7 Appreciating and Promoting Resilience in Families

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Families comprise the primary context for a child's development. As the composition of the family system continues to change, the adult caregivers' role has become increasingly important in fostering healthy developmental trajectories for their children. Family relationships and interaction styles are central to developing competence and promoting adaptive educational, social, emotional, and behavioral functioning. Families give children an informal education (Turnbull et al., 2015), which is a prerequisite to successful experiences in the classroom (Adams & Christenson, 2000). Whereas the school environment sets up developmental tasks for students, the family serves as an important resource for the acquisition of these developmental tasks (Stevenson & Baker, 1987). Parents are providers of linguistic and social capital by presenting their child with learning experiences from early childhood through adult years. Such experiences consist of (a) exposing a child to ideas and activities that promote the acquisition of knowledge; (b) assisting in the socialization of gender, cultural, and peer roles; (c) establishing standards, expectations, and rules; and (d) delivering rewards and praise (Clark, 1988). Parents also play an important role in the development of children's behavioral, social, and academic skills.

Inevitably, all families face various forms of stress and adversity over the course of their life. These situations challenge the family's ability to optimally support the development of child and adult family members. The purpose of this chapter is to articulate the concept of family resilience and its importance in helping families ensure healthy development and adaptation. Following a brief discussion of realities facing families in contemporary society, the notion of family resilience will be defined and couched in ecological theory. The characteristics of resilient families will be reviewed, and approaches for building family strength and resilience will be presented.

Portions of this chapter were published originally in Sheridan, S. M., Sjuts, T. M., & Coutts, M. J. (2012). Understanding and promoting the development of resilience in families. In S. Goldstein & R. Brooks (Eds.), *Handbook of resiliency in children; 2nd Edition* (pp. 143–160). New York: Kluwer/Plenum Press.

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S. Goldstein, R. B. Brooks (eds.), *Handbook of Resilience in Children*,
https://doi.org/10.1007/978-3-031-14728-9_7

Definition of Family

The term "family" has been defined in a variety of ways and has evolved over time with recent trends within today's society. The US Census Bureau defines "family" as consisting of two or more people (one of whom is the householder) related by birth, marriage, or adoption and residing together (U.S. Census Bureau, 2019a). Although this restricted definition is practical for collecting census data, it is neither inclusive nor functional for many contemporary households. Current conceptualizations of "family" no longer consider a direct relation through birth, marriage, or adoption to be requisite conditions for defining the term "family." In contemporary society and related research on the topic, families are viewed through a holistic lens to include individuals who fulfill important roles in one's life that are traditionally met by immediate family members, regardless of a direct relation (Turnbull et al., 2015). Thus, a family may best be viewed not as a direct kinship but as a group of people that together fulfill roles and functions historically bestowed upon family members. In this chapter, we will use the following definition when discussing families:

> Families include two or more people who regard themselves as a family and who carry out the functions that families typically perform. These people may or may not be related by blood or marriage and may or may not usually live together (Turnbull et al., 2015, p. 6).

The Evolving Family Structure

Over recent decades, the landscape of the family structure has changed dramatically. The United States has seen a decline in the "traditional" family, which is composed of two biological parents with one parent in the workforce and the other in a caregiver role. The traditional family is now being replaced in many instances by an ever-increasing diverse family structure. The population of children living with two parents decreased from 85% in 1970 to 72% in 1990 and 69% in 2000. This decline has leveled off since 2000, with 69% of children living with two parents in 2019 (U.S. Census Bureau, 2019b). Single-parent families and stepparent families have become more common. Children from these families are at greater risk for low academic achievement, dropping out of school, teenage pregnancy, and experiencing psychological factors including depression, anxiety, stress, and aggression (Fields et al., 2001). Currently, 21% of children are living in single-parent families headed by women compared to only 4% of children living in single-parent families headed by men (U.S. Census Bureau, 2019a).

The cultural and educational climate of the American family has also changed over the years. In 2019, 50% of all children in the United States were identified as White, non-Hispanic (U.S. Census Bureau, 2019a). This is a sharp decline from the 64% reported in 2000 (U.S. Census Bureau, 2000). Currently, more than 3% of children living in the United States are foreign-born, with at least one foreign-born parent. Additionally, 28% of parents report the highest level of education of either parent in the home as a high school degree or less (U.S. Census Bureau, 2019a).

The recent decline of the American economy has left many parents without jobs. In 2007, 91% of fathers and 68% of mothers were employed (Kreider & Elliott, 2009); however, in 2019, 68% of fathers and 63% of mothers were employed (U.S. Census Bureau, 2019a). This drastic change in parental employment has led to poverty-related challenges. In 2019, 17% of children were living below the poverty line and 38% were considered low income (living below 199% of the poverty line); 17% of children were living in families that received food stamps; and 6% were not covered by health insurance (U.S. Census Bureau, 2019a). Poverty's negative impact on children is well documented. Children living in poverty or socioeconomic disadvantage experience lower levels of cognitive functioning, academic achievement, physical health status, and positive adjustment as well as increased rates of internalizing and externalizing symptoms (Hurt & Betancourt, 2018; McLoyd, 1998; Petterson & Albers, 2001).

Poverty is one, but not the only persistent, social issue facing families in the United States. Current generations of families are also impacted by the deployment of parents for military service. More than two million children have had a parent deployed on military assignment since September 11, 2001 (Cozza & Lerner, 2013). These deployments leave families and children devoid of one parent for extended periods of time with the added stress of worrying about their parent's safety. The risk factors associated with a military family's lifestyle (e.g., parental absence, frequent relocation, exposure to combat) have been theorized to have negative, indirect effects on child outcomes through increases in parental stress and psychopathology (Palmer, 2008). When a parent leaves the home for military duty, families are left with the responsibility of adapting to one less adult in the household and are required to replace the missing member's roles within the family. This change can lead to ambiguity and role confusion within families and cause stress to the remaining family members (McFarlane, 2009). Furthermore, military families are two to three times more likely to relocate than are their civilian counterparts.

