Chapter 2
Resilience in Children and Families

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Introduction

Resilience in childhood involves positive functioning and development, often in the face of difficulties and adversities in children's everyday lives. The chapters in this book highlight critical areas where children and their families can show resilience and attain positive social, emotional, academic, and behavioral trajectories. Researchers have often described resilience as the ability to adapt or bounce back in the face of stress or adversity (e.g., Masten, 2018; Walsh, 2003a). Hadfield and Ungar (2018) discussed contributions to the field made by Rutter and Garmezy, among other researchers, who highlighted the notion of competence in the face of negative events and stressors. There may be an evolutionary advantage to being resilient or competent when facing stress, facilitating survival of our species (e.g., Lou et al., 2018). Although the definition typically involves the notion of adaptation, and involves some consistency, capturing or assessing resilience can be challenging. Assessment of resilience may be a "moving target," in that its assessment depends on how the construct is operationalized and assessed, as well as being influenced by the context of the adverse situation and the personality traits of the individuals experiencing the situation. There are different levels of resilience as well. Masten (2018) suggests that there is family and individual resilience, and it is probably the case that there is community and national levels of resilience, which might be termed "system level" (Masten, 2018, p. 17) resilience. Additionally, based on life experiences, mentors, personality, and contexts for development, there are multiple pathways toward resilient and risky (e.g., non-resilient) functioning. All of this makes for a complex picture, involving multiple facets to understand a

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critical concept. Consequently, assessment of resilience is holistic (Walsh, 2003a) involving a look at the problem itself (e.g., illness, poverty, discrimination) and historical factors at the individual, family, and community levels, strengths and weaknesses at each of the aforementioned levels, timing of events (e.g., is an event at the individual level related to an event at the family or community level or vice versa), phase in the individual's development (as well as developmental phase for the family and community or system), and reciprocal relations among the individual and family/community influences.

Definitions of Individual-, Family-, and System-Level Resilience

Individual Level Individual "level" resilience may be described as traits or characteristics and coping styles that enhance resilient functioning. Synonyms for resilience include flourishing, well-being, and adaptation, to name a few. The multitude of terms can be confusing, although the positive connotations of the terms are evident and highlight an individual's positive functioning and abilities. Masten (2018) defined resilience as "…the study of capabilities, processes, or outcomes denoted by desirable adaptation in the context of risk or adversities associated with dysfunction or adjustment problems" (p. 13). Masten (2018) pointed to the fact that others have defined resilience as an outcome, process, or character trait, making this a multifaceted construct. Bouncing back or thriving may be related to several positive traits, which can be fostered through interventions, making resilience a malleable construct. If resilience is malleable, then enhancing resilience becomes a clinical tool, and we see characteristics of resilience reflected in the field of positive psychology (e.g., Seligman & Csikszentmihalyi, 2014).

Characteristics related to thriving are positive emotional, social, and cognitive functioning and being able to experience a sense of self-worth and accomplishment in life. After reviewing the literature, Bethell et al. (2019) distilled characteristics related to resilience into several factors. For instance, they proposed that flourishing or resilience was fostered by having positive meaning and engagement in life. Moreover, feeling positive about the self, in terms of feelings of self-worth, positive interpersonal relationships, positive emotional functioning, and a sense of accomplishment also were related to resilient functioning or flourishing. Enhancing the aforementioned resilience factors may mitigate risk and help children and those in families where there is adversity overcome this risk and thrive in terms of positive development. Moreover, resilience at the individual level may be linked to resilience at the family level. For instance, Bethell et al. (2019) studied family flourishing amidst contexts of adversity or children experiencing adverse childhood events (ACES). They reported that children's thriving was related to family resilience. I also believe that a child's resilience has a reciprocal influence on thriving of family members.

Family Level Families marked by resilience "rally" (Walsh, 2003a, p. 3) in the face of adversity and engage in "processes" that enhance the recovery of the family and individual family members. Walsh (2003a) designated several resilient family processes including having positive views of adversity and making meaning from stressful experiences (e.g., "it's helped us grow together"), flexibility in adapting to change and in outlook on change, good communication and problem-solving, and open expression of emotions. Families that thrive in tough times also tend to "normalize" those stressful times, understanding stressful experiences can occur. In the face of stressors, in resilient families, members cope and attempt to thrive without shaming and blaming each other. Families that are resilient try to have a shared positive understanding of stressors and often are spiritual in their approach to stress. This acceptance, turning to a higher power, and meaning-making are part of positive processes that facilitate adaptation. Hamilton McCubbin and his colleagues highlighted the contribution that a well-functioning family makes to both family and individual adjustment when the environment is challenging (e.g., McCubbin & Patterson, 1983; also see mccubbinresilience.org). This is consistent with the notion that the family uplifts members and in so doing further strengthens the family unit.

