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This chapter focuses on the importance of fostering family resilience in situations of adversity for children's well-being and positive growth. The concept of family resilience refers to the capacity of the family as a functional system in overcoming significant life crises and challenges. Highly stressful events, transitions, multistress conditions, and adverse social contexts impact the whole family, and in turn, family processes facilitate the adaptation of all members, their relationships, and the family unit. A research-informed map of key family processes for resilience can guide assessment, intervention, and prevention efforts. Practice principles and applications of a family resilience approach in clinical and community-based practice are discussed and illustrated. Research recommendations emphasize the value in mixed-method, multidisciplinary, and multilevel approaches to further our knowledge and practice.

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## A Family Systems Orientation

A relational view of resilience recognizes the vital importance of supportive bonds for children's positive adaptation in adversity. Early

theory and research on resilience focused on personal traits and abilities in resilient youth who overcame serious life challenges. Notably, the significant influence of a strong, positive bond, as with a caregiver, model, or mentor, stood out across many studies (e.g., Werner & Smith, 2001). Relational processes nurture children's resilience: by conveying belief in their worth and potential and by supporting their best efforts to overcome challenges and make the most of their lives.

A family systems orientation expands the lens from the primary dyadic relationship between the mother/caregiver and child to the broad relational network, attending to the ongoing mutuality of influences. A resilience-oriented relational approach identifies potential resources throughout the immediate and extended family and involves members who are, or could become, helpful in fostering the positive development of at-risk youth. Even in troubled families, positive contributions might be made by grandparents and godparents, aunts and uncles, siblings, and informal kin.

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## The Concept of Family Resilience

Beyond the influence of individual family members, a systemic perspective focuses on risk and resilience in the family as a functional unit. The concept of *family resilience* refers to the capacity

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of the family, as a functional unit, to withstand and rebound from adversity (Walsh, 1996, 2002, 2003, 2016b). A basic premise in family systems theory is that serious crises and persistent life challenges impact family functioning, and in turn, key family processes mediate adaptation (or maladaptation) for all members, their relationships, and the family unit.

The concept of family resilience extended early family developmental theory and research on family stress, coping, and adaptation by McCubbin and colleagues (Patterson, 2002). In the clinical field, a family resilience conceptual framework was developed by this author, informed by three decades of family systems research on transactional processes in well-functioning families (Walsh, 1996, 2003; Lebow & Stroud, 2012).

Family resilience is distinct in focus on family processes in dealing with situations of adversity. A serious crisis or pile-up of stressors over time can derail family functioning, with reverberations throughout the relational network. The family's approach and response over time are crucial for the resilience of all members, especially for young children and adolescents. Key transactional processes enable the family to rally in highly stressful times: to take proactive steps, to buffer disruptions, to reduce the risk of dysfunction, and to support positive adaptation and resourcefulness in meeting challenges.

Resilience entails more than coping, managing stressful conditions, shouldering a burden, or surviving an ordeal. Personal and relational transformation and positive growth can be forged in efforts to overcome adversity. Many studies have found that couples and families, through suffering and struggle, often emerge stronger, more loving, and more resourceful through collaboration and mutual support (see e.g., McCubbin et al., 2002, on family resilience with childhood cancer). While some families are more vulnerable or face more hardships than others, a family resilience approach holds a conviction in the potential of nearly all families to build resilience in dealing with their challenges. Even in cases of parental mental health or substance use challenges, or in families that have experienced

severe trauma or troubled relationships, recovery, repair, and growth can be forged over the life course and across the generations (Walsh, 2016b).

A resilience-based practice approach addresses each family's challenges, identifies and builds their strengths and resources, and strengthens their bonds and resourcefulness to overcome adversity and thrive. The concept of resilience is inherently contextual: Because diverse families have varied life challenges, resources, and adaptive strategies, there are many viable pathways in resilience, fitting their needs and their preferred life vision.

