
 CHAPTER 13

Nurturing Resilience in Vulnerable, Multi-Stressed Families

Hope has never trickled down; it has always sprung up
—STUDS TERKEL, *Hope Dies Last*

Many families, especially those in poor and disadvantaged communities, are buffeted by frequent crises and chronic stresses that overwhelm their functioning. A family resilience approach is most needed and beneficial when families feel beaten down and defeated by repeated frustration and failure. This chapter offers a conceptual base and practice guidelines for strengthening highly vulnerable families—supporting their best efforts to manage their stress-laden lives and overcome the odds of high-risk conditions. By focusing on their positive aims and potential, families gain a sense of hope and confidence that they can rise above persistent adversity.

UNDERSTANDING MULTI-STRESSED FAMILIES

Multi-stressed families struggle with serious problems cutting across many dimensions of their lives. They can become overloaded and destabilized by a pileup of internal and external stresses over time. Couples are at high risk for conflict and breakup; single parents become depleted; and children or other family members may suffer from serious medical, behavior, or emotional problems, substance abuse, violence, or sexual abuse. Too often in

mental health, social service, and juvenile justice systems, highly vulnerable families have been defined by their deficits. The label of “severely dysfunctional family” reinforced the view of a pathological family, prejudged as hopeless and untreatable. A narrow focus on the interior of the family and the label “multiproblem family” often blame families for their problems, many of which are beyond their control and not of their making. Seeing these families as “multi-stressed” (Madsen, 2009) better contextualizes family difficulties, recognizing their precarious life conditions and overwhelming challenges.

It is important to understand how multi-stressed families become overloaded and undersupported, rendered vulnerable by many past and ongoing challenges and unmet needs. Crisis situations are often embedded in their environmental conditions or trigger reactivation of past trauma. While many vulnerable youth and families are at high risk for serious problems, Swadener and Lubeck (1995) urge us to see them as children and families “at promise,” with conviction about their potential and investment in helping them surmount barriers to positive development.

Family Challenges of Poverty and Discrimination

In a cruel paradox, crisis and disruption may be a constant in the lives of disadvantaged families. In the United States and other countries with vast economic, social, and racial disparities, low-income families confront relentless stress from unemployment, substandard housing, discrimination, and inadequate medical care. Parents struggle to provide their children with the basic essentials of food, clothing, shelter, and education. Life prospects are bleak for those with limited job opportunities and access to resources. When families live close to the edge, a job loss or medical crisis may plunge them into a financial abyss. Prolonged unemployment and temporary or part-time work without benefits make it hard to break the cycle of poverty and despair. Such problems present mammoth challenges to even the healthiest families.

The combined psychological, social, and economic burdens of poverty and discrimination place poor minority children and families at greater risk for multiple problems. Recent immigrants face the additional barriers of cultural and language differences. When surrounded by neighborhood blight, crime, violence, and drugs, parents worry constantly about their children’s safety (Garbarino, 1997). Intertwined family and environmental stresses contribute to school difficulties and dropout, gang and criminal activity, and teen pregnancy—all of which worsen family strains. Interventions to reduce family vulnerability must address the environmental forces that pose such threats to family survival and positive child development.

Pileup of Stressors and Family Developmental Challenges

Family vulnerability is heightened by the cumulative impact of multiple stressors over time. Recurrent crises, trauma, losses, and dislocations can overwhelm coping efforts and disrupt family life. The demands of persistent challenges drain resources. Chronic distress can carry over from year to years and from one generation to the next. Overstressed and depleted family members are more likely to stumble or make poor choices, compounding their difficulties. Interventions for stress reduction and mutual support are imperative to break the cycle.

A single crisis event can have cascading effects (Masten, 2014). For instance, a catastrophic injury and disability may result in a job loss, loss of the family's housing, and relocation, triggering losses and adaptive challenges for children in a new neighborhood and school, with new peer relationships. Therapeutic response to a child's emotional or behavioral problems must be attuned to cumulative stresses. We can help families to gain perspective and to pace and buffer disruptive changes.

In multi-stressed families, a systemic assessment with genogram and timeline construction can reveal past and ongoing trauma, disruptions, and loss. Without trying to address each specific incident, which would overwhelm therapeutic efforts, it is important to identify major crises and attend to recurrent patterns. Even in brief counseling focused on current problems, it is crucial to understand how symptoms and catastrophic fears may be fueled by past trauma or the cumulative impact of experiences over time. In work with one couple in crisis, a partner's fears of commitment, withdrawal, and drinking are better comprehended when he recounts the many separations and losses he experienced throughout childhood in his family of origin and the foster care system. His drinking stirs his wife's catastrophic fears stemming from painful memories of a previous marriage shattered by alcohol abuse. An understanding of where families are coming from increases their ability to make meaning of their current dilemma, informing and empowering their actions and future directions.

STRENGTH-BASED, FAMILY-CENTERED SERVICES

Core Principles

Families that present multiple, complex, and severe problems and recurrent crises make up a disproportionately large segment of human services caseloads. Unfortunately, they are more likely to be ill served and to fall between the cracks (Kaplan & Girard, 1994). Traditional services have tended to be deficit based, individually focused, fragmented, crisis reactive, inaccessible, and defined for clients by "expert" professionals.

In contrast, strengths-oriented services stress the following core principles:

- Identify and build on family strengths and resources that empower families.
- Take a family-centered approach to individual problems.
- Provide flexible, holistic services.
- Emphasize prevention and early intervention.
- Build community-based, collaborative partnerships.

From Deficit-Based to Resource-Based Model

Uri Bronfenbrenner (1979), a champion of families, decried deficit-based public policies and services requiring recipients to document their families' inadequacies to qualify for help. Categorizing an individual or family with a pathological label is a dehumanizing and stigmatizing experience: negative stereotypes of parents as destructive, hostile, and uncaring; preconceptions of them as unreachable, unmotivated, and untreatable; and thick files of past problems and failed interventions—all create adverse expectations for any therapeutic contact.

It is crucial not to underestimate the ability of vulnerable families to understand and tackle their problems. Most show remarkable strengths alongside their difficulties (Orthner, Jones-Sanpei, & Williamson, 2004). Many are resilient simply in making it through each day of unrelenting hardship; many are resourceful in the inventive ways they manage on meager earnings. Most parents care deeply about their children and want a better life for them, although the crush of difficulties may block their ability to act consistently on their best intentions. They often know what they need to change in their lives, and can take positive steps if we value their input, listen well, and support their best efforts (Madsen, 2009).