Community Level One definition of community resilience describes the community as having vitality. Dale et al. (2010) defined community vitality as remaining strong when facing challenges. When communities have vitality:

> …they are resilient, they are innovative, and they are adaptive. Simply put, a vital community is one that can thrive in the face of change. It is a place that can remain at its core a functional community without loss to ecological, social and economic capitals in the long run, whatever occurs as a result of exogenous changes beyond its control. And perhaps more importantly, it is a place where human systems work with rather than against natural systems and processes. (Dale et al., 2010, p. 217)

The resilience or vitality of a community can help sustain members and contribute to a higher quality of life for them in tough times. It also may mean that community members are innovative, so that they adapt and innovate to change and thrive when facing adversity, such as natural disasters (Cutter et al., 2008). They may innovate by supporting technological or environmental advances (e.g., clean water policies, sustainable energy; Dale et al., 2010). While the community is adapting, its members often maintain its structure and their strong social relationships, which, in turn, may contribute to quality of life and social functioning (Cutter et al., 2008; Murphy, 2007). In addition to neighborhood communities, there are a myriad of cultural communities (e.g., church, political, and interest groups) that influence resilience in children. A book edited by Ungar (2005), entitled *Handbook for Working with Children and Youth: Pathways to Resilience Across Cultures and Contexts*, presents ideas for facilitating resilience in children from different cultures facing different life situations.

Identification of Risk and Resilience Factors

Masten (2018) discusses identifying risk and resilience factors that impact individuals and families as being critical to advancing the field. This also harkens back to Jessor's (1993) work, and his model suggests that for each individual, there is a complex interplay of risk and protective factors that impact reactions (to stress or environmental events) and development. Like Masten (e.g., Garmezy et al., 1984; Masten, 2018), Jessor (1993) wrote about complexity in trying to understand the pattern of risk and protective factors impacting developmental trajectories for youth. Jessor (1993) posited that biological, genetic, and environmental factors (including one's perceptions of the environment), personality, behaviors (e.g., results of one's behaviors), and adolescent lifestyles (e.g., health risk behaviors, school behaviors, health-related behaviors) and health-compromising outcomes (e.g., social roles, preparedness for adulthood) had interacting causality in a "web" that impacted adolescent functioning. In his model, the adolescent was "set" in a family, neighborhood, school, and a broader social-structural context (including economic, political, and cultural environments). At each of these levels, resilient functioning can occur, and a wealth of system and family level factors can impact child functioning. Alternately, child functioning can reciprocally impact the family- and system-level resilience. Jessor (1993) posed a question, in the context of adolescents succeeding despite adversity, that the chapters of this book will address for children and adolescents — "how can we understand the process by which young people make it, despite the adversity they face..." (pp. 125–126). Another question to add is how can we understand processes at different levels and how they interact to influence child and adolescent development? And, yet another question is how can we enhance knowledge about how stage of development impacts resilient functioning?

Differences in Resilience over Time

Resilience or adaptive functioning can occur at one point in development, but is often conceptualized as occurring over time (e.g., Brooks, 2006; Zolkoski & Bullock, 2012). The impact of adversity in different periods of child and adolescent development is concerning for many reasons, including the fact that children might not reach their full potential as adults (Zolkoski & Bullock, 2012). Despite being faced with adversity, however, many children reach their potential and exhibit positive functioning (Brooks, 2006; Masten, 2007). Hence, children who cope well and function well despite adversity are considered resilient, as they possess certain traits and are able to benefit from protective factors in their environments (e.g., family and system) that enhance their positive functioning (e.g., Zolkoski & Bullock, 2012). As such, psychologists and other health professionals have sought to study factors related to resilience (e.g., using person-focused and variable-focused approaches; Masten, 2014). They also strive to implement interventions to foster resilient

functioning in children, in order to improve their lives and foster positive development that will "follow" the child across his or her life course (e.g., Alvord & Grados, 2005).