## Ecosystemic and Developmental Perspectives

Current resilience science views resilience as involving dynamic, multilevel (biopsychosocial) systemic processes fostering positive adaptation in the context of significant adversity. Regardless of the origin of problems, the family is the most crucial influence in children's development. A family resilience framework integrates ecosystemic and developmental dimensions of experience. Effective functioning is contingent on the type, severity, and chronicity of adverse challenges faced and the resources, constraints, and aims of the family in its social context and life passage.

### Ecosystemic View

From a *biopsychosocial systems orientation*, risk and resilience are viewed in light of multiple, recursive influences. Human functioning and dysfunction involve an interplay of individual, family, community, larger system, and cultural variables. Genetic and neurobiological influences may be enhanced or countered by family processes and by sociocultural resources. Child and family distress may result from unsuccessful attempts to deal with an overwhelming crisis, such as traumatic loss of a parent, or cumulative stresses with disability, unemployment, or the wider impact of a major disaster (Walsh, 2016b, 2019, *in press*). The family, peer group, community resources, school or work settings, and other

social systems are seen as nested contexts in promoting resilience. Cultural and spiritual resources also support resilience, especially for those facing discrimination and socio-economic barriers (Boyd-Franklin & Karger, 2012; Falicov, 2012; 2015; Kirmayer et al., 2011; McCubbin & McCubbin, 2013; Walsh, 2009c).

### **Developmental View**

A developmental perspective is essential in promoting resilience. The impact of adversity varies over time, with evolving conditions and in relation to individual and family life-cycle passage.

***Emerging Challenges and Resilient Pathways Over Time*** Most major stressors are not simply a short-term single event, but rather a complex set of changing conditions with a past history and a future course (Rutter, 1987). For instance, risk and resilience for children with divorce involve family processes over time: from an escalation of predivorce tensions to separation, legal divorce and custody agreements, reorganization of households, and realignment of parent–child relationships (Greene et al., 2012). Most children and their families undergo subsequent disruptive transitions, with financial strains, residential changes, parental remarriage/repartnering, and stepfamily formation (Coleman et al., 2013). Longitudinal studies find that children’s resilience depends largely on supportive family processes over time: how both parents, and their extended families, buffer stresses as they navigate these challenges and establish cooperative parenting networks across households. Such research can inform practice with families through these transitions over time.

The psychosocial demands of a serious child or parental illness or disability vary over its evolving course (Rolland, 2018; Rolland & Walsh, 2006). A crisis may be followed by a full recovery and return to normal life; persisting disability; a roller coaster of remissions and recurrences; or a deteriorating course. Varied family approaches may be more or less effective depending on emerging challenges and need to be flexi-

ble, shifting to meet other priorities and sidelined needs of siblings.

***Cumulative Stressors*** Some families do well with a short-term crisis but buckle under the cumulative strains of multiple, persistent challenges, as with chronic illness, conditions of poverty, or ongoing, complex trauma in war and conflict zones or repercussions of the prolonged pandemic (Walsh, 2016b, 2020). A pile-up of internal and external stressors can overwhelm family functioning, heightening vulnerability and risk for subsequent problems and for children’s distress (Patterson, 2002).

For instance, in a cascade effect, the closing of a factory and job loss for wage-earners can bring loss of essential family income; prolonged unemployment; and risks for housing insecurity, relational conflict, children’s distress, and family breakup. In one community-based program, bi-weekly, multifamily workshops were conducted for displaced workers and their families to reduce stresses and strengthen worker and family resilience (Walsh, 2016b). The large group sessions focused on overcoming stressful transitional challenges: sharing effective strategies, reducing relational strains, realigning functional family roles, attending to children’s anxieties, mobilizing extended kin, social, and financial resources and increasing family support for reemployment efforts.

