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What is This?
Understanding and Fostering Family Resilience

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Family resilience can be defined as the ability of a family to respond positively to an adverse situation and emerge from the situation feeling strengthened, more resourceful, and more confident than its prior state. This article presents a succinct literature review on family resilience, including its dimensions, working models, and the individual and family characteristics that contribute to family resilience. Borrowing largely from solution-focused principles and techniques, numerous practical applications of a resilience orientation to family-related assessment and treatment are described. The article concludes with a call for additional research and training in the area of family resilience.

Keywords: family; resilience; family resilience; family therapy; solution-focused

How do families effectively cope with poverty, natural disasters, divorce, and other such crises and challenges? What are the characteristics of resilient families? What can counselors and other mental health professionals do to enhance family resilience? To address these questions, this article (a) highlights the literature on family resilience and (b) provides practical applications of a resilience orientation to family-related assessment and treatment.

Previous literature on resilience has focused on personality traits and coping styles that enable an individual, child or adult, to overcome unfavorable conditions. The classic Werner study of the resilience of 700 children living in impoverished conditions in Kauai, Hawaii, demonstrated the importance of fostering resilience in children (Werner, 1993). One factor found to contribute to resilience was the development of a significant relationship with a family member or adult mentor. More recently, the focus of resilience has been extended to the family unit (H. I. McCubbin & M. A. McCubbin, 1988; Walsh, 1998, 2003). This article provides a succinct discussion of the family resilience literature along with related practical applications.

UNDERSTANDING FAMILY RESILIENCE

Definitions and Dimensions of Family Resilience

Two components familiar to most definitions of resilience are that (a) the individual/family demonstrates a positive response to an adverse situation (Buckley, Thorngen, & Kleist, 1997; Masten & Coatsworth, 1998) and (b) the individual/family emerges from the situation feeling strengthened, more resourceful, more confident, and developmentally advanced (Christiansen, Christiansen, & Howard, 1997; H. I. McCubbin & M. A. McCubbin, 1988; Patterson, 2002).

Many family resilience researchers recognize that resilience is a multidimensional construct (Masten & Coatsworth, 1998). Three dimensions are frequently identified as the key components of family resilience. The first dimension is the length of the adverse situation faced by the family. The situation could be short-term, referred to as a “challenge,” or long-term, referred to as a “crisis” (Buckley et al., 1997; Golby & Bretherton, 1999; H. I. McCubbin & M. A. McCubbin, 1988; Walsh, 1998). Challenges are short-term situations that require adaptation (i.e., relatively minor challenges to the family’s current functioning), whereas crises are chronic situations that require adjustment (i.e., major changes that significantly affect the family’s operations) (H. I. McCubbin & M. A. McCubbin, 1988).

A second dimension of resilience is the life stage during which the family encounters a challenge or crisis (Cicchetti & Garmezy, 1993; H. I. McCubbin & M. A. McCubbin, 1988; Walsh, 1998). The life stage influences the type of challenge or crisis a family may encounter at a given time and the strength of the family to successfully cope and emerge from it. There are different types of challenges and crises that families commonly encounter during various life stages (H. I. McCubbin & M. A. McCubbin, 1988). For example, families with preschool- and school-age children may face financial strains, intrafamilial strains, employment strains, and difficulties that are associated with pregnancy. Family life stage
also affects how well a family responds to adverse circumstances. According to Walsh (1998), longitudinal studies reveal that family resilience is an ongoing interactive process between the family’s resilient characteristics and the family’s life stage. Families may use their strengths to effectively overcome challenges during one life stage; however, the same strengths may be insufficient when challenging situations are encountered at subsequent stages of family life. Some of the more robust strengths or coping mechanisms known to help a family withstand a challenge or crisis include high-quality marital communication, satisfaction with quality of life, financial management skills, family celebrations, family hardness, family time and routines, and family traditions (H. I. McCubbin & M. A. McCubbin, 1988). Resilient families use a combination of individual, family, and community strengths and resources in adapting and adjusting to normative transitions and stressful events.