When therapy with multi-stressed families is overly problem focused, it grimly replicates the problem-saturated experience of family life. A resilience-based perspective empowers them to navigate the challenges in their stress-laden lives. Interventions facilitate positive interactions, support coping efforts, and build resources to reduce stress, enhance pride and competence, and strengthen family functioning and bonds.

From Individually Based to Family-Centered Approaches

Compartmentalized services tend to categorize clients narrowly by presenting symptoms, inattentive to the whole person, the family, and the social context. Often agencies avow, in principle, the importance of strengthening

families yet in practice usually see an individual child or adult, occasionally meeting with a primary caregiver. With heavy caseloads and complicated family situations, workers may doubt whether they can be helpful. A failed experience may reinforce their beliefs that multi-stressed families are beyond repair.

One of my students, eager to work with families in the juvenile justice system, found that despite her agency's stated mission to work with incarcerated youth and their families, in practice no families were seen. She was told that over the years, agency staff had found it too difficult "to get such dysfunctional families motivated for treatment" and no longer "wasted their resources." They met individually with the youth offenders, even though most youths maintained close contact with family members and returned home. In our experience, it is crucial to involve families in order to (1) enlist family support for incarcerated youths' transition back into the community, counter gang involvement, and encourage educational and job training pursuits; and (2) reduce family stresses and encourage their best efforts (Walsh, 2013a). When the family foundation is strengthened, the home becomes a more solid base for at-risk youths. If parents are unable to provide this structure, we recruit positive models and encourage mentoring relationships in the kin network (Ungar, 2004; see Chapter 8).

When any family member seeks help—a parent or caregiver, a child, a spouse—we broaden attention to the relational network. Maintaining a family focus doesn't require seeing the whole family together in ongoing sessions, which may not be feasible in overstressed or fragmented families. What matters most is maintaining a systemic perspective to address the important connections between family members, their problems, and potential resources for change and growth.

From Fragmented to Holistic Services

Human service systems intensify family confusion and frustration—and hamper workers' efforts—when they lack coordination, handle problems in a disorganized, piecemeal way, and require families to navigate a bureaucratic maze of agencies. In a family, one child may be seen by a school-based professional, a sibling by a juvenile justice counselor, and another member in a drug treatment program; a grandparent in the home may need extensive medical care, while an overloaded single parent suffers with depression. With fragmented services, no one is addressing interrelated concerns or building concerted efforts.

A family-centered resilience-oriented approach strengthens collaborative service delivery across systems. A broad, comprehensive approach aims

to coordinate and integrate services and pool resources. Services are viewed holistically, tailored to each family's challenges and drawing on community, cultural, and spiritual resources.

From Crisis-Reactive to Prevention-Oriented Services

Mental health, human services, and school contracts with families tend to be crisis reactive. At such times, brief interventions cannot sufficiently address more complex or entrenched problems, or prepare families to meet future challenges. A limited focus may not foster relationship building or restructuring of family life to consolidate gains. Flexibility and responsiveness over time are needed to address persistent or recurrent problems and prevent future crises.

Prevention-oriented services—seriously underfunded—are far more effective and less costly than most treatment programs. By investing in families "up front," we increase their coping ability and resourcefulness, preventing problem escalation and chronicity (Harris, 1996). A prevention approach can identify highly vulnerable families—those in precarious situations, underresourced and beset by numerous problems. Through outreach, early intervention to strengthen family functioning can prevent more serious and chronic problems.

Building a Collaborative, Family-Centered, Community-Based Partnership

The early movement advocating family support and preservation programs for at-risk children and families, linked with the child development field, was founded on the belief that families are our best resource (e.g., Dunst & Fivette, 2009; Kagan & Weissbourd, 1994). Head Start's successful preschool program was designed to empower families and improve young children's life chances, encouraging family involvement in all aspects of the program. Parents collaborate in program decision making and serve as volunteers, observers, and paid support staff. By working closely with professional staff they gain the skills to help their children and improve their own lives.

Family support programs have tended to focus on early mother-child bonds, although many have expanded to involve the family caregiving network. Consumer oriented, they operate at the grassroots level, concentrating on prevention and early intervention for capacity building. Local, accessible family resource centers provide a range of information and services to support and strengthen vulnerable families. Professionals

and neighborhood paraprofessionals assist families with stressful life cycle transitions, such as parenting education and support, particularly for single teen parents. They link families with formal and informal services and support networks, pooling efforts by communities, school systems, hospitals, and corporations.

Family preservation programs have a dual commitment to protect vulnerable children and to strengthen their families. Based on the conviction that the best place for children is with their families as long as safety is assured, these programs aim to support and strengthen troubled families, instead of replacing them. To prevent out-of-home placement, they provide immediate, home-based intervention to defuse a crisis, stabilize the family, and teach problem-solving skills to avoid future crises. Trained staff work intensively with families in their homes, addressing areas of concern. With accountability for any future neglect or abuse, family members are actively involved in assessing risks, reducing stress, and strengthening leadership, nurturance, and protection. Additional support is available as needed. Placement is necessary when children are at high risk of serious neglect or abuse and family interventions are unworkable. Efforts are made to link residential and foster care rather than sever family ties, with family reunification when possible (Kaplan & Girard, 1994).

Multilevel Systemic Approaches

Programs based on a strengths-oriented multisystemic approach build family and community partnerships, fortifying the collective capacity to surmount adverse conditions (Saul, 2013). Services are designed to be accessible, affordable, and offered through home-based and neighborhood programs (Madsen & Gillespie, 2014). Multilevel approaches address individual issues, such as a child's school or behavior problems in a challenging social context, through family and larger systems interventions, such as family-school partnerships. SAFE Children, a model program in Chicago, builds on Head Start to help parents in violent neighborhoods get children off to a good start in first grade. Efforts are made to connect families and build a strong sense of community, overcoming isolation and mistrust through informal contact, shared projects, and activities. Families participate actively in setting priorities and seeking solutions, building networks and structural supports.

Fraenkel (2006; Fraenkel, Hameline, & Shannon, 2009) developed an effective collaborative program for homeless families residing in shelters, in transition from welfare to work. He stressed that to truly collaborate with families in building programs, professional program developers must

view families as experts on the life situations that challenge them and as the best informants on what they would find most useful in a program to support their coping and resilience. This approach is particularly appropriate in working with families marginalized by class, race, ethnicity, or other dimensions of difference and discrimination, who often receive programs created with little or no consultation from them. As a result, families may not find the programs engaging or relevant, may elect not to attend them, and are then viewed as "resistant" or "unmotivated." However, families will eagerly engage in programs when they have some control over the processes used to create the program; when they have contributed to the program's content and structure through their wisdom, experiences, and desires; and when the relationship between professional program developers and recipients is collaborative and mutually respectful.