Masten (2014) encouraged researchers to assess critical periods for resilience in children (when is it very important to be resilient) and understand how resilience changes over time (using modeling) so that we can gain a fuller developmental perspective on this important concept. The notion of positive trajectory over time in the family system reflects the notion that families adapt to stress and move toward functioning in a manner that enhances family growth and development (Rolland, 2005; Walsh, 2003b). Bethell et al. (2019) showed a positive relationship between child and family resilience that suggests that positive trajectories for the family unit exert a positive impact on child development. The Kauai Longitudinal Study (see mccubbinresilience.org) provides information on risk and resilience factors for individuals and families over time, showing that developmental change plays a dynamic role in adapting to stressors over the life course.

Yule et al. (2019) reviewed longitudinal studies across different settings or contexts where children faced violence (e.g., maltreatment, community violence). They found that children who could regulate their emotions (an individual trait) and experience family, peer, or school support (systems level resilience factors) tended to exhibit more positive functioning in longitudinal studies. This introduces a new question – is there an additive influence of multiple resilience factors? Masten's (2014) research tends to support this; Masten posited that resilient functioning has been approached by studying the person and factors in the environment (variables) and can also be assessed by understanding the "system" ("adaptive systems" including "large areas and groups of people" p. 10). Hence, when understanding resilient functioning, it remains important to study the individual- and system-level factors that may promote adaptation. Although it may be more difficult to study large systems, it remains important to do so, as entire cultures can "bounce back" from war and extreme poverty or other adverse conditions. In fact, a cultural group is yet another system that may enhance individual and group resilience.

When assessing time, it is important to assess "timing" for different levels and events. For example, Walsh (2003a) discussed how an individual's behavior can be impacted by another family member's behavior. Consider the impact of a divorce and parental disagreement about custody and its impact on the child. Some children express their feelings through behavioral problems, while others are sad and upset. Another example might be how an eating disorder impacts other family members, with siblings perhaps being resentful of all the attention provided to the "ill" child who has the eating disorder. Or, if a parent has "bad days" at work, it can impact children's experiences and result in disengagement of the child from the parent or, other times, in negative behaviors. Consequently, considering timelines for others impacting the child or adolescent can provide greater understanding of why the child is or is not displaying positive functioning. Family systems also experience developmental or time trajectories, which Walsh (2003a) referred to as "nodal events" (p. 4). Walsh (2003a) described nodal events as being more predictable (e.g., birth of a child, graduation of a child from high school) and unpredictable

(e.g., child being diagnosed with a chronic illness). How the family copes with nodal events is a window on their functioning over time. Similarly, systems experience nodal events over time, including growth factors (e.g., a new school building and increased taxes to pay for it) and unexpected events (such as a fire in the community). The timing and community response to these factors can impact the child and family, just as children and families have an influence on community functioning.

Resilience Across Domains

Resilience can occur in different developmental domains, which may include emotional, language, and cognitive functioning, school, sports/physical development, extracurricular activities, and social groups. The notion of multiple domains for resilience is similar to that of the idea of multiple intelligences (e.g., Gardner, 1993). Some of the domains for resilience might be social and intrapersonal resilience, which include getting along with others; athletic resilience; intellectual resilience, creative resilience (the ability to creatively express new ideas); language resilience (e.g., good public speaking skills); emotional resilience; and behavioral resilience. In short, an individual may show resilience in all domains of human functioning, and whether resilience is one quality applied throughout life domains or separate qualities in different domains has yet to be determined.

Dubowitz et al. (2016) proposed that resilience "…describes adaptive functioning, over time and in multiple domains, in a context of adversity" (p. 233). Dubowitz et al. (2016) discussed academic resilience, which they applied to school entry and readiness, as involving "...academic capability, the ability to follow rules of conduct, and skills to function with peers" (p. 233). Brooks (2006) conceptualized the schools as settings to foster child resilience, including the child's social functioning, which is another domain for resilient functioning. Another aspect of social resilience involves getting along with others and functioning according to societal expectations. Dubowitz et al. (2016) conceptualized adaptive skills and communication skills as being in the social domain. There also may be physical resilience (Hornor, 2017), emotional resilience (e.g., abilities to cope with stress, Collishaw et al., 2016; Smith & Carlson, 1997), and a host of other domains to study. It may be that the skills in different domains, such as cognitive, social, communication, emotional, and physical functioning, differ based on the age or developmental stage for the child. To improve our understanding of different facets of resilience, it is necessary to examine resilience across different developmental domains over time.