A third dimension of resilience is related to the internal or external sources of support that a family uses during a challenge or crisis (J. A. McCubbin, Futrell, Thompson, & Thompson, 1998; Walsh, 1998). For example, a family may rely solely on the inherent strengths of its immediate members or may seek out support from extended family and community agencies. Although empirical investigations of this dimension seem to be limited in number, research suggests that greater resilience is found in those families who reach out to others in their social environment, including extended family, friends, and community members (H. I. McCubbin, M. A. McCubbin, Thompson, & Thompson, 1995). This may be especially true for individuals from cultural groups that place great value on interdependence or connectedness among its members (J. A. McCubbin et al., 1998). Being familiar with the broad values espoused by members of various cultural groups is considered an important component of the multicultural competencies for counselors established by Sue, Arredondo, and McDavis (1992). In addition to social support received from schools, churches, and neighborhood resources, the effective utilization of health care and mental health services appears to strengthen family resilience (M. A. McCubbin, Balling, Possin, Friedich, & Bryne, 2002; J. A. McCubbin et al., 1998).

Theoretical Models

Several systems-oriented research, prevention, and intervention models have provided a framework for identifying key processes that are thought to strengthen a family’s ability to cope with stressful life situations. From these family-systems models, two have emerged that focus specifically on the concept of family resilience. These two models, the resiliency model of family adjustment and adaptation (H. I. McCubbin & M. A. McCubbin, 1988; H. I. McCubbin et al., 1995) and the systems theory of family resiliency (Walsh, 1998), seem to provide a meaningful bridge between the family-system orientation and resilience-oriented practices.

H. I. McCubbin and colleagues developed the resiliency model of family adjustment and adaptation (H. I. McCubbin & M. A. McCubbin, 1988; H. I. McCubbin et al., 1995) to explain the behaviors of families under stress in terms of the central roles played by the family’s strengths, resources, and coping mechanisms as the family progresses throughout the life stage. Using this model, practitioners can help families identify coping mechanisms used in their adaptation to normative stressors and in their adjustment to nonnormative stressors. This prevention-oriented model has been applied to samples of postdivorce, military, and ethnically diverse families (Golby & Bretherton, 1999; H. I. McCubbin & M. A. McCubbin, 1988).

The systems theory of family resilience (Walsh, 2003) sets forth a framework that “serves as a conceptual map to identify and target key family processes that can reduce stress and vulnerability in high-risk situations, foster healing and growth out of crisis, and empower families to overcome prolonged adversity” (p. 5). This theory is based on two key premises. First, the individual is best understood and nurtured in the context of the family and social world to which he or she belongs. Second, all families have the potential for resilience, and this principle can be maximized by identifying and building on key strengths and resources within the family (Walsh, 1998).

Walsh emphasizes three key processes of family resilience: family belief system, organizational patterns, and communication. A family belief system involves how a family views and approaches a crisis situation, which subsequently influences potential solutions (Walsh, 1998). A positive belief system, centered on overcoming adversity through problem resolution, interconnectedness, and potential for growth, enables a family to unite and view the situation as a “normal” life challenge. By normalizing the situation, a family is able to evaluate potential resources and create a positive and hopeful outlook. The second key process, organizational patterns, centers on promoting family resilience through flexibility, connectedness, and identification of available resources (Walsh, 1998). For example, families immigrating to a new country may face the difficulty of maintaining connections with family and valued customs left behind while also restructuring and reaching out to new friends and other community resources (Walsh, 2003). The third key process focuses on developing open communication within the family (Walsh, 1998), which fosters a level of trust and mutual respect that leads to the acceptance of individual family member differences and the freedom to express emotions.

These two models, different in orientation and applicability, focus on empowering the family as a unit through improved communication, utilization of the strengths, and use...
of existing family support networks and resources offered by the community.

**Resilience of “Family Members”**

**Versus “Family” Resilience**

Contrary to the traditional view that family resilience is the sum of the resilient characteristics of individual family members, the contemporary perspective considers the characteristics of the family as a unit in addition to those of each individual. The literature suggests that family resilience is the result of interplay between the characteristics of the individuals within the family and the characteristics of the family unit (Masten & Coatsworth, 1998; H. I. McCubbin & M. A. McCubbin, 1988). This is a vital consideration when working with families from various cultural backgrounds who may be more focused on their functioning as a family unit than they are on individual characteristics (J. A. McCubbin et al., 1998). This section will include a discussion of resilience-related characteristics of family members and the family unit.

