

Strengthening Community Resiliency

Part One: Individual and Family Resiliency

By John Franz and Jessica Franz-Christensen

A unifying framework is needed if we are to bring a consistent, strength-based focus to the management and delivery of human services. Resiliency theory has become a leading candidate for this role. Initially developed through the study of resilient individuals, and then expanded to include patterns of resiliency in families, it has recently grown to encompass community resiliency. The three concepts are related – children have better outcomes when supported by resilient families, and families do better when they are a part of resilient communities. The challenge is finding ways to move beyond observation to action. This series of four articles will provide an introduction to this research and offer some suggestions for using it to guide the continuing redesign of our systems of care. We will begin by describing the basic elements of child and family resiliency. In our second article we will introduce the core elements of community resiliency. The third article will focus on the use of resiliency theory to guide system change and finally we will describe organizational communication strategies that may assist in this effort. We start by revisiting an old friend who has begun a new adventure.

Welcome back, Apollina

The drudgery of post-holiday winter had settled over life in Kenyon County. Apollina Smith was wondering if accepting the job back here was such a great idea. Surely there were human service departments in warmer places that needed directors. From the desk in her new corner office she had several views to choose from: old snow on the along the banks of the frozen river behind their building, old snow on the curbs, cars and buildings on Market Street, and old snow across Market on the stark trees and empty benches in court house square. Even in her office, graying drifts of files, reports and budgets covered her desk and conference table. She needed someone to cheer her up. Instead she got Father Bob.

Bob was the pastor, custodian, recreation director and just about everything else for tiny St. Gabriel's parish, which served most of the rural western half of Kenyon County. He was welcoming Apollina into her new role of Human Services Director by haranguing her about the inadequacies of her agency.

“What I don't understand is why every child and family has to do something wrong, or have something wrong with them to get a little help when they need it. Can't someone be okay and still get a helping hand once in a while?”

Father Bob was dressed for action – old black jeans, black high-top tennis shoes to spite the snow and cold, white sweatshirt featuring a reindeer on skis promoting a Minnesota ski hill and a green army surplus parka with fake fur trim on the hood. He reminded Apollina of a cherubic Bob Dylan: same grizzled beard, beady eyes and wild hair, but with a round face and high, full cheeks. Those cheeks were flushed with passion as he attempted to recruit Apollina on his latest crusade.

Apollina decided to play the devil’s advocate with her favorite minister.

“Heck, Bob. I’ve been the director for, what, two weeks, and you’re already giving me grief. I didn’t want this job - they couldn’t get anyone else to take it. But I think the answer to your question is that if people are doing okay, they probably don’t need a helping hand, at least not one paid for by the taxpayers.”

Father Bob looked at her with an amused, Dylanesque squint. “Apollina, people like us end up where we’re supposed to be, whether we like it or not, so quit complaining. I’m not saying we should help out folks when they don’t need it. I am suggesting that when they do need it, they shouldn’t have to be labeled as pariahs. Bad parents, bad kids, it has to be bad somebody before we’ll help – unless its such a big tragedy that folks end up on the front page. Look at Billy Jones, all the pressure he was under trying to take care of his sister and brother after the farm went under and his mother’s accident, but no one would help him until he got caught in that robbery. Once he’s a juvenile delinquent – then they can get help. What kind of message is that?”

“I’m just playing with you Bob. I want to find a way to do things differently, too. In social work jargon you’re saying that we need to shift from a deficit-based model to a strength-based approach. But any new system still has to help us decide who to help, when to help, how to help, how much help to give and how to be sure we are dividing up our limited resources fairly. I’ve got some ideas, but I not sure what to do with them yet. Let me tell you about this resiliency thing.”