Families show resilience in their support of each other and in several domains, many of which are similar to the child- or individual-level domains. Some of these domains may be social, emotional, and behavioral functioning, interaction patterns, orientation toward education and work, financial functioning, communication, support of kinship networks, and orientation toward events in the family life cycle (e.g., birth of a child). Walsh (2003a) described family belief systems and abilities to make meaning of critical events as key domains for family resilience. Positive

attitudes and a positive position in the face of adversity (i.e., "We can cope with this" and "We will survive and thrive") and being able to find meaning in crisis events (or unpredictable nodal events) are critical to family resilience. I believe that these two orientations (i.e., positive attitudes and a positive position during adversity) are critical to individual and community resilience as well. Walsh (2003a) stated that a family that bounces forward, staying connected and maintaining a "collaborative problem-solving" (p. 13) orientation, has the potential to be resilient in the face of adversity, thereby indicating that belief systems are a critical domain for positive coping.

Communities show resilience in ensuring safety and a feeling of trust in the leadership, so that needs for safety and security can be met. In addition, it is important to establish that information (e.g., "news") will be provided in a fair and trustworthy manner. The financial domain overlaps safety and security – can people's needs for shelter, food, water, and safety be covered? Showing a sense of social cohesion is important, as citizens need to build hope that the community will maintain itself and make it through stressful events (Eshel & Kimhi, 2016). Other domains are providing infrastructures for mental health services and safe housing. Providing services for women and girls, especially if they are experiencing violence, or for other groups, such as refugees, is important (MacDermid Wadsworth, 2010). It may be difficult to clearly outline community domains. Some of these domains are providing for human needs (safety, food, water), ensuring the availability of mental health services and services for vulnerable groups, establishing communication networks and safety through law and order, and defining a capacity to maintain the community and its processes. Defining domains for community resilience to facilitate population wellness and community readiness to face current and future threats in the face of stressors, such as war, disease, and disaster, remains an area for continued research (Eshel & Kimhi, 2016).

The next section of this chapter provides examples of resilience in the face of war, a critical event, or unpredictable nodal event (Walsh, 2003a) at the community level, which impacts individual-, family-, and community-level resilience. Masten (2018) suggested that "global calamities" (p. 13), such as World War II, and their resulting trauma and stress shaped "...what could be done to mitigate risk or support recovery" (p. 13). War and terrorism (which I define as being in the broad category of war) are a part of many children's and families' daily lives, and their adaptation in the face of a prolonged state of crisis is admirable as they face calamity, danger, trauma, violence, displacement, and scarce resources. Masten (2014) proposed that the "...development of children around the world is threatened by disasters, political violence, pandemics, and other adversities that can have life-altering consequences for individuals, families, and the future of all societies" (Masten, 2014, p. 6). There is a need for more knowledge about risk and protective processes and how to prepare for specific threats to human development in the event of exposures to disaster, terror, displacement, abandonment, and many other extremely dangerous situations for child development (Masten, 2014, p. 15).

War and Its Aftermath

In 2010, MacDermid Wadsworth proposed that war and terrorism were increasingly impacting family life. Since this time, this influence has only increased. MacDermid Wadsworth (2010) discussed that fact that war and terrorism can be overlapping in modern times, as wars:

> …are increasingly unconventional, with rising numbers of combatants lacking official status, no clear front lines, and increasing use of terrorist tactics, such as the targeting of civilians with random attacks calculated to generate the most widespread fear possible. (p. 537)

One issue related to war is mass violence and exposure to trauma, which may result in psychopathology, such as post-traumatic stress disorder. Women and girls face rape, as a tool of war, which may destroy family and ethnic group solidarity. Finally, if the community is damaged or destroyed, a sense of community solidarity can be damaged or shattered. MacDermid Wadsworth (2010) reported that:

> Daily life is extremely difficult in the context of mass violence: Family members may be separated by imprisonment or forced military recruitment, the need to care for members in multiple locations, or safety concerns. (p. 547)

Parents may become very concerned with the future of the family and thus be less responsive to children's emotional needs. Children, in turn, can experience post-traumatic stress disorder (PTSD), depression, and anxiety (MacDermid Wadsworth, 2010). Family members may take on roles they are ill-prepared for and, if communities are ravaged, may be forced to flee their homeland and then cope with the stress of being a refugee and relocating to a new country. Given this extreme stress, there is a need for intervention at the individual, family, and community levels (MacDermid Wadsworth, 2010). Table 2.1 presents some ideas for enhancing resilience among children, families, and the community.