Each family member contributes uniquely to family resiliency. Adult resilient characteristics are usually viewed in terms of personality traits and coping mechanisms used to adjust and adapt to adverse life situations. For example, resilient adults tend to display a high level of spirituality, acceptance of their own and others’ personality traits, and adaptability to environmental changes (H. I. McCubbin & M. A. McCubbin, 1988; Walsh, 1998). Individuals with a strong sense of purpose and a positive outlook on life appear to have a greater capacity to transcend life’s challenges compared to less optimistic people. Children also contribute to the resilience of the family unit in very important ways. Resilience in children is influenced by the child’s age, cognitive and emotional development, self-esteem, social orientation, achievement motivation, and social comprehension (Canino & Spurlock, 1994; Masten & Coatsworth, 1998).

In addition to the contributions of individual family members, qualities or characteristics of the family unit as a whole can influence resilience. Families are considered to be resilient if they exhibit a strong focus on family accord, communication, finances, and family-focused events (Canino & Spurlock, 1994; H. I. McCubbin & M. A. McCubbin, 1988; Walsh, 1998). Families may be successful in meeting life’s challenges if they maintain balanced relationships within the immediate and extended family through communicating needs to and spending time with one another. A family’s confidence that it will survive in spite of hindrances can be positively influenced by behaviors that demonstrate the importance of family time and relationships (Walsh, 1998). Such behaviors might include family meals, family game nights, family trips, family meetings, and family traditions. The nurturing of supportive relationships with one another can assist family members in improving their ability to grow, learn, and challenge each other in positive and growth-enhancing ways (Walsh, 1998). The preceding overview of the literature on family resilience provides a foundation for a discussion of practical implications and applications of a resilience-informed approach in working with families.

**Fostering Family Resilience: Practical Applications**

The remainder of this article describes practical applications of a resilience orientation to family-related assessment and treatment. In addition to the resilience research and theories described earlier and our own experiences in working with families from a resilience-oriented perspective, these applications borrow liberally from the principles and practices of solution-focused therapy as developed by de Shazer and Berg (Berg, 1991; Berg & de Shazer, 1993; de Shazer, 1985, 1988, 1991). Solution-focused therapy seeks to discover and build on people’s existing strengths and resources, which makes it particularly well-suited to resilience-oriented work with families.

As noted earlier, family resilience is a relatively new construct in the literature requiring further research and exploration. Practical applications of family resilience, including those described in this article, have received very little empirical scrutiny and should be interpreted accordingly. These applications are presented for illustrative purposes and are not intended to represent an exhaustive survey of resilience-related strategies.

**Assessment**

A key initial step toward fostering family resilience is identifying the existing and potential skills, attitudes, and other resources that may enhance the family’s overall growth and response to adverse circumstances. Such an approach runs counter to the traditional deficit-based models of assessment that dominate training and practice in the helping professions. Traditional family assessment is based on the medical model assumptions and strategies aimed at identifying and analyzing family pathology and dysfunction (Goldenberg & Goldenberg, 2004). Three major features characterize this medical-based model. First, it is assumed that family problems reflect underlying pathology within one or more family members. Second, the initial intake and assessment process usually result in a diagnosis that purportedly identifies the source(s) of family dysfunction. Third, practices are driven by the belief that the more one knows about the problem, the more likely it will be resolved. Accordingly, treatment is focused on correcting family limitations and deficits.