***Multigenerational Family Life Cycle*** Child and family functioning are assessed in the context of the family system as it moves forward over the life course and across the generations (McGoldrick et al., 2015). Family cultures, structures, and gender relations are increasingly diverse, complex, and fluid over an extended life trajectory (Walsh, 2012). Amid global social, economic, political, and climate disruptions, families are also navigating unprecedented challenges and facing many uncertainties about their future. Abundant research has found that children and families can thrive in varied family structures that are stable, nurturing, and protective (Biblarz & Savci, 2010; Lansford et al., 2001). Yet, when

children experience stressful transitions with relocations or changes in household and relational configurations, as with parents' divorce, and repartnering/remarriage, family efforts to ease their adaptation are crucial, attending to their multiple losses and disruptions in relationships, neighborhoods, schools, and peers.

The timing of children's distress is often concurrent with highly stressful family events or transitions. In a family system, one child may externalize distress in school or behavioral problems, while another child withdraws, or another acts cheerful to cover upset or support a beleaguered parent. The impact for children can vary with salient issues at different developmental phases. A systemic assessment identifies key relationships in the family system, including all household members, nonresidential parents and steprelations, the extended kin network, and other significant relationships (e.g., intimate partner, informal kin, caregivers). Companion animals can also be comforting supports for children through highly stressful times (Walsh, 2009a, b).

Frequently, child emotional or behavior problems coincide with anxiety-provoking disruptions and parental/caregiver separation, incarceration, or military deployment, which also involve family boundary shifts and role redefinition.

Terrell, age 8, was seen in therapy for anxiety and poor concentration in school soon after he and three siblings were returned to their mother's custody following her recovery from drug addiction. They had been living with their maternal grandmother for 2 years. In regaining their mother, the children had now lost their grandmother. The mother cut off their contact, still angry that the grandmother had initiated the court-ordered transfer of the children. Now becoming overwhelmed by job and childcare demands, the mother risked losing custody again.

A systemic approach was needed to guide intervention efforts. Sessions with the mother and grandmother were held to calm the transitional upheaval, repair their strained relationship, and negotiate their changing role relations. The therapist facilitated their collaboration across households, with the mother in charge as primary parent. It was crucial to reframe the grandmother's role function—not rescuing the children from a deficient mother but supporting her daughter's best

efforts to succeed with her children and her job. The children's vital bond with their grandmother was renewed in her after-school childcare.

With the death of a significant family member, losses are multifaceted (Walsh, 2019, 2020, *in press*), involving not only particular persons and relationships, but also crucial role functioning, such as primary breadwinner or caregiver; a special position, such as the only child, son, or daughter; loss of homes, social networks, and communities with relocation; and loss of future hopes and dreams, as with the death of a child. Helping professionals can facilitate family processes in immediate and long-term adaptation to loss through (1) shared acknowledgment and rituals of remembrance, (2) shared meaning making and grief processes, facilitated by open communication, (3) family reorganization and relational realignment, and (4) continuing bonds with lost loved one and reinvestment in relationships and life pursuits.

The convergence of developmental and multi-generational strains increases risk for complications when facing adversity (McGoldrick et al., 2015; Walsh, 2016b). Experiences of past adversity influence expectations: Catastrophic fears can heighten risk of dysfunction, whereas models and stories of resilience can inspire positive adaptation. Distress is heightened when current stressors reactivate painful memories and emotions from past family experiences, especially those involving trauma and loss.

One family sought family therapy for their 12-year-old son's troubling behavior. In the first session, the parents presented a tirade of complaints, including failing grades and stealing money from his mother's savings, stashed under the parents' mattress. The therapist explored their futile attempts to deal with the situation and the father's furious response, acknowledging their frustration and concern for their son. When asked what they most hoped to gain in therapy, the father replied, his voice choked up, "I'd like to learn how to show love to my kids." Moved by his response, the therapist asked to hear more. He replied, "My dad had a temper—he only knew how to yell." In exploring what that had been like for him as a youth, the son was attentive, realizing that his father had never felt loved by *his* father. Asked what that experience had taught the father, he replied, "I don't know any other way, but I'd like to do better by my kids."