A multisystemic perspective integrates various program efforts involving families and communities, from preventive approaches, such as family life education and psychoeducational support groups, to more intensive interventions for crises and entrenched problems. A family life cycle orientation can guide services to foster healthy pregnancy and early child rearing; child and adolescent development; stable family units; and elder care (see Chapter 9). Workers with vulnerable youth and families can increase their effectiveness and reduce burnout through training in strengths-oriented systemic assessment and family intervention skills (e.g., Berg, 1997; Madsen & Gillespie, 2014; Minuchin, Colapinto, & Minuchin, 2007). Madsen's (2014) Collaborative Helping maps are a valuable tool to guide efforts, by focusing on clients' positive vision, identifying and mobilizing potential supports, overcoming obstacles, and taking active steps toward aims.

Several evidence-based, family-centered, multisystemic intervention models have been effective with high-risk and troubled youth, their families, and larger community systems (Henggeler, Cunningham, Schoenwald, & Borduin, 2009; Liddle, 2013; Sexton, 2011). These approaches, used with youth conduct disorder and substance abuse, yield improvements in family functioning, including increased cohesion and communication and improved parenting practices that are significantly linked to more positive youth behavioral outcomes than those achieved with standard services. With varied formats, family therapists may involve school counselors, teachers, coaches, and peer groups, and work with police, probation officers, and judges to address legal issues. They might help a youth and family access vocational services, youth development organizations, social support networks, and religious resources. All contacts draw out strengths and competencies for change.

ASSESSMENT AND INTERVENTION PRIORITIES

A family resilience orientation is grounded in the conviction that even the most troubled families want to be healthy and have the potential for change and growth. However, environmental obstacles, depleted resources, or self-defeating survival strategies may block efforts and ability to see positive options in their situation. Engaging family members collaboratively, therapists help them develop a shared sense of hope, active agency, and empowerment. Efforts are made to identify and overcome barriers to success in the therapeutic, family, and social contexts.

Assessing Family Stress, Vulnerabilities, Strengths, and Potential

A resilience-based refocus begins in the first contacts with a family. In assessment, we need to be explicit that our intentions in gathering information are to understand family stresses and their impact, as well as family objectives and pathways for moving forward. Past experience with judgmental, deficit-based evaluation may lead family members to hear even neutral questions as blame laden. In resilience-oriented practice, we assess families within a positive framework, searching for resources and potential as well as vulnerabilities and constraints, all in relation to their challenges and their aims.

Most often, help seeking centers on an immediate crisis focused on one family member. On contact, a number of problems often become evident and other members may be in distress. When we understand how a son's vandalism, a father's disappearance, financial hardship, and a mother's depression are all connected, we can better focus on common concerns and aims. When presenting problems are reactive to family stress—and exacerbate that stress—we mobilize family teamwork to make things better. This collaborative approach alleviates distress and instills hope and confidence that other challenges can be mastered.

Information gathering lays the groundwork for identifying strengths and prioritizing areas of concern. What are the significant family and community connections? How do family members view their adverse situation? How have they attempted to deal with it? What patterns of interaction escalate or reduce anxiety or conflict? Increase or reduce vulnerability and risk? Which members are helpful in strengthening the family? How do they do that? What hidden resources might be tapped to manage stresses and overcome barriers to success? How can change in the core family unit have a positive ripple effect for each member? When a family is in perpetual

crisis and members' attention is scattered, it's important to understand major stresses in early sessions and identify patterns connected with members' distress.

Genograms (McGoldrick et al., 2008) are essential tools for diagramming very complex family systems—for instance, those extending across households in binuclear, stepfamily, and foster or extended families; those where a parent has had multiple partners and children have different fathers; and those with members in and out of various living arrangements (see Chapter 6). Drawing a large genogram interactively with a family readily engages family members. Children are often very interested to see how people are connected and where each one fits in the relational network. Seeing everyone on the same page facilitates a sense of coherence for fragmented families that have experienced many losses, dislocations, and reconfigurations. Visualizing systemic patterns helps both therapist and family to feel less confused and orients intervention planning.

Drawing a family timeline fosters a developmental perspective, as family members recall key events and their impact over time (see Chapter 6). How did a family attempt to handle traumatic events? What organizational shifts occurred with major transitions? In a multi-stressed family, a timeline helps to order the jumble of events and changes in family life over time. For instance, family members can better comprehend a parent's withdrawal into alcohol when seen in its stress-laden context. The genogram and timeline are valuable in assembling many disconnected fragments of experience into a fuller, more coherent family narrative.

When family life has been saturated with problems, it's essential to identify particular relationships, events, and periods of time that have offered islands of calm, satisfaction, connection, and hope in the midst of the turbulence. These positive experiences, often invisible when assessment and therapy are problem focused, offer resources to be drawn upon and enlarged. A teenager abused by her mother's boyfriend may have found shelter in a nurturing relationship with a grandmother. Even if that person is no longer nearby or alive, identifying the positive qualities in the relationship can provide a template for forming new, healthier relationships.

Diagnostic assessment can be essential in identifying serious mental illness and substance abuse, determining risk for destructive behavior, and evaluating the need for psychotropic medication. However, labels that locate the problem in a person's character structure tend to reinforce a sense of permanent damage and defect. It's more helpful and hopeful to identify problematic behavioral and interactional patterns that people can take steps to change. We should also be careful not to label a family by a member's problems (e.g., "an alcoholic family") and should put nothing

in a case report that disrespects clients. By encouraging them to read and offer input in letters to agencies or courts we value them as active participants in therapy.

Key Processes in Family Resilience: Framework for Assessment and Intervention

The three-domain framework of key family resilience processes presented in Chapters 3-5 was initially developed for effective intervention with families presenting many serious and chronic problems. It facilitated my own shift from labeling families as "severely dysfunctional" to identifying particular vulnerabilities and resources that could be strengthened. Multi-stressed families and clinicians can be flooded by intense emotions and chaos in the midst of crises. The framework keeps me mindful to search for strengths and not become overwhelmed by a myriad of problems. Even when information emerges helter-skelter in the course of interviews, we can map it in a way that allows us to keep a systemic perspective and target key processes in interventions aiming to strengthen family resilience.