The stress associated with issues such as poverty and deployment places a significant strain on parent–child relationships, which can have a detrimental impact on child development (Conger et al., 2002; Palmer, 2008). The presence of protective factors is related to families' abilities to successfully support their children's development even in the face of stress or adversity (e.g., poverty, military deployment). In times of family stress, protective factors take on an even greater importance. Therefore, promoting families' protective characteristics is crucial in helping create resiliency and perform their primary function of building competence in their children and enabling them to deal effectively with challenging life circumstances (Seccombe, 2002). Given the large percentage of American families facing serious hardships, it is important to understand the factors associated with resilience and the methods for its promotion.

Definitions and Underpinnings of Family Resilience

Multiple definitions of resilience have been posited in the literature, and several have extended beyond a focus on individuals to encompass aspects important for family functioning (i.e., family resilience). Patterson (2002a) suggested that family resilience is "the processes by which families are able to adapt and function competently following exposure to significant adversity or crisis" (p. 352). Similarly, Simon et al. (2005) defined family resilience 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" (p. 427). Luthar et al. (2000) proposed resilience as "a dynamic process encompassing positive adaptation within the context of significant adversity" (p. 543). Finally, Walsh (2003) offers a framework for family resilience as a process aimed at assisting families to "reduce stress and vulnerability in high-risk situations, foster healing and growth out of crisis, and empower families to overcome prolonged adversity" (p. 5).

Common definitions, such as those presented herein, have features that embrace context, process, and outcomes collectively characterizing the construct of family resilience. From a contextual perspective, it is commonly thought that resilience takes place within the context of an adverse situation or event within which the family finds itself. Adversity may take several forms and arises through issues internal to the family or its members (e.g., problems experienced by an individual, divorce) or within the broader society (e.g., economic strife, military activity). The manner and degree to which a family develops resiliency is typically considered a dynamic process requiring flexibility and adaptation. The outcomes achieved as families develop resilience include greater levels of resourcefulness, confidence, and the ability to avoid serious problems in the future (Conger & Conger, 2002). Thus, the notion of family resilience considers key processes that help families face challenges and that strengthen the family as a unit.

In this chapter, we define "resilience in families" as the ability of the family to respond to stress and challenge in a positive and adaptive manner, characterized by the demonstration of competence and confidence among its members, with the intentional goal of socializing children. It includes concomitant attention to the development of resilience in its individuals, while at the same time embracing the resilience of the entire family system. It is further conceptualized along a continuum. Families are not necessarily "resilient"; rather, they demonstrate varying degrees of resiliency in response to different stressors and may be more or less capable of adapting depending on unique situations and their consequences.

Several theories have shaped the contemporary understandings of family resilience. An integration of ecological systems and developmental theories has contributed to our conceptualization of the construct. An ecological systems approach (Bronfenbrenner, 1979) considers both the characteristics of the family and the reciprocal interactions between the family and the broader systems within which they function (e.g., workplace, community). Ecological theory posits that individual family members (and by extension, family units) exist in the context of multiple interacting systems and that the experiences and interactions within and among those systems both influence and are potentially influenced by each other. The multiple, interacting systems in the life of a family exist at both the immediate and proximal levels (i.e., microsystem, such as neighborhoods, church group affiliations) and at indirect or distal level (i.e., exosystem, such as governmental policies or cultural norms). The ability of a family and its members to develop resilience is thus influenced by relationships, patterns of interaction, and direct and indirect experiences within and across various systems. All systems have strengths that can be leveraged to help build family resilience. Therefore, by virtue of being embedded within interacting ecological systems, all families have the potential for resilience. The identification of family strengths and their ability to take advantage of social supports and resources from within their embedded systems provide mechanisms for the development of resilience.

A developmental perspective is also relevant to our notion of family resilience. In contrast to perspectives that view family resilience as a set of fixed traits or attributes, a developmental vantage point views resilience as a process in which interactions between risk and protective factors mediate a specified outcome (Walsh, 1996). Within a developmental framework, a family's ability to adapt and cope with adversity is a process determined by many coexisting and evolving factors that occur over time and are developed in response to complex and changing conditions within and outside of the family. Furthermore, what is "resilient" at one point in time may be considered ineffective or inappropriate at another, depending on the developmental progression of its members.

The concept of family resilience, embedded within ecological systems and developmental paradigms, is an ongoing and evolving process occurring at multiple levels (Patterson, 2002b). One level focuses on the interactions among individual family members within the family unit, and another centers on interactions between the family unit and the broader ecology. This view of family resilience highlights the connection between the family system and larger community contexts, thereby emphasizing the importance of both family and community efforts in fostering resilience.

Finally, cultural awareness is critical when conceptualizing family resilience. Family traits or characteristics may vary in their relevance and salience in relation to family resilience. For example, varying levels of family cohesion may be valued differently in Eastern and Western cultures. Additionally, the strategies families use to cope with adversity may be relevant to one culture but considered inappropriate to another. The resilient response of a family in the face of adversity is dependent upon the values present in a particular culture, how the members of that culture conceptualize the adverse event, and the cultural expectations regarding coping and adaptation.

Characteristics of Resiliency

An understanding of the characteristics that resilient families may exhibit is necessary when determining methods by which to promote family resilience. Key characteristics that are often present in resilient families include cohesion, positive parenting, affective involvement, parent engagement, communication, problem-solving, and adaptability (see Table 7.1). Taken together, these characteristics support families in times of challenges and crises, helping them respond in a positive and adaptive manner.