It was also crucial to explore contextual stresses in the recent problems. The father, a mechanic, had recently lost his job; they were late on paying the rent and other bills. This precarious financial situation tapped into the mother’s catastrophic fears from her childhood experience: Her unemployed father took to drinking and abandoned the family, and her mother had to go on public aid. She became tearful in recalling how tough all those years had been. Manny softened and took her hand, saying, “That’s why she took it so hard when her small savings were missing—she lost her security.” As she nodded through tears, he hugged her. The therapeutic work broadened to meet their goals: ways to regain their security, share more love in the family, and support their son’s positive aspirations.

In linking past painful experience with present distress, current aspirations and future vision can become positive forces to break destructive patterns and achieve healthier relationships.

### Mapping Key Processes in Family Resilience

When families face adversity, their problem-saturated life situation and the deficit focus in the mental health field can skew attention to problems and dysfunction, making it difficult to identify and build on their strengths and resources. Diagnostic categories that reduce the richness of family life or typologies that propose a “one-size-fits-all” model of “the resilient family” do not fit the many varied ways that families live today and the challenges they face. Caution is needed not to assume dysfunction or harm to children in families that differ from an idealized cultural standard, such as families headed by a single parent or by gender-variant parents (Green, 2012).

Resilience-oriented maps can be useful to guide practice, with practitioners mindful of their own subjectivity in all assessment. The Walsh Family Resilience Framework, informed by three decades of research, identified nine transactional processes that facilitate family resilience (Walsh, 2003, 2016b; see Table 20.1). These core processes were organized in three domains (dimensions) of family functioning to serve as a useful map to guide inquiry and strengthen key beliefs and practices that can facilitate family resilience.

**Table 20.1** Key processes in Walsh Family Resilience Framework

<i>Belief systems.</i>	
<b>1. Making meaning of adversity</b>	
	Relational view of resilience
	Normalize, contextualize distress
	Sense of coherence: View crisis as meaningful, comprehensible, manageable challenge
	Facilitative appraisal: Explanatory attributions; future expectations;
<b>2. Positive outlook</b>	
	Hope, optimistic bias; confidence in overcoming challenges
	Encouragement; affirm strengths, focus on potential
	Active initiative and perseverance (can-do spirit)
	Master the possible; accept what can’t be changed; tolerate uncertainty
<b>3. Transcendence and spirituality</b>	
	Larger values, purpose
	Spirituality: Faith, contemplative practices, community; connection with nature
	Inspiration: Envision possibilities, aspirations; creative expression; social action
	Transformation: Learning, change, and positive growth from adversity
<i>Organizational processes</i>	
<b>4. Flexibility</b>	
	Rebound, adaptive change to meet new challenges
	Reorganize, restabilize: Continuity, dependability, predictability
	Strong authoritative leadership: Nurture, guide, protect
	Varied family forms: Cooperative parenting/caregiving teams
	Couple/co-parent relationship: Mutual respect; equal partners
<b>5. Connectedness</b>	
	Mutual support, teamwork, and commitment
	Respect individual needs, differences
	Seek reconnection and repair grievances
<b>6. Mobilize social and economic resources</b>	
	Recruit extended kin, social, and community supports; models and mentors
	Build financial security; navigate stressful work/family challenges
	Transactions with larger systems: Access institutional, structural supports
<i>Communication/problem-solving processes</i>	
<b>7. Clarity</b>	
	Clear, consistent messages, information
	Clarify ambiguous situation; truth seeking

(continued)

**Table 20.1** (continued)

<b>8. Open emotional sharing</b>
Painful feelings: (sadness, suffering, anger, fear, disappointment, remorse)
Positive interactions: (love, appreciation, gratitude, humor, fun, respite)
<b>9. Collaborative problem solving</b>
Creative brainstorming; resourcefulness
Share decision-making; negotiation & conflict repair
Focus on goals; concrete steps; build on success; learn from setbacks
Proactive stance: Preparedness, planning, prevention