Belief Systems

When families experience recurrent crises, disappointments, and frustrations they are more likely to believe that things will turn out badly. This expectation generates pessimism, skewing perceptions of future possibilities. The inability to see viable alternatives or solutions further erodes confidence and blocks initiative. All-or-none global generalizations are common, in extremes of always or never, all-powerful or powerless, victim or villain. Catastrophic fears and destructive behavior patterns often radiate from constant exposure to community violence and a socially toxic environment (Garbarino, 1997) or can ripple down from multiple traumas in family history.

When families struggle with severe and persistent conditions that are largely beyond their control, professionals need to help them counter a pervasive sense of helplessness and hopelessness. It is crucial not to give up on families that seem at first to resist our help. Listening to their prior experiences can shed light on their pessimism and mistrust: they expect that their efforts will be futile or that we will let them down, as others have. By steadily conveying our belief in their worth and potential, despite missteps or setbacks, we can help families to believe in themselves, fostering pride, courage, and hope for the future, which fuel positive action and perseverance.

Cultural and spiritual resources can be wellsprings for resilience in poor and marginalized communities, where grim life chances breed a fore-shortened sense of future for youth. With a high proportion of young men left to violence, drugs, or prison, families and communities must be all the more determined to raise their youth to overcome these challenges, drawing on their cultural heritage, as in the wisdom of an Ashanti proverb, "You must act as if it is impossible to fail."

Strong faith beliefs, practices, and congregational involvement counter despair and sustain a spirit of love, courage, and endurance for most families in poor communities (Walsh, 2009d, 2012d). They facilitate positive parenting and, when shared with at-risk youth, protect youth from delinquency (Mahoney, 2010). Harry Aponte's (2009) work with poor minority inner-city families led him to recognize their spiritual as well as their physical needs. A pervasive sense of injustice, helplessness, and rage is rooted in being denied access to opportunity, power, and privilege in society. Aponte urges therapists not to limit our work to pragmatic solutions but also attend to spiritual needs to counter the despair that robs lives of meaning, purpose, and hope. He also calls on therapists to work as catalysts for community activism, to mobilize the spirit of hope to transform oppressive conditions.

Organizational Processes

Most multi-stressed families seen in human service agencies live in single-parent households and have complex family structures. Research shows that families of varied forms can function and raise their children well. However, unremitting stresses and scarce resources wear down family functioning and stability, deplete parental energies, and heighten risks for child maladaptation. Multiple parental repartnering, repeated losses, and dislocations compound the difficulties. The family organization, role functioning, interaction patterns, and relationships can become fragmented and chaotic. Therapeutic priorities are to strengthen the stability and cohesion of the family unit and draw on extended family and community resources.

Building Structure, Stability, Leadership, and Collaboration. Strengthening family organization is a high priority. With chronic stresses, roles and rules can become blurred, impairing the collaboration needed to structure daily life and resolve problems that accumulate. A lack of security, stability, and consistency can ensue with multiple repartnering, separations, and shifting household membership. Amid chaos is a deep longing for order, security, and stability.

Some families fluctuate between extreme rigidity and disorder. While upheaval they may hold on tightly to what is familiar. An unspoken rule might be "Don't rock the boat," with the fear of "capsizing" again. When families are overwhelmed, the therapeutic setting must provide a safe haven and solid structure with reassuring calm, order, predictability, and stability. Pushing too quickly for "therapeutic change" may fuel fears of more upheaval and loss of control. It is more helpful to start with small, grounded incremental steps to build on. Although we cannot control our clients' lives—nor should we—therapists should take charge of sessions and interrupt runaway processes or destructive escalations so families feel in control of the helping process and their lives.

Interventions aim to strengthen authoritative parenting. Family leadership, worn down by stress, may become erratic and ineffective, with inconsistent limit setting, monitoring, and follow-through until a parent reaches a boiling point and explodes. When a parent is unsure how to provide both nurturance and discipline, it can be helpful to frame discipline as setting caring limits and loving consequences.

When overwhelmed parents are unable to control unruly children, it can reinforce a sense of helplessness and incompetence if a professional helper simply takes over. It's important to put parents in charge and support them in setting rules and limits. We empower parents by joining forces with them and backing them up to bolster their authority and leadership. We may need to take charge initially in sessions, yet aim to increase parental competence and confidence to provide leadership.

In multi-stressed families, especially single-parent households, teamwork among all members is essential. Clear and age-appropriate expectations for older children to pitch in with delegated tasks can build their competencies and support family functioning. Skews of overfunctioning—underfunctioning members need to be rebalanced, with parents clearly in charge, and no child overburdened, or siblings simply free to roam. Concrete guidelines, such as posting a chart of weekly chores fairly allocated, can reinforce structure and follow-through. Positive reinforcement, grounded in social learning models, is especially needed in multi-stressed families to counter the barrage of problems and the focus on misdeeds and punishment. Praise and privileges reward efforts and build a sense of personal responsibility and a sense of value and belonging.

Assessing whether overwhelmed families are motivated poses the wrong question; rather, we need to ask how we can support their best efforts to manage the myriad of stresses and reduce frustrations. We should take care not to pile still more demands on already overloaded parents. Inability to follow through only reinforces their sense of deficiency.

It's important to acknowledge and contextualize difficulties in their position. After just an hour of pandemonium in a session, or hearing about the many problems during the week, we can use our own feeling of being overwhelmed to identify with parental challenges and applaud their efforts and perseverance.

Building Connection and Mutual Support. When overwhelmed families become fragmented and disengaged, members are left to fend for themselves and lack caring and enjoyable contact. Frustrations can boil over into intense conflict or disruptive behavior, further splintering family bonds. Families in blighted and marginalized living conditions, who often experience uncaring, denigrating mistreatment, may become socially isolated and alienated and feel unsupported, all of which contributes to abuse and neglect. Depleted parents may be unaware of children's whereabouts, sexual activity, or drug or alcohol use. Some parents take flight from responsibility or seek escape themselves in substance use. A sense of desperation may fuel threats to send a misbehaving child away. Youth who have a sense of belonging and of being nurtured and valued by their families and communities are at lower risk of conduct disorder, early pregnancy, and gang involvement (see Chapter 8). Intervention efforts focus on facilitating family connection, teamwork, mutual support, and links to extended kin and community resources.