Growing up in a war-torn country can be incredibly devastating. Yet, many children show resilience in these environments. Bosqui and Marshoud (2018) evaluated "review" papers focusing on children's coping during and in the aftermath of war. Their definition of psychological well-being was that of the United Nations, which is "children's health and safety, material security, education, socialization, and their sense of being loved, valued, and included in the families and societies into which they are born" (as cited on page 1 of the Seventh Innocenti Report Card by the United Nations Children's Fund, 2007). Resilience could be fostered through interventions to enhance cognitive and emotional functioning and promote positive behaviors. In terms of cognitive change, Bosqui and Marshoud (2018) reviewed key concepts, including problem-solving (i.e., active searching to find solutions), learning stress management skills, emotion regulation (e.g., coping with negative feelings), being able to engage in play, and learned helpfulness. Specifically, learned helpfulness has a positive impact through being altruistic, which can provide an internal focus and feelings of well-being from helping others. Coping with traumatic stress, through therapy and support of others, and having strong therapeutic rapport with counselors promotes wellness. As one might expect, increasing a

Table 2.1 Ideas for enhancing resilience among children, families, and communities in war-torn countries

Area	Child	Family	Community
Ideas for resilience-building	Food, water, and shelter	Food, water, and shelter, financial support	Policies and infrastructure to provide adequate food, water, and shelter; encourage and monitor fairness in distribution of resources; find financial support, possibly through involvement of non-governmental organizations to facilitate community recovery
	Mental health services	Mental health services	Facilitate provision of mental health services (build emergency infrastructure); increase the number of mental health service providers
	Facilitate meaning-making and "can do" attitude (I will be O.K.); encourage active problem-solving	Facilitate meaning-making and educate parents about the importance of a "we will pull through" attitude and orientation; encourage active problem-solving	Ensure that frontline mental health responders are educated about the importance of meaning-making and positive or coping-oriented attitudes; organize and develop channels to ensure that accurate news is flowing in the community; build a feeling of community capacity for "getting back on our feet"
	Build sense of safety: emotional and physical safety need to be considered, develop a predictable routine; connect children with parents and supportive others	Build sense of safety: emotional and physical safety need to be considered	Develop policies to ensure safety; establish law and order; ensure court processes (and legal infrastructure) are in place; if refugee camps exist, ensure safety and security of these areas; if necessary, create new infrastructures (e.g., community centers, housing for refugees, orphanages) to assist the community in mobilizing in an organized, safe manner
	Support girls who have experienced rape	Support women who have experienced rape	Provide housing for girls/women if pregnant; build programs for girls/women who face ostracism and rejection due to rape
	Enroll in school and activities	Re-establish rituals, such as celebrations, holidays, and worship; re-establish family patterns, such as going to school, encourage family to spend time together	Support re-opening of houses of worship; build policies to support the family; re-open schools, churches, community centers where possible; support staffing and fund community organizations critical to child and family functioning

Note. Many ideas in this table reflect ideas presented by MacDermid Wadsworth (2010) and from Laura Nabors's work as an instructor for a course in Global Health

child's social support and building positive relationships with caregivers were strengthening factors, promoting resilience. In fact, Bosqui and Marshoud (2018) mentioned that resilient children have good skills for finding adult support, even if it is beyond the parental unit.

At the community level, engaging in community values and activities, be they political, religious, or ideological, was a protective factor. Bosqui and Marshoud (2018) discussed finding ways to support child programs and research in war-torn countries, such as Syria. Programs may include developing schools, providing food and shelter, and mental health services for the child and family (see Table 2.1). This is critical as the quality of care after traumatic war-time experiences can have a positive impact on child functioning and later development (e.g., Hal-van Raalte et al., 2007). Further study of the protective mechanisms outlined by Hal-van Raalte et al. (2007), and finding out how to practically apply and enhance protective factors in existing programs, has the potential to enhance resilience for children coping with war and the aftermath (devastation) in the wake of war.