In Walsh (2016b)

*Family belief systems* support resilience by facilitating (1) meaning making of challenges; (2) a hopeful, positive outlook for active agency, initiative, and perseverance; and (3) transcendent or spiritual values, practices, and purpose. *Family organizational processes* support resilience through (4) flexible yet stable structure, with strong leadership for nurturing, guidance, and protection; (5) connectedness for mutual support and teamwork; and (6) extended kin, social, community, and socio-economic resources. *Communication processes* facilitate resilience through (7) clear information, (8) empathic emotional sharing of painful struggles and positive interactions revitalizing spirits and bonds, and (9) collaborative problem-solving, with a proactive approach for resourcefulness with future challenges.

These relational processes are mutually interactive and synergistic. For example, shared meaning making facilitates communication clarity, emotional sharing, and problem-solving; in turn, effective communication processes facilitate shared meaning-making. Spiritual nourishment may be found in varied ways: through shared religious or humanistic values and practices in family life, by involvement in a faith community, in communion with nature, through expressive arts, or in social activism to help others or improve conditions (Walsh, 2009c). Some processes, such as good communication, tend to promote resilience across contexts, while others may be situation specific. Deficit-focused

approaches tend to neglect the need for positive interactions—sharing fun times, humor, and appreciation—that provide respite under stress and revitalize bonds and spirits.

Rather than a typology of traits, these dynamic processes involve strengths, skills, and resources that family members can build and mobilize within their family and in transactions with their social environment (Ungar, 2004, 2010). Core processes may be expressed in varied ways, related to cultural norms and family preferences, and they may be more (or less) relevant and useful in different situations of adversity and evolving challenges over time. Families forge varying pathways in resilience depending on their resources, values, and aims. Interventions are attuned to each family's cultural values, their social location and economic situation, and their developmental priorities. A systemic lens enables clinicians to keep mindful of the broad and interdependent family, social-cultural, and larger systems influences.

## Practice Principles and Applications

A family resilience orientation is finding useful application in clinical practice and community-based services (Walsh, 2002, 2016b). A resilience-oriented approach utilizes principles and techniques common among strength-based family systems practice approaches. It attends more centrally to the impact of significant stressors and aims to increase family capacities for positive adaptation.

A resilience-oriented genogram (diagram of immediate and extended family relationships) and a family timeline (noting major events and stressors) are useful to organize information, track patterns, explore connections, and guide intervention (McGoldrick et al., 2021). Too often, assessment is skewed in focus on problem behaviors, family members, or relationships (e.g., substance abuse, relational conflicts, and cutoffs). In a resilience-oriented assessment (Walsh, 2003, 2016b), the clinician searches for strengths and potential resources alongside problematic patterns.

Family resilience-oriented interventions are collaborative and respectful of families, seeking to understand their lived experience, their social contexts, and the challenges they face. Therapeutic goals support their future life vision and preferred pathways forward. Practitioners align as compassionate witnesses and facilitators, helping clients to share painful experiences of suffering and hardship; to overcome silence, stigma, shame, blame, or despair; to recognize hidden strengths; and to build mutual support and teamwork in their efforts to overcome challenges. Appreciative inquiry, attending to both struggles and strengths, readily engages families, who are often reluctant to seek mental health services, concerned that they will be judged as disturbed or deficient. Where they have faltered, they are viewed with compassion, in light of their daunting challenges, and their best intentions and efforts are affirmed.