In more disturbed families, vulnerable and highly anxious members become enmeshed: clinging to each other, boundaries blurred, and thoughts, feelings, and needs fused or distorted. Unclear boundaries contribute to violation in sexual abuse. Parents may entangle children in their marital strife. Jenny, age 17, was seen for self-destructive behavior after carrying small crosses in her arms. Embroiled in her parents' intense conflict, she said she felt "caught in the crossfire." Other siblings may cut off all contact or oscillate between distancing and falling back into helpless dependence—a pattern common in drug and alcohol abuse. Jenny's brother "took the geographical cure" (as he put it)—abruptly leaving home and driving 500 miles to a remote area and a cabin off a dirt road. Yet he returned, curious to "check out" the family therapy, and sat quietly near the door throughout a session with a bemused smile. Later he told me he had been high on drugs in order to keep "a safe distance." Such intense, ambivalent attachments and loyalties often aren't simply resolved by physical separation. Family therapy, combined with individual work, can untangle members and help them achieve a more differentiated connection.

In some instances, family life has spun frighteningly out of control, as in the following case:

The Washingtons were referred for family therapy after two brothers, ages 13 and 15, were arrested for vandalism. Most recently, they had set their mother's bed on fire. It was learned that the mother had given her bedroom to her oldest son, age 17, and appointed him "man of the house," after evicting the father because of recurrent drunken, assaultive behavior. The mother's family-of-origin relations were also complicated by alcohol abuse and violence. Her sister, a single parent living in poverty, had "lost all control" and beaten her small child to death.

The therapist, understandably overwhelmed by the history, was unsure of where to begin. It was important to identify and alter interactional patterns that reinforced vulnerability. When clear structure is lacking, things get out of control; catastrophic fears takes hold; anything can happen, from violence to murder to sexual violations. Although the household was safer from violence with the father gone, the mother had relied on his "law and order" authority and felt unable to take charge. Further, a demanding factory job and long commute left her exhausted when she got home. Their apartment was in disarray. The mother slept on the living room sofa, while the 12-year-old daughter was sharing a room with her two "wild" brothers. Their living structure heightened risks and reinforced their sense of chaos.

It was crucial to shore up family stability, leadership, and boundaries. The therapist framed these objectives normatively, affirming the mother's position of respect and authority as head of the household and the healthy needs of all family members. He strongly encouraged the mother, as a hardworking sole parent with "two shifts" of job and door for needed respite. The family members were encouraged to be creative and come up with ways to rearrange their apartment so that everyone could claim a space of their own. In the next session, they sketched the floor plan with magic markers and cut out drawings of furniture to arrange. They enjoyed this fun task and it gave them a sense of control in planning their living space. The therapist affirmed the mother's suggestion that a small storage room could be cleared out for the daughter. He framed this good idea normatively, in terms of teenage girls' need for privacy from their brothers. The mother had the eldest move back in with his brothers, helping to calm them down and assist them with homework. The therapist supported their eagerness to decorate their own personal space around their beds with photos and posters. As in this case, we can facilitate structural changes in families by encouraging their inventive solutions in everyday life.

Nonresidential Parents and Extended Family and Social Networks. While the household functioning is most crucial, it is also important to increase the reliability of commitments to children by nonresidential

parents. It's important to ask about the amount and dependability of contact and financial support, especially where children have different fathers, or a parent has dropped out of the picture. Even where custodial parents and their extended family are pessimistic about partners who were unreliable in the past, we should not reflexively write them off without exploring their current status (e.g., they may be gainfully employed or in stable recovery from substance abuse). More often than expected, uninvolved fathers care deeply about their children and have a strong desire for contact. With the custodial parent's agreement, we can contact the nonresidential parent to explore his or her situation, potential involvement, and any risk concerns. If the response is favorable, then facilitating cooperative coparenting arrangements will benefit the children (Waller, 2012). A clearly structured stepwise process can knit together frayed bonds. Demonstrating reliability and trust are paramount. To ensure children's protection in cases of past risk, carefully monitored visits can be arranged, often involving the extended family. In my experience, it is never too late for uninvolved parents to become more supportive of their children's positive growth.

Extended family networks are vital lifelines for multi-stressed families, including aunts, uncles, godparents, and informal kin. Co-residence can ease financial concerns. Grandmothers often fill a crucial caregiving role in overstressed and fragmented families. We should also explore the potential contribution of grandfathers and stepgrandfathers, often overlooked. Many who were uninvolved with their own children or made serious mistakes earlier in life have deep regret and welcome the opportunity to step forward for the next generation. In one urban neighborhood plagued by street crime, drugs, and violence, a grandfathers' watch group was formed to protect children walking to and from school, a dangerous daily passage.

Communication Processes

Clarity. Pervasive unclear communication processes heighten family vulnerability. Parents may need help being more consistent in words and deeds. Messages may become distorted or family members may think they can—or should—read minds, further confusing their thoughts and expectations. Important information remains murky, increasing anxieties. Helping families clarify their problematic situations, options, and aims should be a priority.

We need to be clear and consistent in defining our therapeutic partnership: our role and commitment to family members, what they can expect of us, and what we will expect of them. It's important to keep our contacts on a regular, predictable schedule as much as possible, and to make every

effort to follow through on expectations. In sessions, setting and maintaining communication rules brings order and focus to chaotic family interactions. For instance, a rule about turn taking can be helpful when members talk at once, interrupt, and don't listen to others, or go off on tangents. "Only one person talks at a time. That way, when it's your turn, everyone will be able to listen to you." Framing the rule in terms of the positive benefits is more effective than criticizing offenders for interrupting others. A toy microphone or "talking stick," like those used in tribal meetings, can facilitate communication.

Emotional Expression. A pileup of family stresses can shut down emotional sharing or heighten reactivity as tensions reverberate. It's important to help family members tolerate a range and fluidity of difficult emotions—sadness, anger, frustration, helplessness, repeated disappointment, or fears—while helping them to modulate their intensity and respond empathically to each other (Johnson, 2002). Therapists must actively interrupt destructive cycles and help family members feel safe and handle negative feelings in constructive and respectful ways. Repeated negative interactions corrode relationships and block mutual understanding as family members stop listening, counterattack, or withdraw. Some families suppress upsetting feelings and avoid conflict, fearing it will escalate into violence or family dissolution, as it may have in the past. Yet when tensions mount and emotional needs go unmet, risk is heightened for periodic explosions of pent-up feelings (again, in an all-or-none pattern). It's important to understand catastrophic tears, shore up mutual support, and help family members express emotional needs and hurts in ways that foster understanding and healing. We can help them gain skill in managing and repairing conflicts. By setting and maintaining facilitative ground rules in our sessions, we help family members feel safer to express concerns. When highly sensitive issues can be discussed more calmly, anxieties lessen and problems are tackled more effectively.