A resilience perspective alters and expands the traditional focus of assessment to include the identification of family strengths and resources without minimizing the family’s problems and pain. Other differences between traditional and resilience-oriented practice are summarized in Table 1. Family members, individually or as a whole, typically display unproductive behavior at the time they enter treatment. How-
Resources that could be applied toward solutions to the pre-oriented practitioners actively search for family strengths and on their inherent strengths and coping abilities. Resilience-spective fosters hope by inviting the family to notice and call improvement (Murphy & Duncan, 1997). A resilience per-
formance tends to recognize their own resources and potential for hopeless regarding the problem, which makes it difficult families enter treatment with a sense of discouragement and commitment are present to some degree within the family. Many existence of the family as a unit suggests that coping and com-
paring problem. Next, we describe how a family resilience and other "positive" assessment measures that identify peo-
improve in the more challenging and problematic aspects of source of ideas for developing strategies to help them to covering what is working and functional about the family in addition to what is not working. Instead of limiting one’s interpretation of rating scales to high scores on problem-related areas and items, practitioners can attend to nonprob-
lem areas that may be suggestive of family strengths and capabilities. For example, in reviewing the profile of parents’ ratings on a parenting stress inventory, the practitioner could explore nonproblem domains by asking the parents how they have managed to cope effectively in those areas. The parents’ success in one area could then be used as a foundation and source of ideas for developing strategies to help them to improve in the more challenging and problematic aspects of their parenting.

Table 1

Differences Between Traditional and Resilience-Oriented Aspects of Practice

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Traditional</th>
<th>Resilience-Oriented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus and purpose</td>
<td>Diagnose and correct family dysfunction</td>
<td>Identify and utilize family resources</td>
</tr>
<tr>
<td>Role of diagnosis</td>
<td>Prerequisite for effective treatment</td>
<td>Unnecessary for effective treatment</td>
</tr>
<tr>
<td>Role of assessment</td>
<td>Gather information from the past to identify pathology</td>
<td>Identify current and potential family strengths and resources</td>
</tr>
<tr>
<td>View of problem</td>
<td>Problems indicate underlying family pathology (i.e., family is sick)</td>
<td>Problems indicate unsuccessful solution attempts (i.e., family is stuck)</td>
</tr>
<tr>
<td>View of family</td>
<td>Family is deficient and requires extrafamilial expertise and intervention</td>
<td>Family is resourceful and capable of marshalling their own resources</td>
</tr>
<tr>
<td>Role of practitioner</td>
<td>Expert</td>
<td>Collaborator</td>
</tr>
<tr>
<td>Language</td>
<td>Deficit-oriented</td>
<td>Strength-oriented</td>
</tr>
<tr>
<td>Source of treatment</td>
<td>Interventions originate from the practitioner</td>
<td>Interventions originate from the family’s strength and resilience</td>
</tr>
<tr>
<td>Nature of treatment</td>
<td>Problem-focused, pathology-driven remediation</td>
<td>Solution-focused, strength-driven empowerment</td>
</tr>
<tr>
<td>Use of external support</td>
<td>Minimal use of external supports and resources</td>
<td>Liberal use of external supports and resources</td>
</tr>
<tr>
<td>Desired outcomes</td>
<td>Decrease family dysfunction</td>
<td>Increase family resilience</td>
</tr>
</tbody>
</table>

However, this does not imply that the family system and its individual members lack the necessary strengths and resources to contribute substantially toward family goals and solutions.

A resilience mindset helps practitioners identify aspects of family resilience that often go unnoticed by deficit-minded practitioners and the family itself. For example, the mere existence of the family as a unit suggests that coping and commitment are present to some degree within the family. Many families enter treatment with a sense of discouragement and hopelessness regarding the problem, which makes it difficult for them to recognize their own resources and potential for improvement (Murphy & Duncan, 1997). A resilience perspective fosters hope by inviting the family to notice and call on their inherent strengths and coping abilities. Resilience-oriented practitioners actively search for family strengths and resources that could be applied toward solutions to the problem. Next, we describe how a family resilience perspective can be integrated into two of the most common forms of assessment: (a) ratings scales, inventories, and checklists, and (b) interviews.

Rating scales, inventories, and checklists. A large majority of psychological assessment instruments are designed to identify psychopathology and related factors. Formal personality inventories such as the Minnesota Multiphasic Personality Inventory II (MMPI II) (Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989) yield diagnostic profiles intended to identify psychological deficits and disorders. Most assessment checklists and rating scales are similarly designed to identify the nature and level of a client’s psychopathology.