Looking at the world through resiliency-colored glasses

While resiliency is beginning to emerge as a promising concept, it is still in its formative stages and no consensus has been reached on its parameters or on how best to use it to improve the efficiency and effectiveness of our human services. Research into resiliency began with an insight: instead of studying why things go wrong, maybe we can learn as much or more by looking at why things go right. The initial focus was on positive outcomes achieved by individuals who were in dangerous, traumatic or otherwise difficult circumstances. One of the most ambitious projects has been a 40-year study of a cohort of 700 children on the island of Kauai. The children were from disadvantaged families and classified as at risk because of early exposure to at least 4 risk factors associated with poor life outcomes. The researchers found that by age 18 about two thirds of the children had done poorly, as expected, but one third had

developed into competent and caring young adults. Even at age 40, this resilient group was doing well, showing better life outcomes than others who had much less risk exposure.¹

What was different for the children who overcame their circumstances? A number of factors seemed to be involved. They often had an easy-going temperament, good intelligence, a high level of self-esteem, a strong sense of hope, the ability to obtain the nurturance they needed from a variety of adults, and an optimistic confidence in their capacity to shape events in their lives. Similar traits were linked with resiliency in other studies. After one particularly extensive investigation the author found that people who hold what he called “positive illusions” – selectively positive biases about difficult situations – tend to do better than folks who take a dimmer view.²

But passive information like this is of little help when we are trying to assist a child or family in a difficult situation. If we encounter someone with these innate characteristics we can say to ourselves, “they’re probably going to do okay” but it doesn’t provide much guidance for assisting people who aren’t looking so resilient at the moment.

Strengthening resilience

A second wave of studies identified key protective influences that seem to be linked to the emergence of resilient behavior. The authors of the Kauai study, for example, have emphasized that self-esteem and self-efficacy are promoted by supportive relationships. All of the resilient children in their study had “at least one person in their lives who accepted them unconditionally, regardless of temperamental idiosyncrasies, physical attractiveness, or intelligence.”³

People don’t have a “resilience quotient” that is set in stone. Change can happen for any of us at any time. For example, of the two-thirds of at risk Kauai children who were not exhibiting resilient behavior at age 18, half had begun to show better outcomes by age 30.⁴ Out of these insights a balanced approach to supporting improved life outcomes emerged. Effective interventions must build upon and increase protective factors while eliminating or reducing the impact of risk factors.⁵

One of the key protective factors helping individuals turn their lives around was having a social support network, and one of the primary sources of social support was family. Yet for many

¹ Werner, E. E., & Smith, R. S. (1992) *Overcoming the odds: High risk children from birth to adulthood*. Ithaca, NY: Cornell University Press.

² Taylor, S.E. (1989) *Positive illusions: Creative self-deception and the healthy mind*. New York, Basic Books.

³ Werner, E.E. & Smith, R.S. (1993) Risk, resiliency and recovery: Perspectives from the Kauai longitudinal study. *Development and Psychopathology*, 5, 503-515, at p. 512.

⁴ Butler, K. (1997) The anatomy of resilience. *Family Therapy Networker*, March-April, p. 22-31.

⁵ Pollard, J.A., Hawkins, J.D., & Arthur, M.W. (1999) Risk and protection: Are both necessary to understand diverse behavioral outcomes in adolescence? *Social Work Research*. 23(3), pp. 148-158.

years, studies of family systems emphasized pathology and dysfunction and ignored the ways family members help one another deal with challenging life situations. In recounting this history of the negative perceptions of family interactions, Froma Walsh once offered the tongue in cheek observation that perhaps the only normal family was one that had not yet been clinically assessed.⁶

Focusing on the family

To overcome this bias and to find proactive ways of helping people have better life outcomes, researchers in the family-based movement like Walsh at the University of Chicago, Hamilton McCubbin at the University of Wisconsin and Joän Patterson at the University of Minnesota began constructing a theory of family resilience and studying the core elements and processes contributing to and enhancing its expression.

As a starting point they recognized that family resilience is a multi-dimensional concept. To understand resilience it is necessary to not only map the pattern of relationships in a family system (such as might be done with an ecogram) but also to trace changes in the family's internal adjustments and in the family's interaction with the outside world over time (as might be done with a time-line). Family resilience is thus an ongoing process of adaptation as families modify their behavior, perceptions and relations to achieve a better fit between their resources and the challenges they face. Because our challenges and resources change all the time, no functional alignment is ever going to be permanently successful.⁷

Joän Patterson's formulation is called the *Family Adjustment and Adaptation Response Model*. Families naturally cycle back and forth between phases of adaptation and adjustment as their life situations change. A family will move into an adaptation phase when the challenges they encounter outweigh their current resources. This places the family into crisis. While in crisis the family cycles rapidly through their existing repertoire of life strategies, searching for new tactics and constructing new meanings to explain what is happening to them. The insights the family arrives at through this process help them find ways to resolve the crisis and stabilize their situation. At this point they move into an adjustment phase in which their expanded set of skills allows them to maintain a balance between their demands and their capabilities.⁸ Resilience is the instinct that keeps us searching for a new point of balance when changes in our strengths and needs throw our lives out of whack. Services designed to enhance resiliency should therefore be aligned with and tap into this instinct.