Table 7.1 Characteristics of resilient families

Characteristic	Definition
Cohesion	Family cohesion is defined as "family members' close emotional bonding with each other as well as the level of independence they feel within the family system" (Turnbull et al., 2015, p. 108)
Adaptability	Family adaptability or flexibility refers to a family's ability to modify its rules, roles, and leadership, thus restoring balance between (a) family members and the family unit and (b) the family unit and the community (Patterson, 2002b)
Communication	Communication is the exchange of information, ideas, or feelings from one person to another
Affective involvement	Affective involvement refers to the extent to which family members value and display interest in the activities of other family members (Epstein et al., 1993)
Engagement	Parent engagement is parents' psychological, affective, and active commitment to experiences supporting children's learning and development
Positive parenting	Five core components define positive parenting: ensuring a safe an engaging environment, creating a positive learning environment, using assertive discipline, having realistic expectations, and taking care of oneself as a parent (Sanders, 1999)
Problem-solving	Problem-solving can be defined as a systematic process that allows individuals to formulate solutions to identified problems involving objectively identifying and defining a problem; generating potential alternatives; assessing, selecting, and implementing the best choice; and evaluating the outcomes in relation to its success at addressing the original problem

Cohesion

According to Turnbull et al. (2015), family cohesion is defined as "family members' close emotional bonding with each other as well as the level of independence they feel within the family system" (p. 108). The degree of emotional connectedness varies significantly between and within families and is influenced by the culture, age, and stage of life of the family members. Within connected relationships, family members display emotional closeness and loyalty while maintaining some friendships and leisure activities outside the family unit. There is mutual support and emphasis on shared time, collaboration, and a commitment to work together through struggles, but there is also a respect for individual needs and boundaries (Cohen et al., 2002; Walsh, 2003). Behavioral outcomes highlight the importance of cohesion in a family. Behavioral problems are common in families with low levels of cohesion and high levels of internal conflict. Specifically, Lucia and Breslau (2006) reported that the level of family cohesion was associated longitudinally with the extent of children's internalizing and attention problems as well as with their externalizing behavior problems.

Cohesion between a parent and child is enhanced by parent–child interactions; child outcomes are mediated by the affective nature of these interactions. Effective attachment, defined as the affective bond between a child and his or her caregiver, provides the child with a sense of security, assuring the child that the caregiver is available during times of adversity (Pianta & Walsh, 1996). Formation of an affective bond is related to the quality and quantity of caregiver responses (Dunst & Kassow, 2008), and responses marked by warmth, nurturance, and sensitivity to

the child's needs facilitate resiliency and adaptive development (Maccoby & Martin, 1983).

The link between caregiver responsiveness and child functioning permeates numerous areas of development. Responsive caregiving is related to positive socioemotional outcomes in children (Clark & Ladd, 2000). Specifically, parent–child connectedness is associated with peer acceptance (Cohn, 1990), quality friendships (Kerns et al., 1996), and altruism and moral development (MacDonald, 1992). The nature of the affective bond also sets the stage for cognitive development and school achievement. Children with secure attachment bonds display problem-solving capabilities, emergent literacy skills, and overall school adjustment (Pianta & Walsh, 1996). In contrast, insecure attachments have been linked to low levels of mastery and peer competence in school settings (Sroufe, 1989).

Positive Parenting

Resilient families are also characterized by high levels of positive parenting. According to Sanders (1999), there are five core aspects of positive parenting: ensuring a safe and engaging environment, creating a positive learning environment, using assertive discipline, having realistic expectations, and taking care of oneself as a parent. In a safe and engaging environment, children are supervised while they explore, experiment, and play. Environments that are safe and engaging foster development while preventing injuries. A positive learning environment is established when parents respond positively and constructively to child-initiated interactions through incidental teaching opportunities. In environments that promote learning, children develop language, social, and problem-solving skills. The third aspect of positive parenting, assertive discipline, is accomplished when parents set and discuss specific ground rules, give age-appropriate instructions in a clear and calm manner, and use behavioral consequences such as time out and planned ignoring. This manner of discipline serves as an alternative to harsh and ineffective practices, and it promotes a positive parent–child relationship. Fourth, creating realistic expectations involves choosing developmentally appropriate goals for the child's behavior. This reduces the risk of child abuse, which often stems from unrealistic expectations. The last core aspect of positive parenting focuses on promoting a parent's self-esteem and sense of well-being. Thus, parents are able to develop and use coping strategies to address challenging emotions and stress.

Taken together, these five core principles of positive parenting promote family resilience and reduce the risk of negative child outcomes. Negative effects that are correlated with poor parenting practices include behavioral and emotional problems, substance abuse, antisocial behavior, and juvenile crime (Sanders, 1999). However, when parents set age-appropriate rules and these rules are enforced in a predictable manner, family resilience is enhanced and child outcomes improve (Black & Lobo, 2008). Kwok et al. (2005) reported that positive parenting mediated the relationship between widowed parents' psychological distress and their children's mental health concerns. A longitudinal study (Conger & Conger, 2002) indicated that nurturing and involved parenting compensated for child distress related to economic hardships and interparental conflicts. Additionally, positive outcomes of nurturing and involved parenting during adversity included positive school performance, effective social relationships, and high self-confidence. Low levels of antisocial behaviors and emotional distress, as well as few externalizing and internalizing problems for adolescents, were also correlated with positive parenting practices.

The parenting style and practices adopted by primary caregivers play a critical role in the growth and development of children. Parenting style is defined as "a constellation of attitudes toward the child that are communicated to the child and that, taken together, create an emotional climate in which the parents' behaviors are expressed" (Darling & Steinberg, 1993, p. 493). Authoritative parenting, which aligns with positive parenting (Kwok et al., 2005), has been demonstrated to be typically the most efficacious style of parenting, and it is marked by predictable

discipline, mutual respect, warmth, affection, clear expectations, and a level of flexibility. Authoritative parenting has been positively linked to academic achievement, positive peer relationships, and independence in children (Keith & Christenson, 1997). Furthermore, parenting practices characterized by positive, consistent discipline are correlated with resiliency to stress in children (Wyman et al., 1991). Conversely, authoritarian styles are less positively related to child development and resilience (Kerr et al., 2012). Authoritarian or harsh, inconsistent parenting has been associated with verbal aggressiveness and argumentativeness (Bayer & Cegala, 1992; Grusec & Goodnow, 1994), conduct problems (Frick, 1993), and conduct disorders (Short & Shapiro, 1993).