Massad et al. (2018) wrote that "...one in four children lives in conflict-affected areas around the world, and this results in many consequences for their mental health" (p. 280). They state that exposure to war erodes children's sense of safety and trust in their world, negatively impacting their development of self. Negative and destructive behaviors often increase when a child has been exposed to violence through war, and the concomitant destruction of "civil society" (p. 281), and children experience post-traumatic stress, shame, and grief. Next, Massad et al. (2018) turned their focus to Palestine, discussing the conflict and resistance to occupation. They wrote that children participating in resistance to Israeli occupation demonstrated more positive resilience, in terms of emotional functioning (primarily through reducing symptoms related to PTSD). Another supportive factor, enhancing child functioning, was school-based mental health counseling to assist children in coping with anxiety and stress.

The United Nations Relief Works Agency for Palestine Refugees in the Near East (UNRWA) was a community support, providing schools, food, shelter, and health care in refugee camps for Palestinians (Massad et al., 2018). Other non-governmental organizations have provided aid and support to develop health and educational programs through UNRWA. There is dialogue and exchange through UNRWA organizations, which helps the collaborative to run smoothly. UNRWA health departments provide for child and family well-being and promoted child and family protection.

Activities to foster resilience promoted by UNRWA had a national impact (Massad et al., 2018). For instance, UNRWA established a child and family protection program in 2009, and the promotion of child rights and the importance of positive child development became a message for the country. Through working with the schools, the child and family protection group began summer camps and family theater, puppet play, storytelling, social groups, dance, and art groups. A positive parenting book was developed, bringing further psychological support for children (Massad et al., 2018). UNRWA worked cooperatively with other organizations, to promote child resilience in the aftermath of war, during occupation. Massad et al.

(2018) reported that continuing to leverage community "strengths" and promote child well-being will foster resilience in children and that the UNRWA model could be "exported" to other war-torn countries.

The next section of this chapter addresses an unpredictable nodal event (Walsh, 2003a) for the family that may have a profound impact on child functioning. This event is parental bereavement as a result of AIDS. Children who have lost a parent or parents due to AIDS may benefit from many of the actions listed in Table 2.1, as they can face relocation and poverty and are grieving as they cope with a traumatic event.

Parental Bereavement as a Result of AIDS

Collishaw et al. (2016) assessed children's responses to parental bereavement from AIDS. Children, who have lost their parents to this illness, often face stigma as well as family and educational disruption and stress. If they reside in settlements, they can face violence in the community and often reside in poverty. Collishaw et al.'s (2016) sample consisted of over 1000 children and adolescents residing in urban settlements in South Africa. Their model was an ecological one (Bronfenbrenner, 1977), and they considered risk and resilience factors at the child, family, and community levels. The consideration of multiple risk and protective factors was also consistent with Jessor's (1993) theory. However, their main goal was to understand factors related to positive mental health. They conducted a detailed assessment at the child, family, and community levels. Surveys were used to assess children's report of their depression, anxiety, post-traumatic stress, conduct problems, and delinquency. At the family level, family positive caregiving and maltreatment were measured. They also examined time since bereavement, child physical health, and child optimism. Several community level variables were assessed: violent victimization, stigma, and peer victimization were among these variables.

Results indicated that one fourth of the children were resilient, with no evidence of mental health problems (Collishaw et al., 2016). Poor physical health of the child and multiple family bereavements were risk factors for positive functioning. As one might expect, positive relationships with family members and peers were protective factors as was child "optimism." Lower levels of community violence and victimization were protective factors. In terms of poverty, having food security was a protective factor. Researchers believed that results supported the positive impact of using an ecological model when considering risk and resilience factors to predict child and adolescent functioning (Bronfenbrenner, 1977). The results of this study provided guidance for policy to help children. Using interviews may have provided depth information to guide policy efforts. This author was privileged to visit South Africa, on a "People to People" program visit to discuss the AIDS crisis. It was noteworthy that orphanages for children who were bereaved were placed in the center of some communities as a hub to care for children and offer opportunities for work. Lou et al. (2018) reviewed resilience factors related to residential care and

noted three strengths, which this author observed in many of the orphanages. These strength or resilience factors included an emphasis on child education, involving positive, supportive adults in the children's lives, and instilling a sense of hope in a positive future.