⁶ Walsh, F. (1993) Conceptualization of normal family processes. In F. Walsh (Ed.), *Normal family process* (2nd ed.) New York: Guilford Press.

⁷ Walsh, F. (1998) *Strengthening family resilience*. New York: Guildford Press. McCubbin, H. & Patterson, J.M. (1983) The family stress process: The double ABCX model of adjustment and adaptation. In H. McCubbin, M. Sussman & J.M. Patterson (Eds.), *Social stress and the family: Advances in family stress theory and research*. New York: Haworth Press.

⁸ Patterson, J. (1989) The family stress model: The family adjustment and adaptation response. In C. Ramsey (Ed.), *The science of family medicine* (pp-95-118), New York: Guilford Press.

Tools for enhancing resiliency

We are going to need more than instincts to guide our transition from a deficit focus to a strength-based approach in human services. Improving the alignment between our organizational structures and procedures and the needs and characteristics of the families and communities we serve will require an explicit conceptual framework. This has yet to be developed. However, Patterson suggests that as a first step we focus on improving our definition of the outcomes, context, and processes in family systems. Then we can design service systems with better connections to these elements.

Outcomes: Building on a suggestion by Theodora Ooms, Patterson proposes that a family's resilience will be exhibited to the degree to which they are able to fulfill each of 4 functions:

- family formation and maintenance of membership,
- economic support,
- nurturance and socialization, and
- protection of vulnerable members.⁹

In an outcome-driven system these elements would provide criteria both for deciding when to assist or intervene with families and for evaluating the effectiveness of our interventions.

Context: To better understand the context in which a family is functioning, we would look with them in detail at the internal and external demands and challenges they are facing and the internal and external resources and capabilities they have available to use in response. External demands include things that happen to a family such as being in a car accident or having a parent lose a job. Internal demands include things that happen within the family such as interpersonal conflicts, a family member having a disability and the simple hassles of day-to-day living. Internal capabilities can be material (a steady income), psychological (having an optimistic personality), and behavioral (the family's reservoir of coping behaviors and life strategies). External capabilities can be found in the social sphere (extended family, friends and neighbors) and the environment (neighborhood, climate, new work or housing opportunities).

A system that takes family context into account must have consistent mechanisms throughout the procedural cascade for the objective discovery of both challenges and resources. We need a way to reach common ground on these parameters in order to resolve disagreements about a given family's strengths and needs and to reduce the risk that the services we offer will be off the mark and ineffective.

Protective patterns. Helpers often have a difficult time recognizing a family's complex and subtle patterns of protective behaviors, and family members may find it difficult to explain them. To make them easier to discern, Patterson and others who study support networks use a number

⁹ Patterson, J. (2002) Understanding family resilience. *Journal of Clinical Psychology*, 58(3) pp. 233-246, citing Ooms, T. (1996, July). Where is the family in comprehensive community initiatives for children and families? Paper presented at the Aspen Roundtable on Comprehensive Community Initiatives for Children and Families.

of descriptive scales that represent opposing orientations within various characteristics of family relationships.¹⁰ Three of the most-used categories are cohesiveness, flexibility and openness.

The tension in the area of family cohesiveness is between separateness and togetherness. In the flexibility domain, the two poles are change and stability, and in openness they are revelation and concealment. Family interactions vary across all of these dimensions. For example, as children become adolescents, they frequently seek separateness from the family. Yet an unexpected challenge such as a parent losing his or her job will bring family members back into a closer relationship. A family might work hard to maintain its set routines, but when faced with a new kind of need, such as a family member with a chronic illness, they will become more flexible in order to accommodate the unexpected demands. A family that has traditionally kept their feelings to themselves may respond to deep loss by finding ways to open up and share their pain and consolation with one another. Our initial engagement with a family and our ability to help a family develop new life strategies will depend to a large extent on our ability to recognize a family's current position along these continua and to respond accordingly.