Resilience-minded practitioners can enhance a family’s hope and confidence by selecting and interpreting rating scales and other assessment measures with an eye toward dis-
alization, and embarrassment about not being able to resolve the problem on their own. Many families enter therapy with minimal hope for improvement and low confidence in their capacity to resolve problems. This is a significant clinical consideration given the empirically demonstrated relationship between clients’ hope and positive therapeutic outcomes (Frank & Frank, 1991; Snyder, Michael, & Cheavens, 1999).

In contrast to traditional interviews, resilience-driven interviews seek to discover and explore unique family strengths, interests, and coping abilities. As illustrated below, practitioners can interview families in hope-promoting ways by asking questions and soliciting stories about family success, pride, enjoyment, capability, and other sources of resilience. The following excerpt was extracted from a transcript of the initial interview with the Smith family—Bridgette (single mother), John (age 9), and Travis (age 7). This portion of the interview took place about 20 minutes into the first session after a discussion of the family’s major concern, which they described as “constant fighting” between the boys and among the boys and their mother. Bridgette expressed additional concerns about getting the boys to do their homework, which she described as an ongoing source of family conflict. The family appeared to be very disheartened and discouraged by the problem as evidenced in their verbal comments and nonverbal behaviors during the opening moments of the interview. When asked about their previous attempts to improve things, they described them as highly futile and unsuccessful. After sufficient discussion of the concerns that led the family to seek therapy, the practitioner invited them to reflect on the more effective and satisfying aspects of their family life.

Practitioner: I feel like I have a pretty good idea of your concerns and the things you want to change. I want to ask about some other things now to get to know you a little bit better. What kinds of things do you enjoy doing together?
Travis: Playing catch. [John nods.]
Practitioner: Playing catch. Okay. Who do you usually play catch with?
Travis: Dad, but we don’t see him a lot.
John: Mom plays basketball with us sometimes.
Practitioner: She does? [Mom smiles]
Travis: Only about once a year. [Laughter]
Practitioner: Okay, what else do you enjoy doing together? Even things you don’t get a chance to do a lot. These could be very small things. It doesn’t have to be anything dramatic, just moments where it goes well and you enjoy doing them together.
Bridgette: They forget the whole weekend thing. [John and Travis smile]
Travis: Oh, yeah.
John: On Friday, we always order Joey’s Pizza and we watch movies.
Travis: It’s the best pizza ever.
John: Not too greasy and not too chewy.
& Sue, 2003). Acknowledging and exploring previous challenges helps the family recognize the capabilities that they already possess.

Regardless of the specific family and presenting problem, it is safe to assume that all families have faced a variety of difficult circumstances and that they have discovered some useful resources within and outside themselves to help them cope with these challenges. In working with families, it is useful for practitioners to explicitly acknowledge that every family experiences failure, pain, and problems. This helps to normalize the family’s experience and to curb unproductive feelings of abnormality without compromising the uniqueness of each family’s pain and problems (Walsh, 1998). Based on the widely accepted notion that all people are resilient (Brown, D’Emidio-Caston, & Benard, 2001; Walsh, 1998), it is not a matter of determining if the family is resilient, but how they are resilient.

Practitioners who embrace a family resilience framework view the interview itself as a powerful mechanism of change. A single interview question can boost hope and initiate positive changes by shifting the way a family views itself and the problem. For example, questions like, “How have you managed to deal with this so far without giving up?” and “What kinds of things have you done individually, or as a family, to deal with other challenges you’ve faced over the years?” and “How might these strategies and resources help you with the current problem?” can help people shift from a past-oriented focus on what is wrong to a future-oriented directed focus on possibilities. Tomm (1987) coined the term “interventive interviewing” to convey the notion that the interview can serve as an intervention in and of itself. We now turn to strategies for integrating a resilience perspective into the treatment of families and family problems.

**Treatment**

Various family therapy models have acknowledged the benefits of using a family’s strengths and resources throughout the treatment process (Goldenberg & Goldenberg, 2004). Of all such models, the solution-focused approach (de Shazer, 1985, 1988) is the most prominent in this regard. Although it is well beyond the scope of this article to describe this model, it is important to acknowledge its contribution to the resilience-related applications described throughout this portion of the article.