Macedo et al. (2018) surveyed children (ages 4–13 years) and caregivers (over 900 youth and 900 caregivers in original sample) in South Africa and Malawi to understand the impact of bereavement related to AIDS. Eight hundred and thirty-three caregivers and children (about 84% of the original sample) completed surveys and/or provided information at intake and a 12–18-month follow-up assessment. Approximately 58% of the children ($n = 490$) had lost one or both of their parents. Their model also was ecological (Bronfenbrenner, 1977) in nature, in that they examined caregiver and child perceptions of child-, family-, and community-level predictors of functioning. They found that about 25% of the children who were orphaned exhibited "resilient" functioning. Results indicated that helping other family members was a protective factor, promoting functioning, and this is similar to Bosqui and Marshoud's (2018) notion of "learned helpfulness" being a protective factor for children. Other resilience-promoting or protective factors at the family level were more positive parenting (i.e., frequency with which the child received praise), lower exposure to domestic violence, and persons in the home being employed (thereby reducing family poverty). At the community level, reduced experience of stigma (i.e., being teased and gossiped about) and children feeling supported by their community were related to resilience. Predictors did not vary by child age, sex, or country, which is important, and it may be that there are some universal protective actions that can help many children who have experienced bereavement. Using interviews to assess ways to reduce stigma or assess instances of reduced stigma in the community may have provided even more guidance for developing interventions, perhaps based on empathy, relationship building, and altruism.

One program built to heal trauma and assist with relationship building is the Balekane EARTH program in Botswana (Katisi et al., 2019). The EARTH acronym stands for Empathy-based, Action-oriented, Relationship-building, Transformative, Healing Therapy (Katisi et al., 2019). This program served youth ages 12 to 15 years and follows them until 18 years of age. Therapy is provided, peer networks are formed, and social workers supported adolescents in getting services in their communities. There were "mothers" to support youth, and they were community members. They helped youth build relationships with peers, family, and members of their communities. The first part of treatment is a wilderness camp where adolescents take part in team-building and group exercises as well as participate in therapy (e.g., individual, group, art, and music therapy). The second part of the program is what might be called supportive, transformative aftercare. Social workers support youth in navigating communities to find support and resources, after youth return from camp. Additionally, there are group meetings with peers from camp, to provide peer support and support positive youth functioning and positive relationships with the child's family. The EARTH Program addresses support at the individual, family, and community level, which is a comprehensive, ecological approach.

Katisi et al. (2019) assessed change for youth (examining males' and females' perceptions) who had participated in the program. They found males and females reported increased resilience related to program participation. Females felt aspirational about participating in the EARTH program. Moreover, males and females who initially had high levels of grief reported reduction in grief after being in the program. Katisi et al. (2019) did not assess the perceptions of social workers, family, or "mothers." Understanding points of view from the aforementioned stakeholders would have provided more information to evaluate program impact as would have data about how children were functioning in their communities. Nonetheless, the EARTH Program appeared to be a creative approach to addressing a stressor on individual, family, and community levels. Future assessment of family and community perceptions will provide more data to support the development of this program.

Conclusion

This chapter focused resilience in the face of adversity as being critical to understanding child development. It is important to continue to study person-level factors, environmental factors, and processes over time so that we can develop interventions to foster resilience and to protect children who have experienced adversity. There is a need for continued research about resilience during adversity to elucidate what is meant in different situations, with different measurement tools, and different character traits. Masten (2018) makes a case for continued work in the field stating, "Integrating models, evidence, and strategies across systems and sciences holds great promise for elucidating resilience and for translating this knowledge more effectively into practical action that will benefit individuals, families, communities and societies" (p. 24). This quote exemplifies an objective of this book, which is to think about different issues, such as systemic influences, problems, and contexts, in order to develop practical ideas that will advance clinical practice and research in the field. This book presents diverse perspectives, much like Jessor (1993) presented a group of diverse studies to illustrate critical perspectives on risk and protective factors that influence adolescent development. The hope is that the views and topics addressed in chapters for this book shed some light on resilient functioning for children of a variety of ages, who are facing a variety of types of adversity. Promoting resilience is investing in our children's future so that they can continue positive trajectories that foster their development. As such, research and reviews that foster resilient development are a way to light the path so that interventions can be developed and applied to enhance the positive trajectory of youth.

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