Affective Involvement and Family Engagement

Another correlate of resilience is active and affective family involvement. Affective involvement refers to the extent to which family members value and display interest in the activities of other family members (Epstein et al., 1993). An emphasis is placed on the amount of interest and the manner in which family members demonstrate their interest and investment in one another. Active family involvement fosters the development of resiliency and healthy adjustment in children, and a key area influenced by family involvement is educational outcomes. Parental involvement in school is correlated with children's positive attitudes toward school, school attendance, positive behaviors, and study and homework habits (Christenson & Sheridan, 2001). Furthermore, family involvement is positively linked to student performance; optimal levels of family involvement are positively related to children's scores on pre-reading (Hill, 2001), reading (Clark, 1988), and math tasks (Galloway & Sheridan, 1994). Whereas family involvement may be conceptualized as involvement with other family members, it can also be considered in the context of connections to broad support networks and community bases. Family resilience is fostered when there are ties between the family and the community and when kin and social support are present (Cohen et al., 2002; Walsh, 2003). Black and Lobo (2008) describe family resiliency as an interaction between the family and community networks wherein the family receives information, companionship, services, and respite. This connection to the community is a two-way process; the family not only receives support but also invests in the community and gives back. This connection to the community allows children to feel safe in their community and neighborhood, achieve higher grades, and exhibit fewer behavioral problems. Additionally, parents benefit in domains including perseverance, hope, and companionship.

An extension of family involvement, family engagement, is another characteristic of resilient families. Family involvement and family engagement are closely related, but a key distinction divides the two. Whereas family involvement can be defined in terms of activities, family engagement is concerned with the quality of interactions between parents and children and parents and other caregivers as they participate in or are involved in those activities. Specifically, we define family engagement as parents' psychological, affective, and active commitment to experiences supporting children's learning and development. Engagement is demonstrated through parents' consistent and responsive interactions between themselves and their children and between themselves and other caregivers in their children's lives. Key features of this interaction might include attentiveness, warmth, sensitivity, enthusiasm, and positivity. Interactions between parents and children characterized in these ways foster family resilience.

Communication and Problem-Solving

Another characteristic central to resilient families is communication. Communication is defined as the exchange of information, ideas, or feelings from one person to another. In families, clear communication fosters family resilience by

allowing family members to develop a shared sense of meaning regarding stressors or crises as well as coping strategies, informed decision-making, and collaborative problem-solving (Walsh, 2003). Clear communication also helps protect children because it discourages them from filling the gaps in their knowledge or understanding with inaccuracies. Communication allows families to reach an agreement and achieve balance, as well as to be connected, be flexible, and able to organize resources (Bayat, 2007).

Active problem-solving within families demonstrates resilience in the face of a crisis or consistent adverse conditions. Problem-solving is defined as a systematic process that allows individuals to formulate solutions to identified problems. When done effectively, it involves determining the basis of the problem through analysis, objectively identifying and defining a problem; generating potential alternatives; assessing, selecting, and implementing the best choice; and evaluating the outcomes in relation to its success at ameliorating the original problem. Problem-solving contributes to resiliency when the problem is recognized by the family, lines of communication are open, and parents work together to coordinate each family member's ideas and opinions (Black & Lobo, 2008). Additionally, problem-solving builds family resilience when it involves creative brainstorming among family members, joint decision-making, productive conflict resolution, and a plan to prepare for future challenges (Cohen et al., 2002).

Parent communication during the problem-solving process has been linked to children's social functioning (O'Brien et al., 2009), interpersonal skills, and conflict resolution (Costigan et al., 1997). Additionally, there are strong links between the approaches that parents and adolescents take in problem-solving and communication. Alternatively, deficits in family problem-solving skills are related to several types of childhood problems, including depression (Sanders et al., 1992), delinquency in adolescence (Krinsley & Bry, 1991), and reduced psychosocial competence (Leaper et al., 1989).

Adaptability, Flexibility, and Stability

Every family faces situations throughout their life course, which present challenges to the manner in which family members relate to one another or how the family unit functions within the community (Patterson, 2002b). Family adaptability or flexibility refers to a family's ability to modify and reorganize its rules, roles, and leadership, thus restoring balance between family members and the family unit and the family unit and the community (Black & Lobo, 2008; Patterson, 2002b). Walsh (2003) conceptualizes flexibility as providing families with an opportunity to bounce forward as opposed to bouncing back. This distinction is made because a family can recover from a crisis, but they will not revert to their previous state. Instead, with resilience, they will improve and move forward.

To function as a healthy system, families must be both adaptive and stable. Families that are able to determine the appropriate times to maintain stability or attempt change are more likely to be healthy, functional families (Black & Lobo, 2008; Cohen et al., 2002). Successful and adaptive families are proactive in the socialization and development of individual family members and understand the importance of maintaining the family unit (Patterson, 2002a). Accordingly, there are two central components of family adaptability: adoption of optimal parenting styles and problem-solving practices and developing a shared set of beliefs or values within the family unit. This is consistent with an ecological framework that views both the interactions among family members and the relationship between the family unit and the community as essential factors for developing family resilience.