The following section highlights the overall philosophy and features of resilience-oriented family treatment. Resilience-minded practitioners embrace the following philosophical and pragmatic assumptions about families and family treatment:

1. All families have the potential for growth and improvement at any time in their development and in any situation.
2. All families possess unique and specific forms of resilience, strengths, and resources that can be applied toward problem resolution and therapeutic goals.
3. Family resilience and resources often remain hidden or masked by the momentum and influence of the problem.
4. Families benefit from the practitioner’s encouragement to recognize and apply their own resources toward solutions and growth.

Based on these assumptions, a major goal of treatment is to encourage families to recognize and utilize their inherent capacity for growth and change. Resilience-minded treatment is anchored in the notion that the most expedient road to effective outcomes is paved by interventions that incorporate family resilience and resources. One of the key aims of counseling is to discover and apply the family’s unique resources and capabilities in ways that are acceptable and useful to the family. These resources may go untapped unless the practitioner specifically asks about them and considers how they might be applied toward therapeutic goals. The resilience-oriented practitioner actively helps the family search for these unrecognized strengths, and by doing so encourages a family’s own best efforts for growth. In addition to assisting the family with the presenting problem, this strength-driven approach empowers them to successfully encounter future challenges and crises (Dunst, Trivette, & Deal, 1994).

A resilience orientation promotes a close link between assessment and treatment. Once family-related resilience and strengths are identified, the practitioner and family explore how these assets might be adapted and applied to the current situation. In many cases, the effective integration of “protective factors” and other resources into interventions requires a certain level of playfulness and experimentation on the part of the practitioner. Because each family has its own unique style and strengths, there is no ready-made cookbook of interventions in this regard. However, we have found it to be well worth the effort required to coconstruct interventions that acknowledge and use the family’s inherent resilience and self-righting capacities.

Returning to the previous illustration involving the Smith family, the practitioner discovered that they regularly engaged in some enjoyable family rituals. In addition to empowering their hope and efficacy by reminding them that they were already being successful in some aspects of family life, this discovery served as a foundation for exploring and building on other sources of effectiveness and resilience. Consider the following interaction from the same initial meeting with the family. In this example, the practitioner explores Bridgette’s resilience as a single parent who is working two jobs to support her family. This dialogue picks up after Bridgette describes the boys’ homework as her “third job.”

**Practitioner:** Homework is your third job?
**Bridgette:** Yes.
Practitioner: And unpaid at that, huh?
Bridgette: Yes, unpaid. [Laughs]
Practitioner: And you’re a single mom on top of all this.
Bridgette: Yes.
Practitioner: I have to ask you, how do you manage to hang in there as a single mom? I know it’s difficult. I don’t know what it’s like firsthand, but I’ve learned a lot by working with single parents who have taught me that it can be extremely challenging to say the least. Yet here you are, working on trying to change things with your family. What has prevented you from just giving up on things at this point?
Bridgette: We all do what we must. Push on little soldier
[Laughter] I’m a very strong-willed person.
Practitioner: So that helps you just keep on hanging in there without giving up?
Bridgette: [Nods] We’ve all got to do what we’ve got to do.
Practitioner: Well, some people aren’t able to do that as well as you. Where do you get your strength?
Bridgette: I pray a lot. [Laughs]
Practitioner: Well, it must be working for you because even though things are not always the way you want them to be in the family, your strength and commitment to the family, and the love that each of you show for one another, have helped all of you hang in there and keep trying to make things better.

In this short exchange as well as the previous one, the practitioner discovered aspects of family resilience that could be incorporated into subsequent interventions. For example, Bridgette’s strong-willed determination and perseverance could be helpful to her in implementing and sticking with alternative parenting strategies such as attending to the boys when they behaved properly and encouraging them to be more responsible and self-reliant. Likewise, all three of them could be given the postsession task of identifying other enjoyable family rituals and creating one or two new ones.

Another aspect of resilience-minded treatment, the practitioner’s use of compliments, is illustrated in the conversation with Bridgette. We believe that sincere and genuine compliments are powerful interventions in and of themselves. This claim is supported by a recent study (Linssen & Kerzbeck, 2002) that examined the relationship between outcomes and specific components of solution-focused therapy, as outlined by de Shazer (1988). Outcome data indicated that the practitioner’s use of compliments correlated strongly with positive outcomes.