It should be noted that a family systems approach is a conceptual orientation—*not* necessarily a conjoint modality requiring the whole family to be seen together. A systems assessment lays the groundwork for therapist–family collaboration by prioritizing areas of concern and identifying potential resources in kin and community networks. It may lead to individual and/or family sessions with a child or adolescent, parents, siblings, and significant extended family members. Brief family intervention can be useful when the chief complaint concerns a focal problem, such as a family transition that is highly stressful for children. A preventive early intervention or consultation with a family can avert a major crisis or spiraling of distress. More intensive family therapy may be needed if there are multiple, chronic stressors or complications of past trauma and losses. Family involvement may include (1) those affected by the problematic situation and (2) those who can contribute to positive adaptation and resilience. Putting an ecological view into practice, interventions may involve collaboration with school, workplace, social service, justice, or health care systems. Resilience-oriented family interventions can be adapted to many formats:

- Family consultations, brief intervention, or more intensive family therapy may combine individual and conjoint sessions, including members affected by stressors and those who can contribute to positive child and family adaptation.
- Psycho-educational multifamily groups and workshops provide social support and practical information, offering concrete guidelines for stress reduction, crisis management, problem-solving, and optimal functioning as families navigate through stressful periods and face future challenges.
- Brief, cost-effective “check-ups” can be timed around stressful transitions, milestones, or emerging challenges in long-term adaptation.

Over the past three decades, the Chicago Center for Family Health, which I co-direct, developed clinical training, services, and community partnerships based on our family resilience orientation (Walsh, 2016a, b). Programs are shown in Table 20.2 to suggest the range of practice applications of this approach.

In our Family–Schools Partnership Program, monthly consultation groups brought together teachers, counselors, and other professionals in schools serving low-income, largely racial/ethnic minority neighborhoods to address their challenges and foster resilience-oriented family–school collaboration for the success of at-risk youth.

The benefits of multilevel interventions were also seen in our community-based partnership in Los Angeles to develop and implement a resilience-oriented family component for a gang reduction/youth development (GRYD) program (Walsh, 2016a, b). The approach—including individual, peer group, family, and community interventions—aimed to support the positive development of 1000 youth (age 10–14) identified at high risk of gang involvement in neighborhoods with high gang activity. CCFH provided family intervention training for 150 counselors, broadening the focus from youths’ risk factors and problem behaviors to identify and build strengths and resources in their relational network toward positive life aims.

**Table 20.2** CCFH resilience-oriented, community-based program applications

<b>Chicago Center for Family Health (1991–2015): Family Resilience-Oriented Training, Services, Partnerships</b>
<b>Recover from crisis, trauma, and loss</b>
Family adaptation to complicated, traumatic loss (Walsh)
Mass trauma events; major disasters (Walsh)
Relational trauma (Barrett, Center for Contextual Change)
Refugee families (Rolland, Walsh, Weine)
War and conflict-related recovery (Rolland, Weine, Walsh)
<b>Navigate disruptive family transitions</b>
Divorce, single-parent, stepfamily adaptation (Jacob, Lebow, Graham)
Foster care (Engstrom)
Job loss, transition, and re-employment strains (Walsh, Brand)
<b>Overcome challenges of chronic multi-stress conditions</b>
Serious illness, disabilities, end-of-life challenges (Rolland, Walsh, R. Sholtes, Zuckerman)
Poverty; ongoing complex trauma (Faculty)
LGBT issues, stigma (Koff)
<b>Overcome obstacles to success: at-risk youth</b>
Child and adolescent developmental challenges (Lerner, Schwartz, Gutmann, Martin)
Family–school partnership program (Fuerst & Team)
Gang reduction/youth development (GRYD) (Rolland, Walsh & Team)

In Walsh (2016b)

In one case, 11-year-old Miguel's family was initially assessed only as a negative influence: the (nonresidential) father and older brother were active gang members and the mother was not at home after school to keep Miguel off the streets and invested in his schoolwork. An interview with the mother revealed her loving concern for Miguel, her limited resources, and her distress that her job and long commute constrained her ability to monitor his activities or support his studies. We learned that the maternal uncle—the boy's godfather—a former gang member, who had been incarcerated, had turned his life around productively. Invited to a family session, he readily agreed to take a mentoring role with Miguel and to bolster the mother's parenting efforts, strengthening family supports and reducing obstacles toward a positive future vision for Miguel.