An important component for the development of family adaptability is the establishment of shared beliefs within the members of the family. Shared values and beliefs are essential for family resilience and reinforce specific patterns in how a family reacts to new situations, life events, and crises (Antonovsky & Sourani, 1988; Walsh, 1996). When families have a strong set of shared beliefs, they may view their interaction with the

world from a collective "we" versus "I" orientation (McCubbin et al., 1993). Resilient families often have a shared set of values for critical aspects of family life, including financial issues and time management (McCubbin & McCubbin, 1988).

Promoting Resilience in Families

Our conceptualization of family resilience is one wherein family strengths and resources are leveraged to overcome obstacles and challenges. The ultimate function and purpose of families is to ensure the positive development and adaptation of children. Services or interventions intended to build resilience realize this fundamental responsibility. Thus, services that are family-centered and strengths-based (i.e., that support families as they strive to become effective and self-sufficient in promoting positive child development) are the cornerstone of programs for building resilience. In other words, the ultimate goal of services to promote family resilience is to build caregivers' competence and confidence in order to build competence and confidence in their children (Sheridan et al., 2008).

Family-Centered Services

Family-centered services are intended to build family resilience, based on the extensive and seminal work of Dunst and colleagues (Dunst & Trivette, 1987; Dunst et al., 1988, 1994b). Four operating principles define family-centered approaches: (1) intervention efforts are based on families' needs; (2) existing strengths and capabilities of families are used to mobilize resources and promote abilities; (3) social networks are used as a source of support; and (4) specific forms of helping behaviors on the part of professionals promote acquisition of family competencies. In addition, family-centered services promote resilience when they ensure positive and adaptive outcomes for families. These are described next, with an emphasis on their relevance for bolstering family resilience.

Base Intervention Efforts on Family-Identified Needs From a family-centered perspective, families are considered to be in the best position to identify their most salient needs. Thus, services are developed that are responsive to the priorities identified by the family in collaboration with supportive professionals. Likewise, commitment to change may be greatest when families' needs are self-determined. To build resilience, professionals can assist families as they strive to identify issues interfering with optimal or desired levels of functioning, define them in manageable terms, establish shared and long-term goals, state clear objectives, determine objectives essential to attaining short- and long-term goals, and clarify foci for intervention.

Use Existing Family Strengths and Capabilities to Mobilize Family Resources An overarching principle of family-centered services is the recognition that all families have strengths and abilities. Circumstances causing a family stress or adversity may limit their abilities to recognize, access, or use their strengths. Services based on family-centered principles help family members identify and mobilize their strengths and use them to attain goals that they articulate for enhanced familial functioning (Garbarino, 1982).

Maximize Social Networks and Supports The development of collaborations and partnerships within and across systems is essential to facilitate families' development of resilience. Positive, proactive linkages and networks help family members mobilize resources and supports that are available to them but that may have been perceived as inaccessible. An essential system interacting with children and families is that of the school. Schools and classrooms represent significant contexts for development, and teachers are meaningful individuals in a child's life (Sheridan & Gutkin, 2000). The establishment of partnerships between families and schools can be critical for maximizing the growth potential for a child. Positive, constructive relationships with other primary systems (i.e., schools) can be instrumen-

tal in helping families develop competencies and utilizing resources on behalf of their child's development (Dunst et al., 1988; Sheridan & Burt, 2009). The notion of a "partnership" implies that family members are coequal partners in the identification of needs and goals, creation of strategies and plans, and evaluation of outcomes as programs and resources are utilized (Christenson & Sheridan, 2001; Welch & Sheridan, 1995). Thus, services are not delivered "to" or "for" families but "with" family members as active partners and decision-makers.

Use Helping Behaviors that Promote the Acquisition of Competencies When building resilience through a family-centered framework, professional roles focus on developing competence and confidence among all family members. Capacity building begins with an understanding and appreciation for "where the family is." Rather than utilizing strategies to "treat" problems or remediate deficiencies, family-centered approaches strive to promote the acquisition of family and child competencies. Models focused on "correcting a problem" result in a limited, often short-term resolution of one presenting concern. To build family resilience, services must attend proactively to growth-producing behaviors. The development of strengths, assets, and skills is expected to lead to generalization and maintenance of resources to address a range of presenting challenges in the future.

Ultimately, for families to be competent, confident, and resilient, they must be empowered. Empowerment models support families in proactively identifying needs, mobilizing resources, and accomplishing goals through the development of personal capacities, strengths, and abilities. This is in contrast to expert models, which often lead to dependency on the professional, fail to produce personal resources (competence) and positive belief systems (confidence), and result in limited skills in assessing personal needs and mobilizing personal resources and support systems in the future.

Concern is with Process as well as Outcomes The emphasis in family-centered services is not only on the final outcomes experienced by the family system but also on the processes by which families work toward the desired outcomes. In fact, it is thought that the strengths-based, empowering process is the mechanism through which adaptive outcomes are achieved. As a process that promotes resilience through involvement, communication, and adaptability, family-centered services assist family members to actively participate in enhancing their own lives. Families are engaged in identifying their own needs, mobilizing resources on their own behalf, and accomplishing self-determined goals through the development of personal capacities, strengths, and abilities. Through such processes, attainment of long-term, generalized positive outcomes is maximized.

The strengths-based process by which professionals help families achieve their own goals is the cornerstone of family-centered service delivery. By helping family members identify and prioritize needs, establish reasonable goals, and develop appropriate plans, opportunities for positive family outcomes are maximized. Furthermore, strategies that are relevant to and feasible for families, which result in desired outcomes and provide new knowledge and skills, will likely be used by family members in the future when similar needs arise.