In her discussion of counseling from a resilience perspective, Walsh (1998) recommended finding something that each family member does well and complimenting them accordingly. We would add to this suggestion a recommendation for practitioners to find creative ways to compliment the family as early as possible in the first session. For example, practitioners can begin the first session by complimenting the family for the courage required to seek help and confront their problems. Compliments that are provided early in the therapy process are useful in gaining the family’s attention and countering hopelessness and other negative reactions to the problem. We have observed that many families become more actively involved and optimistic following the practitioner’s use of resilience-seeking questions and statements that include embedded compliments. Consider the following examples:

1. How have you kept things from getting worse?
2. Some families would have given up long ago. How do you manage to hang in there instead of giving up?
3. You are the experts on your family. Because you know your family better than I do, I want each of you to think about one small idea or action that you are willing to try to make things better.

As noted earlier, resilience-oriented treatment borrows from family therapy models that acknowledge and build on the family’s strengths and resources. Many of these approaches, including narrative (White & Epstein, 1990) and solution-focused therapy (de Shazer, 1988), are based on postmodern and social constructionist assumptions that challenge traditional views of psychopathology and therapy (Gergen, 1999). For example, the following premises of solution-focused therapy are particularly relevant to the resilience-informed strategies presented in this article: (a) Reality is invented versus discovered, (b) language plays a key role in how clients view themselves and their problems, and (c) therapeutic change occurs when clients and practitioners shift their thinking and language from “problem talk” to “solution talk.”

On the basis of these constructionist assumptions, a practitioner chooses among various plausible views of the family and the problem instead of somehow trying to discover the one and only reality. Resilience-informed practice encourages therapists to choose and construct empowering views of families that honor their strengths and capabilities.

The “language of resilience” was reinforced in the following letter written by the practitioner and given to the Smith family at the conclusion of the first session:

Dear Bridgette, John, and Travis:

I’m impressed that you’re trying very hard to make things better and that you have not given up. That takes courage and love. I also think it’s very useful for you to keep the family rituals, like Friday pizza nights and the weekend wake-up time. Families that have these rituals are able to stick together during tough times better than families that don’t have them. Maybe you could even add other such rituals as you think of them.

I’m also wondering what else the three of you will think of that make things better at home with homework and other things. It’s been a pleasure meeting you. You strike me as a family that’s been through some tough times but that cares very much for each other. You also appear to be a family that does not give up when things get tough. I wish you continued...
toughness, along with the soft warm times that you have together on pizza nights and wake-up times.

This letter further acknowledges and compliments the family on specific aspects of resilience and success as well as inviting them to develop additional ideas for improving family life and resolving problems.

The Smiths entered therapy with a rather disillusioned, problem-dominated view of themselves and of the prospects for improvement. The emphasis of the first session was intended to shift their focus away from what was not working for them (i.e., problem talk) and toward what was working (i.e., solution talk). Because there are many possible interpretations of families and family situations, constructionist approaches recommend that therapists and families coconstruct hopeful and empowering stories and possibilities. As Berg and de Shazer (1993) pointed out, “As the client and therapist talk more and more about the solution they want to construct together, they come to believe in the truth or reality of what they are talking about. This is the way language works, naturally” (p. 9).

Based on these descriptions of resilience-informed treatment methods, it is easy to see how the compliments and other strategies described in this article can be readily incorporated into various family therapy models and practices. The appeal of resilience-based treatment strategies to therapists of various orientations and styles is enhanced by their wide versatility and applicability. These methods are universally applicable, regardless of the family’s background, current situation, or available resources. In regard to the Smith family, they would benefit from other specific interventions in the area of parenting and problem solving. For example, Bridgette’s increased use of encouragement and reinforcement strategies would improve her parental influence and relationship with her sons. Bridgette could also be encouraged to work collaboratively with her son’s teacher on possible solutions to the homework dilemma. We would contend that respectful, resilience-focused conversations, such as those illustrated in this article, enhance the family’s acceptance of and cooperation with subsequent interventions developed throughout the therapy process.