In this multilevel program, many protective/preventive and promotive influences in resilience

were synergistic. An outcome study found that youths involved in the program over 1 year scored significantly lower on problems and risk factors than at their entry and compared to 500 youths in a matched control group. In program evaluation, separate interviews with youths and their parents found that they experienced prevention services as a whole-family intervention, with positive family impacts such as improved relationships, greater connection across generations, and improved family functioning, communication, and problem-solving.

A resilience orientation is most urgent in working with multistressed families and at-risk youth. Family vulnerability and risks for children are heightened by a pileup of stressors and chronic disruptions. Multiple traumas, losses, and dislocations can overwhelm coping efforts. Recurrent crises and persistent demands drain resources, especially for single parents. Family organization, patterns of interaction, and relationships can become fragmented and chaotic, contributing to physical and sexual abuse or neglect, youth substance abuse, and conduct disorder. Constant stress and frustration can spark intense conflict. With inconsistent limit setting and discipline, frustration can trigger violence or threat of abandonment.

Families in under-resourced communities, disproportionately racial/ethnic minorities, are most likely to be destabilized by frequent crises, traumatic losses, abrupt transitions, and chronic stresses of unemployment, food and housing insecurity, discrimination, and lack of access to health care. With neighborhood crime, violence, and drugs, parents worry constantly for their children's safety. Bleak life prospects make it hard to break the cycle of poverty and despair, leaving parents defeated by repeated frustration and failure. High instability in their lives and relationships increases youth adjustment problems. Intertwined family and environmental stresses contribute to school dropout, gang activity, and teen pregnancy.

When therapy is overly problem focused, it grimly replicates the family's problem-saturated experience. A resilience-oriented perspective seeks to empower struggling families to master



the challenges in their stress-laden lives. Interventions that enhance positive interactions, support coping efforts, and build resources are more effective in reducing stress and enhancing pride and more effective functioning. A compassionate understanding of internal and external stressors can engage parents in efforts to break dysfunctional cycles and raise their children well. Almost all parents, at heart, want a better life for their children, even when a myriad of difficulties block their ability to act consistently on these intentions. They often know what they need to change in their lives and will take active steps if clinicians value their potential and support their best efforts.

By strengthening the family unit, the home becomes a more solid foundation for at-risk youth. For gender-nonconforming youths confronting social stigma, family acceptance is the most significant influence in decreasing risk and supporting positive strivings. If parents are unable to provide this structure and support, it is important to recruit caregivers and positive models and mentoring relationships in the extended kin network to nurture youth resilience. Grandfathers and godparents are often overlooked resources, who each have a special bond with a child. Seeing the whole family together may not be feasible in overstressed or fragmented families, although telehealth services are offering new possibilities. Maintaining a family-centered approach involves a systemic view that addresses family members' problems in context, repairs and strengthens bonds, and supports the family's efforts to thrive. By shifting focus from problems to possibilities toward a preferred future vision, risk factors are addressed as obstacles to overcome, and family members are engaged to support their child's positive aims (Madsen, 2011). A strengths-oriented assessment lays the groundwork for therapist–family collaboration by prioritizing areas of concern and identifying potential resources in kin and community networks. Resilience-oriented services foster family empowerment as they bring forth shared hope, develop new and renewed competencies, and strengthen family bonds. Interventions to strengthen family resilience also have preventive

value, building capacities in meeting future challenges.

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## Advances and Challenges in Family Resilience Research

Systems-oriented family process research over recent decades has provided empirical grounding for assessment of effective family functioning (Lebow & Stroud, 2012). However, family instruments and typologies tend to be static and acontextual, often not considering a family's stressors, resources, and challenges or their social and developmental contexts. The context-relevance of the concept of resilience complicates research efforts (Card & Barnett, 2015; Walsh, 2016b). The diversity and complexity of kinship bonds within and across households require expanded definitions of "the family."