Adverse Childhood Experiences

Over the past few decades, the impact of adverse experiences upon children's development and adult familial behavior has been explored. Individuals with a greater number of adverse childhood experiences (ACEs; Felitti et al. (1998)) tend to have more long-term negative outcomes unless they are moderated by protective factors, such as resiliency. There are three identified categories of adverse childhood experiences: abuse, household challenges, and neglect. The category of abuse includes (a) emotional

abuse, (b) physical abuse, and (c) sexual abuse. Neglect includes (d) emotional neglect and (e) physical neglect. Finally, experiences that are grouped together as household challenges are (f) mother treated violently, (g) substance abuse in the household, (h) mental illness in the household, (i) parental separation and divorce, and (j) an incarcerated household member. As the number of identified ACEs increases for an individual, so does the degree of impact upon lifelong health and behavioral health factors. Increases in the number of positive ACE indicators are connected to health problems, mental illness, and substance misuse in adulthood (Anda et al., 2006). Additionally, the more ACEs experienced, the greater the likelihood of poor school attendance, behavioral problems, and failure to meet academic standards in reading, math, and writing (Blodgett & Lanigan, 2018).

ACEs occur in all populations and are common; almost two-thirds of adult respondents indicated experiencing at least one ACE, and more than one in five reported three or more ACEs (Felitti et al., 1998). Although ACEs are identified for the first 18 years of life, their impact covers the entire life span. Thus, families are impacted by not only the ACEs of the children in the family but also the adults' own history of adverse childhood experiences.

Addressing these adverse factors is an important component for strengthening family resilience. The most efficient way to reduce the impact of ACEs is through prevention. Strategies that support a nurturing, stable, and safe home environment will reduce the likelihood of ACEs. Family-centered services that address adult problems with substance abuse, mental health issues, or negative parenting strategies are also recommended. A systems approach to mitigate or prevent ACEs is the Health Outcomes from Positive Experiences (HOPE; Sege & Harper, 2017) framework. This framework promotes positive childhood experiences and enhances child health and behavioral, social, and academic development. In doing so, the HOPE framework centers on building skills and resources within caregiving adults to promote healthy development (Sege & Harper, 2017).

ACEs are an important, but limited, measure of adversity for individuals and families. ACEs include individual and family factors but do not include experiences outside of the home in the neighborhood, school, or community. Thus, they do not account for adverse factors associated with systemic poverty, discrimination, and marginalization (Bruner, 2017).

Teachers and Parents as Partners (TAPP)

In order to promote resiliency in families, our work has centered on consultation models that are designed to enhance families' abilities to acquire new skills or competencies that lead to effective outcome goals for the family. There are a variety of different consultation models existing in the literature (Gutkin & Curtis, 2009); however, one model, behavioral consultation (Bergan & Kratochwill, 1990), has received the most research support (Martens & DiGennaro, 2008; Sheridan et al., 1996b). An adaptation of behavioral consultation, conjoint behavioral consultation (CBC; Sheridan et al., 1996a; Sheridan & Kratochwill, 2008), not only maintains the research-based problem-solving process but also systematically centers on the needs and goals of families when working with professionals (i.e., teachers, early childcare specialists, doctors). The newest iteration of this family/partnership-centered form of consultation is the Teachers and Parents as Partners (TAPP; Sheridan, 2014) model.

Founded on an ecological systems perspective, the Teachers and Parents as Partners (TAPP) process is a strengths-based service delivery model acknowledging that individuals function within and across various systems/environments (i.e., home, school, peers) (Bronfenbrenner, 1979; Sheridan et al., 1996a; Sheridan, 2014). TAPP recognizes that children, families, schools, and other systems have a reciprocal influence on each other and that the connections between systems are essential for facilitating positive outcomes for children. TAPP systematically enhances these connections by bringing together families, schools, and other support systems in a

collaborative manner to build social support networks while addressing the needs of children. Through the process of TAPP, families are empowered to be equal participants in the problem-solving process.

Teachers and Parents as Partners is defined as "an evidence-based process for parents and teachers to work together in support of positive school-related outcomes for students" (Sheridan, 2014, p. 8). TAPP can be instrumental in promoting family resilience when challenges associated with children's behavioral, academic, or social–emotional functioning create hardships for the family system. Throughout the TAPP process, parents and teachers engage in a structured problem-solving process with a consultant to collaboratively address the needs of children across home and school settings. Parents and teachers partner together to share in the identification of children's strengths and needs and to develop, implement, and evaluate interventions to meet those needs. This is established through proactive interventions aimed at strengthening children's skills and competencies.

The TAPP process is based on several principles that parallel family-centered constructs (see Table 7.2). The indirect nature of services allows professionals to work with families and other caregivers (e.g., teachers), who are ultimately responsible for implementing programs and plans. By definition, consultation models (and TAPP) strive to enable individuals (including families) to "…become better able to solve problems, meet needs, or achieve aspirations by promoting the acquisition of competencies that support and strengthen functioning in a way that permits a greater sense of individual or group control over its developmental course" (Dunst

Table 7.2 Characteristics of family-centered services and Teachers and Parents as Partners

Family-centered services (Dunst et al., 1994a)	Teachers and Parents as Partners (Sheridan, 2014)
Help giver: • Employs active and reflective listening • Helps clients clarify concerns and needs • Pro-offers help in response to the help seeker's needs • Offers help that is congruent and matches the help seeker's appraisal of needs	Consultant/facilitator: • Uses open-ended questions and frequent summarizations to ensure understanding • Provides help that is congruent with parents' needs • Does not determine target behaviors and/or interventions independent of parents' priorities • Jointly develops data collection and intervention strategies based on what works in families' environments
• Promotes acquisition of competencies to meet needs, solve problems, and achieve aspirations • Allows the locus of decision-making to rest with the family member	• Focuses on existing skills, strengths, and competencies • Creates opportunities for families to acquire knowledge to manage concerns (e.g., problem-solving approach, data-based decision-making strategies, specific interventions) • Encourages skills learned in TAPP to generalize for future problem-solving • Focuses on increased sense of self-efficacy and empowerment among parents
• Promotes partnerships and parent–professional collaborations as the mechanism for meeting needs	• Promotes collaborative problem-solving • Promotes joint responsibility among home and school systems for problem and problem solutions • Assists parents in learning strategies for working across systems to meet the needs of the child • Approaches systems work in a positive and proactive manner • Focuses on common goals across systems rather than on problems within systems

Adapted from Sheridan et al. (2004)

et al., 1994a, p. 162). Like family-centered services, TAPP is implemented in a manner that is responsive to families' needs, builds competencies and resilience within members, and promotes participation and collaboration among systems.