Patterson identifies two tools practitioners can use when helping a family during the disruptive time of an adaptation phase: communication and meaning making. The communication patterns and styles used by family members and those who are assisting them will have a direct impact on the family's ability to adjust their protective processes and find a better fit with the demands they are facing. Communications within a family can be characterized by the degree to which they address feelings and actions. Patterns of communication can be examined with respect to who talks with whom, the balance of verbal and nonverbal components, clarity, directness, coherence and many other characteristics. Improved communications can help a family draw upon their instinct for resiliency to develop new ways of coping.

Meaning making is the intermediary step between better communication and better life strategies. Families construct shared meanings on three levels. The first level is their characterization of the situation they are facing. The second addresses their identity as a family, and the third involves their view of the world and their relationship with it. Different families will respond to a given stressor, such as the loss of a job, in different ways, depending on the meanings they construct around the event. Finding ways to restructure meaning to produce what has been called "learned optimism"¹¹ may be a key step in helping families move from an adaptation phase to a new phase of adjustment.

Making connections

While no one has used these concepts in the redesign of a public human service system, they have been applied in the development of a family-based treatment model. Leaders in this effort were Steve de Shazer, Insoo Kim Berg and their colleagues at Milwaukee's Brief Family Therapy Center. Berg's concise, compassionate and inspiring summation of their approach,

¹⁰ Cf. Baxter, L.A & Montgomery, B. (1996) *Relating: Dialogs and Dialectics*. NY: Guilford Press.

¹¹ Seligman, M. (1991) *Learned optimism*. New York: Knopf. Seligman has recently updated and expanded this concept in his new book, *Authentic happiness* (2002) New York: Free Press.

*Family Based Services*¹², heralded a new construct not only for understanding families but also for framing the relationship of helpers such as therapists and social workers to those families.

To help center the interactions of therapist and family members on positive change, Berg makes five simple yet powerful suggestions:

1. *Start by identifying past successes.* What are some stories about good times and accomplishments the family and family members have had? This helps remind everyone that the circumstances of the current problem don't define the family.
2. *Even in the context of the problem, look for times when the problem wasn't as much of a problem.* For example, if it appears that a parent and child are always fighting, take a moment to find the times when they do not fight, or at least fight less.
3. *Help the family focus on a goal.* Berg is famous for her miracle question: imagine that one morning you wake up and a miracle has occurred – what ever was a problem is no longer a problem. Now describe what this day is like. The small details of that potential good day become kernels of hope to inspire and motivate change.
4. *Use scaling so the family can recognize increments of movement toward success.* Healing isn't a zero sum game. If today is a 1 and the day you imagined using the miracle question is a 10, what can you do to make tomorrow a 2?
5. *Ask questions to illuminate a family's coping strategies.* When people think they have nothing going for them, helping them see the small things they do right revitalizes their faith in their own strengths.

All this and a dime will get me ...?

Father Bob's eyes were beginning to glaze over. "That's a wonderful basket of theories you've got there, Apollina, but what do they have to do with Billy Jones needing to break into someone's house before he and his family could get any help?"

"Hey, you're the one who wants to ditch our nice, simple deficit-based model. If you want something else, we'll have to build it from the ground up."

Father Bob pulled his furry hood up over his head and slouched further down in his chair. "All I wanted was some help setting up a mobile food kitchen for farm families that are having hard times."

Apollina was not feeling merciful. "Then you shouldn't have started out by busting my chops. You pose a complicated question – you get a complicated answer. But talking about food for farm families, that brings us to the matter of community resilience."

Bob's hand covered his eyes. "I bet you're going to tell me all about that, too."

¹² Berg, I.K. (1994) *Family based services: A solution focused approach*. New York: W.W. Norton and Company.

“How could I resist? But let’s go over to Margie’s. I’ll buy you a cup of coffee and a piece of pie to help it go down better.”

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