There has been growing interest in family resilience research utilizing qualitative and mixed methods. Most studies focus on family processes in response to a particular type of adversity, such as serious illness, disability, or death of a child or parent; divorce, foster care, and stepfamily adaptation. Increasing attention is being directed to family resilience in conditions of extreme poverty, community disasters, terror attacks, war-related trauma, populations in war-torn regions, and refugee and forced migration experiences (e.g., MacDermid, 2010; see Walsh, 2016b, *in press*). Such research can advance family-focused mental health prevention and intervention, refocusing from how families fail to how families under stress can succeed.

With interest in use of a questionnaire to assess family resilience, the Walsh Family Resilience Questionnaire, (Walsh, 2016b), operationalizing the nine keys in resilience in the framework above, is finding wide application internationally. Questionnaires can be useful to rate within-family changes over time, as in immediate and long-term adaptation to the death of a parent or child, or in changes over the course of a serious health condition. They can also be used for pre- and postassessment in practice effectiveness research. Questionnaire can be useful in

mapping a particular family profile to identify their strengths, with caution neither to “profile” or stereotype families, nor to sum up and label families as either resilient or not. Similar to scaling questions in systemic practice, questionnaire responses are most useful when explored more fully in interviews. For instance, in several studies, many families who were not religious in faith observance or affiliation described the value of spiritual resources for resilience in prayer or meditation and through connection with nature, art, or music, or in social activism (Lietz, 2013; Walsh, 2009c).

More collaborative, multidisciplinary and multilevel approaches in research and practice are needed. Individual and community approaches are commonly linked but leave out the family impact of adversity, the crucial importance of family functioning and relational bonds in positive adaptation. Masten and Monn (2015) strongly urge efforts to integrate youth and family resilience approaches. As studies confirm, having a relationship with a caring parent or family member is far and away the most powerful protective factor for children. Children’s ability to engage with challenges and overcome obstacles can be nurtured and developed in children from a young age. Practitioners can support family efforts to provide a stable home foundation and bedrock of support through challenging times and to strengthen key relational processes in the family resilience framework described above.

Caution is advised that assessment of family resilience not be misapplied to judge families as “not resilient” if they are unable to rise above serious life challenges. Family processes can strengthen a family’s capacities, yet may not be sufficient to overcome devastating biological, social, or environmental conditions. Moreover, the notion of resilience should not be misused in public policy to withhold social supports or to maintain inequities, rationalizing that success or failure is determined by individual or family strengths or deficits—i.e., the presumption that those who are resilient will flourish and those who falter simply weren’t resilient. It is not enough to bolster the resilience of vulnerable families to “beat the odds” they face; a multilevel

approach requires larger systems supports to change their odds.

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## Conclusion

In our rapidly changing societies and turbulent times, *family resilience* is more crucial than ever. Families are buffeted by economic, social, environmental, and global upheaval. Some must rebuild their lives after pandemic-related losses or a major disaster; at-risk youth and vulnerable families struggle to rise above prolonged multi-stress conditions.

A family resilience approach, by definition, focuses on strengths under stress, in dealing with a crisis or prolonged adversity. Functioning is assessed in context: relative to each family’s values, structural and relational resources, and life challenges. Processes for optimal functioning and the well-being of members may vary over time as challenges emerge and children and families grow and change.

This research-informed family resilience framework can guide clinical practice and community-based services by (1) assessing family functioning on key system variables as they fit each family’s values, structure, resources, and challenges and then (2) targeting interventions to strengthen family functioning in overcoming the adverse challenges faced. This collaborative approach strengthens relational, community, cultural and spiritual resources, grounded in a deep conviction in the human potential for recovery and positive growth forged from adversity.

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