The TAPP process consists of three stages and three corresponding meetings that provide the essential components to produce effective outcomes. These stages are implemented in a collaborative manner with families and school personnel working under the guidance of a consultant. Each stage is inclusive of one meeting but includes action steps (e.g., observations, data collection, plan implementation) and additional communication outside the meeting framework. The three stages are: (1) building on strengths, (2) planning for success, and (3) checking and reconnecting (Sheridan, 2014). The process is fluid, and each stage can be revisited as needed. The objectives of each stage, including those necessary for both addressing concerns and enhancing relationships, are shown in Table 7.3. Each meeting is structured around agendas, interview protocols, and support plans. The effectiveness of the TAPP process is related to the established partnership between families and school staff and the collaboration in determining and assessing the targeted need, implementing interventions, and evaluating success.

During the first stage, building on strengths (also called problem/needs identification; Sheridan et al. (1996a, b); Sheridan and Kratochwill (2008)), the focus is on relationship building and initiating the problem-solving process. Parents and teachers jointly identify a child's strengths and needs across the home and school settings, decide upon target behaviors for intervention, and establish methods for collecting baseline data on the target behaviors across settings.

The second stage, planning for success, consists of analyzing the context surrounding the targeted behavior and collaboratively developing support plans for the home and school settings. In the consultation literature, this is known as the problem/needs analysis stage (Sheridan & Kratochwill, 2008). Baseline data collected in stage 1 are evaluated, and specific behavioral goals are developed. Part of this stage includes the initial implementation of the support plans. Parents and teachers generate hypotheses regarding the environmental or functional conditions that may contribute to the occurrence of the target behaviors. Families have the ability to develop support plans that are linked to the proposed hypothesis and appropriate for the context of their home. If needed, parents also gain skills needed to support effective implementation of the plan. Once plan strategies and tactics are agreed upon, parents and teachers implement behavioral plans to support the student in the home and school settings, respectively.

The final stage, checking and reconnecting (also known as problem evaluation), consists of evaluating the effects of the support plan in helping students achieve their goals, making necessary modifications to enhance the plan's effectiveness, and continuing the plan. A major component of this stage is the continued reinforcement of the parent–teacher partnership long after the TAPP process has been concluded.

Goals of TAPP

The TAPP process described above provides a format for operationalizing the principles of family-centered services, as the goals of TAPP directly address these important principles. Paralleling the goals of family-centered services outlined above, the important goals of TAPP include the following: (a) to promote positive outcomes for children and families; (b) to promote family engagement; (c) to establish and strengthen partnerships; and (d) to build skills and capacities of family members (Sheridan, 2014; Sheridan & Kratochwill, 2008). These relevant TAPP goals and family-centered principles are described below.

Promote Positive Outcomes for Children and Families

The primary goal of TAPP is to effectively address the needs that parents, teachers, and other

Table 7.3 Behavioral and relational goals and objectives by TAPP stage

Behavioral (child) goals/objectives	Relationship goals/objectives
Stage 1 *Building on strengths* *(needs/problem identification)*	
• Identify strengths of the child, family, teacher, systems • Behaviorally define the concern or need as it is represented across home and school settings • Explore environmental conditions that may be contributing to or motivating problem behavior • Determine a shared outcome goal • Clarify specific settings within systems that will be the focus for intervention • Explore within- and across-setting environmental factors that may contribute to or influence behaviors • Establish and implement baseline data collection procedures to set the stage for careful, systematic, data-based decision-making	• Establish joint responsibility in goal setting and decision-making • Establish/improve working relationship between parents and teachers • Validate shared goals of supporting the child • Identify strengths of the child, family, and school • Increase communication and knowledge regarding the child, goals, concerns, and culture of family and school
Stage 2 *Planning for success* *(needs/problem analysis; plan implementation)*	
• Explore baseline data collected across settings • Identify setting events, ecological conditions, and cross-setting variables that may be impacting the target concerns • Investigate trends across settings (e.g., home and school) and highlight when appropriate • Elicit and provide information about the function or motivating features of the behavior that are based on environmental (rather than internal) explanations • Collaboratively design an effective intervention plan across settings that is sensitive to setting-specific variables • Link assessment to intervention through the interpretation of concerns in terms of environmental conditions and not internal causes • Discuss general strategies and plans to be included in a treatment package across home and school settings • Summarize the plan, review what is to be done, when, how, and by whom • Implement agreed-upon intervention across home and school settings • Address questions, provide feedback, make immediate modifications to plan as necessary • Assess changes in student's behavior	• Use inclusive language to strengthen partnerships between home and school • Encourage and validate sharing of parents' and teachers' perspectives of the priority behavior • Foster an environment that facilitates "give-and-take" communication across settings • Promote collaborative decision-making and shared responsibility for plan development • Increase continuity in addressing child's needs across settings • Communicate about strategies as they are being implemented across home and school

Table 7.3 (continued)

Behavioral (child) goals/objectives	Relationship goals/objectives
Stage 3 *Checking and reconnecting* *(plan evaluation)*	
• Analyze treatment data in relation to baseline data • Determine whether the shared goals of consultation have been attained • Evaluate the effectiveness of the plan across settings • Discuss strategies and tactics regarding the continuation, modification, or termination of the treatment plan across settings • Schedule additional interviews if necessary • Discuss ways to continue joint problem-solving or shared decision-making	• Continue to promote open communication; home–school collaborative decision-making • Reinforce joint efforts in addressing needs • Discuss parents' and teachers' perceptions • Reinforce parents' and teachers' competencies for addressing future needs • Establish means for parents and teachers to continue to partner

caregivers have for children. These needs comprise the focus of the TAPP process and are the basis for providing services across settings. The process does not make assumptions regarding the needs of families (i.e., what will become the focus of TAPP services); rather, opportunities are provided for families to express their concerns and determine mutual goals with other caregivers.