It's even more important to facilitate positive interactions in problem-saturated families. Most needed is the genuine expression of love, appreciation, and gratitude toward each other. Shared humor, laughter, fun, and pleasurable activities revitalize family life, countering exhaustion and burnout from constant demands. We need to be mindful that parents, as well as children, need nourishment. They urgently need appreciation for their efforts and respite from the storms of life in order to replenish their energy and spirits. I recently observed a session with a struggling family at a clinic in Hong Kong. Before the session, the director and therapist, Wei Yung Lee, and I thought it might be an interesting idea to serve tea to all

family members. Since she didn't have tea handy, she filled a large pot with hot water, taking it in on a tray with cups for everyone. The mother, who had been quite discouraged and slumping in her chair, sat up and eagerly drank cup after cup, becoming more lively and engaged with every sip.

Collaborative Problem Solving. Action-oriented, concrete problem solving is essential in work with multi-stressed families, also helping them to reduce the negative impact of problems that can't be solved. A first priority may be addressing a family's immediate needs, such as housing, employment, day care, or job training. Clear, attainable objectives should be defined, with small, manageable steps toward them. Each success builds more confidence in the ability to deal with more complicated issues. It also builds trust in the therapeutic relationship and in family teamwork. Tasks should be designed to reduce stress and to strengthen family structure. We need to help family members prioritize and focus their attention. When we normalize and anticipate possible setbacks or upheaval if a new crisis hits, they are less discouraged by inevitable bumps in the road. Failure is not falling down, but staying down. Although we and our clients can't control everything, what matters is the determination to rebound and redouble our efforts.

Therapy empowers families by helping them develop their own competencies. It is not enough to reduce their current stress; by enhancing their problem-solving skills, we make them better able to meet future challenges. The focus extends from solving presenting problems to preventing future ones. We want to encourage them to anticipate not only how things can go wrong, but how, with their efforts, they can go right.

In resilience-oriented practice, therapists help families to refocus from problems to possibilities. Possibilities are generated as dilemmas are viewed in ways that expand options. Rather than focus on reducing negative behaviors, we are more successful when we help families gain new skills, competence, and confidence. To master the art of the possible, we help families learn from how things have gone wrong and conditions that can't be changed to refocus on how they can succeed and move forward, as in the following case:

Crystal, age 14, was referred for therapy following her second attempt to run away from home. The therapist learned that she had been sexually abused by her grandfather when she was younger, and just recently by her mother's boyfriend, Rick. Her mother had ended that relationship after the incident, but Crystal angrily blamed her for not having protected her. The therapist, intending to be supportive, joined in faulting the mother, only to find that after the session Crystal took a handful of pills in a suicide attempt.

Family sessions were held, focused on drawing out family resources to handle the current crisis. The mother was genuinely remorseful for not having been aware of the abuse or more tuned in to Crystal's distress. The therapist acknowledged both Crystal's pain and her mother's genuine regret, suggesting that they could learn from those experiences to approach this crisis in a new way. She credited the mother for ending her relationship with Rick, demonstrating that Crystal's well-being came first. They focused on what might be done next. Crystal wanted to have Rick prosecuted. Her mother agreed to press charges. The therapist enlisted Crystal's two older brothers, who lived outside the home, to support Crystal and her mother through the ordeal of the legal maze and the trial ahead.

Over the next 3 months, the therapist tracked and commended the family's progress in doggedly pursuing the case. She supported the mother in remaining firm when Rick tried to get her to back down. The family members pulled together in taking on this challenge and succeeded in winning a conviction. Crystal threw her arms around her mother in the last family session and thanked her mother and brothers. "You really came through for me this time. I feel like we're all really family for the first time."

Families are empowered when they gain access to their power. While acknowledging and honoring trauma and suffering that has occurred, we can put our weight on the side of hope—the potential that things can be changed for the better. We can emphasize positive intentions, tap underutilized strengths, and celebrate progress and successes.

MASTERING PRACTICE CHALLENGES

Reaching Out to Families

Multi-stressed families often become frustrated, wary, and mistrustful of well-intentioned "helpers" because of repeated negative interactions and unhelpful experiences with numerous systems (Boyd-Franklin, 2004). Their guardedness and skepticism can take many forms, from overt anger to missed sessions or lack of follow-through with agreed-upon plans. Their actions may express the attitude "Why bother. Nothing ever works out, workers come and go, and no one really cares." Helping professionals need to understand such learned pessimism and make every effort to connect productively. This demonstrates our commitment to hang in with reluctant family members to gain their trust and acceptance. After a missed appointment, sending a reminder message for the next session communicates our investment and promotes continuity in our working alliance.

Every effort should be made to reach out to reluctant family members, whose participation can contribute to reduce stress, risk, and vulnerability, and strengthen family functioning and child well-being. We can best enlist a reluctant father's active involvement in therapy as a caring parent, underscoring his powerful role and pride in helping his children succeed. The unclear role of a parent's cohabiting partner should be explored, assessing any risk factors, but also supporting potential assets to stabilize and strengthen a vulnerable situation.

Searching for Strengths amid Persistent Problems

Some families seem to be in perpetual crisis. Without a systemic frame and clear objectives, therapy sessions may cast about in all directions, reeling from crisis to crisis. With families flooded by problems, it is challenging to resist the pull of pathology and to search for strengths. When families come in crisis, the problematic aspects of their lives stand out, and helping professionals may become as overwhelmed and discouraged as they are. Becoming frustrated, we may pull back from engaging fully with the family or thinking creatively about change. When our clients sense our loss of hope and commitment, they are more likely to give up and drop out of therapy. Gaining an appreciation of their healthy strivings gives us hope, which fuels energy to work with those strengths to overcome the chaos in their lives. When we underestimate our clients, we lose sight of their potential for mastery. There may be truly impossible cases, but that has rarely been my experience, nor that of my strength-oriented colleagues.