Resilience-minded treatment is very responsive to signs of progress, of any kind and degree, regardless of how trivial it may seem to the family members. The following questions can be used after any progress has been made, even if it appears small or trivial to the family:

1. What do these improvements teach you about yourself?
2. How would you explain these recent changes and accomplishments?
3. If you were the counselor, what advice would you give others who are struggling with these same challenges?

This discussion is not intended to imply that simply talking to families about their resilience and strengths is sufficient for promoting the type and level of outcomes desired by many families who enter therapy. However, resilience-based conversations are useful in establishing collaborative and respectful relationships that set the tone for the family’s acceptance of and cooperation with other types of interventions. A cooperative relationship, when combined with the empowerment of other key ingredients or “common factors” of effective therapy such as hope and client factors (e.g., family successes, resilience, social supports), contributes substantially to therapeutic outcomes (Lambert & Ogles, 2004; Wampold, 2001). When families perceive that the therapist respects their unique strengths and struggles, they are more likely to accept and implement interventions with commitment and integrity (Bachelor & Horvath, 1999).

CLOSING COMMENTS AND RECOMMENDATIONS

There is a growing interest among researchers and practitioners in the topic of family resilience. Contemporary research and theory provides useful direction for practitioners who want to increase their use of resilience-informed practices with families. The central aim of resilience-based practice is to discover each family’s unique resources and to encourage them to acknowledge, adapt, and apply their resources to their current and future family challenges.

This article provides numerous examples of resilience-focused applications and strategies in the areas of assessment and treatment. Given that family resilience is a relatively new concept and that related applications have received minimal scientific scrutiny, there is a strong need for additional empirical studies of family resilience and resilience-oriented interventions. Patterson (2002) offered several suggestions for future research on family resilience including (a) the development and testing of conceptual models for risk and protective factors, (b) the study of families experiencing significant risk, (c) the use of quantitative and qualitative research designs, and (d) longitudinal studies that clarify the dynamic and multidimensional aspects of family resilience. Practitioners can contribute to this effort by acting as “scientist-practitioners” (Hayes, Barlow, & Nelson-Gray, 1999) and carefully evaluating the process and outcomes of their work with families.

Professional training programs represent a key venue for encouraging the use of resilience-oriented methods with families. Training programs play a vital role in increasing the awareness and applications of family resilience models and strategies. Resilience and strength-based concepts can be woven throughout the curriculum of applied training programs in courses such as counseling theory, psychopathology, assessment, and counseling/therapy practicum, to name a few. Self-reflection and other experiential activities can be used to help students develop a more personalized and firsthand understanding of resilience concepts. For example, students can be asked to reflect on their own challenging experi-
ferences and on the resources that helped them to cope with these situations. Students also can be required to implement resilience-based assessments and interventions in practicum and internship settings. Training is the foundation of practice, and graduate training programs provide rich opportunities to foster a resilience-oriented mindset in students and teach them how to apply resilience-based techniques in their work.

As illustrated in this article, practitioners can readily integrate a resilience perspective into various aspects of their work with families (e.g., assessment measures, intake interviews, counseling techniques). We invite helping professionals of all theoretical orientations and disciplines to consider practical ways to implement and evaluate resilience-oriented strategies in their own work with families.

REFERENCES


Snyder, C. R., Michael, S. T., & Cheavens, J. S. (1999). Hope as a psycho-
therapeutic foundation of common factors, placebos, and expectancies.
In M. A. Hubble, B. L. Duncan, & S. D. Miller (Eds.), The heart and soul 
of change (pp. 179-200). Washington, DC: American Psychological 
Association.

competencies and standards: A call to the profession. Journal of Counseling 
and Development, 70, 477-483.

Sue, D. W., & Sue, D. (2003). Counseling the culturally diverse: Theory and 


resources: A refinement of the Family Resource Scale. Paper presented 
at the meeting of the Society for Research in Child Development, Albu-
querque, NM.


Wampold, B. E. (2001). The great psychotherapy debate: Models, methods, 
and findings. Mahwah, NJ: Lawrence Erlbaum.

Werner, E. E. (1993). Risk, resilience, and recovery: Perspectives from the 
Kauai longitudinal study. Development and Psychopathology, 5, 503-
515.

York: Norton.

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