The TAPP process provides an opportunity for families to describe and prioritize their needs and select targets that are thought to benefit family functioning. Thus, the needs addressed in TAPP are those that are most central to families. This in turn increases the likelihood that families will devote their time and energy to follow through on plan development, implementation, and maintenance of positive change.

Promote Family Engagement

Family engagement is a cornerstone of the TAPP process. Importantly, the TAPP process allows for an examination of family strengths to address children's needs. Families are engaged and empowered to participate through all three stages, from the identification of targeted needs, analysis of contextual factors related to the behavior, and implementation of a support plan to the evaluation of the plan's outcome. Throughout the process, parents are considered equal partners with school personnel and each meeting provides the structure to ensure family engagement. Additionally, the TAPP process benefits from family knowledge (e.g., information about supports in the home, interactions with children, children's developmental histories) that can be used to address children's needs.

Throughout the TAPP process, families' strengths and contributions are affirmed, further promoting their involvement in identifying and developing intervention components. Highlighting the family's existing strengths in the home setting provides a sense of self-efficacy for parents by acknowledging their abilities to affect positive change in their child's life (Dunst et al., 1988).

The atmosphere provided within TAPP supports families and allows their existing resources to set the foundation upon which resilience can be developed, rather than focusing on barriers or families' lack of resources to cope with problems or hardships. Such a strength-based approach ensures that the focus is placed upon families' capabilities rather than on what is lacking in parenting skills and resources. Building on existing family strengths is essentially a matter of "meeting the family where they are" (Dunst et al., 1988) and viewing family members as having strengths to be utilized to address the child's needs. In this way, services are provided that are congruent and consistent with the family's needs, goals, and values.

Establish and Strengthen Partnerships

Another important principle outlined in family-centered services is to strengthen social supports and promote partnerships and collaborations among systems (Dunst & Trivette, 1987).

TAPP's focus on establishing home–school partnerships operationalizes this principle directly. Within the TAPP process, home and school systems work in collaboration with one another to address mutual goals for children. This allows schools and families to partner in decision-making and adopt equal responsibility for both the assessment of needs and development of solutions. As a team, parents and teachers examine and evaluate data to verify the nature and extent of children's needs, jointly determine goals, and collaboratively develop and implement plans. This helps ensure a continued partnership between the primary caregivers (i.e., parents and teachers) in the child's social support systems (i.e., the home and school).

Along with a structured process to promote collaboration, the TAPP model utilizes communication strategies that highlight the concept of partnership. Pluralistic, collaborative language (e.g., we, us) is used to ensure that everyone feels they are working as a team and not individually. Furthermore, the process continues to stress the importance of working together, through clear and frequent communication and the use of open-ended questions to elicit more in-depth information from parents. Through this partnership, "trust, two-way communication, perspective taking, clear roles, collaboration and cooperation, and shared responsibility" (Sheridan, 2014, p. 47) is developed.

Build Skills and Capacities of Family Members

Consistent with the family-centered principle of building competence among parents (Dunst et al., 1994a), an important goal of the TAPP process is to promote parents' acquisition of skills and knowledge (Sheridan & Kratochwill, 2008). Being an integral part of the support process, families develop competencies in the areas of children's behavioral, social, and academic development. They also acquire skills in the areas of providing support to children and achieving the families' defined goals.

The TAPP process achieves this goal through supporting and guiding the families' engagement in identifying needs and formulating solutions. Given their active involvement, parents, teachers, and other caregivers gather essential knowledge about various aspects of the process such as the importance of identifying and defining the child's or family's needs, assessing factors that may contribute to the maintenance of a specific behavior, mobilizing the family's strengths and resources, and developing interventions to achieve positive outcomes.

Through the TAPP process, families learn to prioritize their concerns for children. During stage 1, building on strengths, parents identify specific behaviors to target for intervention, allowing for a more focused approach to problem-solving. Likewise, detailed strategies for monitoring primary concerns are discussed (i.e., methods of data collection and evaluation). Throughout the TAPP process, parents and teachers collect data on specific targets and information regarding environmental conditions that may affect children's behaviors. Consultants assist parents in using this information to develop meaningful interventions that address children's needs. Similarly, data are used to develop socially valid goals and monitor progress. Continued assessment throughout the TAPP process provides parents with an understanding of the data-based decision-making process. Parents learn strategies for determining whether the goals have been met based on existing data rather than subjective perceptions. Additionally, TAPP participants learn procedures for modifying plans when behavioral goals are not met. Through this process, families learn the value of using data to guide decision-making regarding the child's progress and the efficacy of the intervention. Each of the aforementioned skills developed through participation in the TAPP process provides families with tools that can be used to address future family needs. Families are empowered by recognizing their existing com-

petencies, strengthening their skills, and acquiring tools for independence, which lessens their dependence on professionals for assistance in the future.

Conclusions

Families, today, face many internal and external challenges that impact the development of children and adult family members. Family resiliency is a concept by which families meet these challenges in a positive and adaptive manner. Understanding how resiliency is developed and fostered within the family context can play a central role in the development of effective interventions as well as help strengthen families when life stressors disrupt family functioning. Interventions that strengthen family resiliency can provide families with skills for enduring challenging situations as well as preparing families for handling similar situations in the future. The Teachers and Parents as Partners (TAPP) process has been described in this chapter as an example of how current interventions can be used to promote family resiliency through an ecological, developmental, and multicultural framework.

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