Even in the most troubled families, areas of competence can be found and enlarged as sources of pride and accomplishment (Waters & Lawrence, 1993). We are most effective when we encourage family members to develop options and skills rather than dwelling on their limitations. In the unfolding process of therapy, we face constant choices about what to focus on. If we get caught up in a family's hopelessness and helplessness, therapy bogs down. Every maladaptive response also contains the seeds of healthy striving that can be cultivated. Parents may lose control and become abusive *because* they care so much and want so badly for a child to do better. We need continually to emphasize hope, caring, and small gains to enable the parents to hang in and act on their best intentions. Although there is most often caring alongside abuse or neglect, there are some cases (e.g., families with seriously drug-addicted parents) where caring has been extinguished over time and cannot be revived. And yet we should not write off the possibility of change, but make a determined effort to support new beginnings, as we search out positive resources in the kin network.

One of the hardest challenges for therapists is to align empathically with family members who are slow to change. We may also be drawn in to demonize men who have been abusive or mothers who have failed to protect their children. While addressing problem behavior, we need to resist the pull to pathologize the person. We can gain empathy from seeing every person in the context of his or her life struggles: a single parent who is undersupported; a wife whose trust in men has been shattered by past sexual abuse; a father who himself was abused and knows no other way to discipline children. When therapists view entrenched problems as constitutional and inevitable, it may relieve them of a sense of failure for therapeutic gridlock, but they further erode their clients' sense of worth and life chances. We can open possibilities for change by appreciating our clients' struggles and viewing therapeutic impasses as shared challenges, requiring courage, perseverance, and renewed teamwork.

Crisis Intervention and Crisis Prevention

When overwhelmed, some families may view therapy much as they do an emergency room service: they appear in crisis and don't return after things calm down. Therapists, too, can get caught up in a reactive mode: we all become swept up by the latest crisis and its aftermath. One therapist had seen a mother in crisis after being beaten by an abusive boyfriend. The mother canceled the next session, when he was jailed and out of the picture. However, 6 weeks later, the family was in crisis after the mother was battered once again by the boyfriend. The therapist hadn't asked when he was likely to be released and how the mother would deal with his return. Thus, the opportunity was missed to plan ahead and be prepared. Yet many crises can be anticipated and prevented. It's essential to get ahead of the next wave. By structuring family interviews to include a future focus, we can better anticipate problems and increase our ability to prepare clients to manage or avert them.

Creating Problem-Free Zones

Because families come to therapy and counseling to address problems, we need to be careful not to replicate a family's grim experience of life as a range of problems. It's important to encourage conversation about nonproblematic and positive areas of life. Faces will light up and conversation will become animated as we show interest in school and activities, highlights of the week, and pleasurable times, however fleeting. It brings welcome relief to laugh together about humorous moments. As we amplify areas of

competence and success, it instills hope and encourages family members to see beyond problems. When daily life is consumed by problems, we can help family members to structure problem-free zones: plan a family outing on a "date" for parents to enjoy with problem talk "off limits"; agree on a rule of no fighting at the dinner table or in a couple's bedroom.

In particular, structuring in time and activities for parents to have respite from constant demands enables them to feel nurtured, to "refuel," and then to function more effectively. A single mother can be invited to pick times in the coming week for herself when she is "off duty," and family members can be mobilized to ensure that her time and space are honored. Recruiting extended family members—uncles, aunts, uncles—to pitch in periodically, even in small ways, can also relieve the constant stress.

Returning Models and Mentors

Models and mentors can be found and involved in even the most troubled family. Older siblings can draw on their abilities to assist younger children who are having difficulties, such as teaching skills or helping with homework, thereby building bonds. In situations where parents are absent or limited by serious mental illness, criminal activity, or substance abuse, it's crucial to engage other members of the extended kin system. In the case of an at-risk youth whose older brother and father were gang involved, we recruited a maternal uncle who had left prison and gang life and turned his life around, who formed a strong mentoring relationship with the boy, supporting his positive pursuits.

The moving story of the life of the poet Maya Angelou reveals the power of kinship bonds in her remarkable resilience in overcoming childhood adversity (Angelou, 2004). Because Maya's divorced parents were heavily involved in an unsafe environment of substance abuse, gambling, and promiscuity, they sent Maya, age 5, and her older brother, Bailey, across the country to their grandmother's care. The strong sibling bond gave each the courage and confidence to overcome many life challenges throughout their lives. Their grandmother provided the stability and security they desperately needed. Living in the segregated rural South, the grandmother sustained her own resilience through her deep faith and personal connection to God, whom she talked to "like a favorite uncle." Every day after school Maya went to the small grocery store run by her uncle Willie, who would grill her on her homework. Uncle Willie, a man of humble means with little formal schooling, was also lame and had a severe speech disability. Yet he valued education and became her mentor and champion. He prodded her to do her best in her studies and to aim high in her life aspirations. She

wrote a poem to honor him (Angelou, 2004) and encourage others to seek out their own Uncle Willies in their relational networks who can serve the same function in their lives.

Learning and Growth from Past Trauma

Past crisis situations in one generation may come to the fore in the next, often when a child reaches the same age a parent had been at the time. A mother, worried that her 16-year-old daughter is sexually active and will get pregnant, may herself have become pregnant at 16. Although a family's current stress overload can make history taking challenging, learning about past nodal events often sheds light on immediate concerns.

In an integrative therapeutic approach, work is present- and future-focused, yet is linked to each family's past. It is important to make connections and distinctions between past and present challenges and responses: A father, as a young son, may have lacked his own father's positive involvement or felt powerless to gain his love and approval, but now he can be a loving parent with his children. The therapeutic task is to bring intergenerational patterns and linkages to light, and then to take lessons from painful past experience and seize the opportunity to do things differently with one's partner and children. It can be helpful for children to learn stories of their parents' struggles growing up, and it helps parents to gain empathy for their children's positions. We might ask, "What did you need that your parents were unable to provide?" "Alongside their problems, what positive memories do you have of them and your relationship?" "Now that you're a parent, what can you learn from your experience to better meet your children's needs?" Parents can be commended for caring enough about their children to take steps to prevent a painful history from repeating itself. We can encourage them to act on their best intentions and their yearning to create the strong bonds they themselves longed for.

Combining Therapeutic Modalities

Psychoeducational and support groups are valuable adjuncts to family counseling, helping families decrease isolation and develop a mutual support system. In one housing project, single parents in crisis were seen individually for stress management and parenting issues, but most, after several relocations, were isolated in their apartments and barely acquainted with neighbors. It was a simple matter to set up and facilitate a weekly resilient mothers group in a conference room in the main building where parents could gather to share experiences and strategies for tackling problems.

In another low-income community, an ongoing Spanish-speaking group for Latino mothers has been immensely beneficial: through it they have found mutual empathy, support, and humor, shared stories of their common struggles, and built confidence, competence, and community (Falicov, 2013). Another promising approach involves trained mentor parents who live in the community or come from similar backgrounds. With brief, time-limited programs, monthly support groups are valuable after a program has ended, enabling participants to return for booster sessions.

