work outside the home, fathers and sons who took over home responsibilities (Van Hook, 1990a). Family members can represent parents, grandparents, and others within the broad family circle. At the same time, families also need a degree of stability and consistency that helps give life a sense of predictability (Olson, 1993). The challenge is to balance change with stability. Too many demands for change on the family can result in a state of crisis. Family rituals and routines can help create this sense of stability.

Cohesion or connectedness supports family resiliency by enabling families to experience the strength of drawing together to deal with difficult life circumstances (Benzies & Mychasiuk, 2009; H. I. McCubbin & Patterson, 1983; Van Hook, 1990a, 1990b; F. Walsh, 1998, 2006, 2016). This experience further strengthens the mutual respect and sense of trustworthiness within families. Cultural messages help shape the nature of the family circle (often including people who are not related by blood) and the degree of connectedness that is viewed as appropriate.

*Leadership.* Families need leadership within the family to mobilize its resources appropriately (E. Friedman, 1986; F. Walsh, 2006). E. Friedman (1986) described effective family leadership as occurring

when a family member has the capacity to maintain enough distance from the surrounding emotional whirlwinds so as to be able to keep his or her own life's goals (maintain his or her own horizons and integrity) and can articulate them and follow them despite the family's crisis, and can as a result of this capacity maintain a nonanxious presence in the system. (p. 77)

Families need leadership to provide for nurturing, protecting, and guiding of children and care of older adults and other vulnerable family members. Collaborative efforts among family leaders that involve individuals working together as partners are important (F. Walsh, 2006). Parents who can work together and provide a united front give stability to children. The style of the leadership varies depending on circumstances and the life stages of the family. While warmth remains an important element of family leadership, the relative firmness required depends on the context and the developmental life stage of family members (F. Walsh, 1998). Parents with very young children, for example, need to exercise leadership in a different manner than those with adolescents and young adults. Parents of families living in potentially dangerous settings may need to exercise greater firmness than those living in safer environments. Family leaders within the immediate and extended families provide mentoring opportunities.