Treatment models for substance abuse, violence, or sexual abuse, which are beyond the scope of this book, typically employ a multimodality approach (e.g., Barrett & Stone Fish, 2014; Sheinberg & Fraenkel, 2001). Family systems experts in abuse urge a contextual approach and strongly recommend individual or group intervention for offenders, focused on social accountability and on stopping abusive behavior patterns as an immediate priority before couple or family therapy is safely begun (Almeida & Durkin, 1999). Multiple approaches need to be well coordinated, with good communication among the professionals involved.

Ending Our Work but Not Our Caring

When families present multiple, recurrent problems, it is difficult to determine not only where to begin, but also how to end our work. Since they are likely to continue to experience high stress in their lives, their success should be defined not by solving all problems that arise, but by the family's greater ability to deal with problematic situations. We aim for members to gain stronger personal and relational resources to manage and overcome the challenges that lie ahead.

When our therapeutic partnership is meaningful, ending it can reactiviate clients' intense feelings from other painful losses. It may stir up memories of past abandonment and beliefs that they were unlovable or drove a parent or partner away. We should anticipate and explore upset and setbacks, and help families not to see them as signs of failure. When a therapist or agency must end contact before a family is ready, it's crucial to clarify that it does not mean we didn't care about them.

In ending, it's important to convey what we most appreciated about each family member and the whole family, citing the progress they have made and the further gains we believe they are capable of making. By normalizing the likelihood that future problems will arise, it's important to emphasize (1) that it doesn't mean our work together failed, and (2) that future contacts with us or other helping professionals could be fruitful in meeting new challenges. If the family is transferred to another therapist

or agency, it is important to facilitate a good connection. With vulnerable families, it can be helpful to extend gradually the length of time between sessions. This enables family members to experience some control and predictability in the process and to become increasingly confident in their own abilities, with the therapist still available to help them head off more serious difficulties and sustain their gains. A last session can be marked by a celebration of all the family has accomplished.

Home-Based Services

When families are buffered by stresses and often commute long distances for jobs, neighborhood and home-based services must be readily accessible (Madsen & Gillespie, 2014). Therapists may need to go the extra distance in scheduling sessions to engage family members and sustain their efforts and gains over time. Home visits show family members that they are worth the effort. They also provide a clear view of both the risks and the potential resources in the family's living situation, as in the following case:

Jimmy Monroe, age 12, an only child, lived with his mother, Charlayne, and her longtime boyfriend, Al Stevens. Nine months earlier, Jimmy's mother, in an acute psychotic episode, had tried to suffocate him with a pillow in the middle of the night. Jimmy had gone to live with an aunt while she was hospitalized and stabilized on medication, and was now again living at home. Charlayne failed to keep several appointments with Jimmy's new social worker, who then scheduled a home visit. As the worker approached the apartment, the front shade was suddenly pulled down and no one answered her knocking.

In group supervision, the worker was encouraged to set up another home visit later in the day. This time Charlayne opened the door, wearing a bathrobe and somewhat disheveled in appearance, but invited her in. The worker showed her some of Jimmy's artwork, praising his creativity. Charlayne warmed a bit and offered some coffee. In the kitchen a man's voice could be heard. Sensing that they might presume her disapproval of a live-in boyfriend, the worker took the initiative, asking, "Oh, is that Mr. Stevens? Jimmy has told me he thinks the world of him." As Al entered the room hesitantly, the worker greeted him cordially and, with Charlayne's OK, invited him to join their conversation. She began by orienting them to Jimmy's program and her role as a counselor. She explained her reason for meeting them: the program found that kids did best when their families were actively involved in supporting their success. She would set regular meetings to update them on Jimmy's progress, to respond to any concerns they or Jimmy might have, and to work together with

them as a support team. She answered their questions and let them know how to reach her. They were off to a good start. Charlayne thanked the worker for coming back, and Al offered to walk her to the bus stop, saying that the neighborhood could be a little rough toward dusk. She accepted his offer and took the opportunity to get to know him better.

After each session Al walked the worker to the bus stop, at times bringing up concerns about Charlayne. He worked a night shift and worried about her night terror and difficulty sleeping; she often sat up with the TV on until his return and then slept most of the day. First, Charlayne's medication was adjusted to enable her to sleep more soundly at night. The worker explored with Al how he might switch to a morning shift and encouraged his interest in spending time with Jimmy. More regular dinner time and weekend outings increased their sense of "family."

Conversations then explored future hopes and dreams and ways of moving toward them. Charlayne and Al wished to get a larger apartment on a safer block, but they were financially strapped. Charlayne had dreams of getting a job but said she lacked skills and transportation and felt overwhelmed by the challenge. Together, they brainstormed about possibilities in the neighborhood. Charlayne astonished the worker only a month later by landing a part-time job in a nearby convenience store. Her functioning and sense of worth were enhanced by the job, paycheck, and social contact; as a result, she took better care of herself and Jimmy. Al and Charlayne playfully teased each other about ways to spend her new earnings. With steady progress by Jimmy and his family over the school year, monthly follow-up sessions kept things on track. The family moved into a larger apartment, where Jimmy could play safely outside with friends.

Dogged persistence by a helping professional can be powerful in bringing about crucial structural and interactional changes in a family. In this case, the worker's supportive encouragement by her consultation team bolstered her own perseverance.

Home visits can be more "messy," as Madsen (2011) says, than highly structured office visits. A priority for productive settings is to create a relatively quiet, workable space, setting boundaries to prevent interruption. Involving family collaboration in this process sets the stage for therapeutic partnership. We might ask parents to delegate older children to answer the phone or tend to a baby. Structuring a home session establishes a small island of calm in a sea of turmoil. Unlike the artificial setting of a therapist's office, it demonstrates that it is possible to gain more control over the bombardment of stresses in daily life.

Families and Foster Family or Kinship Care: A Collaborative Approach

Foster family and kinship care placement can be essential to protect vulnerable children from imminent danger. Preferably, children are placed with extended family members, most often with grandmothers serving as formal or informal guardians (Engstrom, 2012). Family systems concepts and methods can enable professionals to work more effectively to strengthen family capacities and collaboration across households. A resilience-based reunification program can buffer and lower risks of repeated placements (Thomas, Chenot, & Reifel, 2005).

Collaborative Placement Decisions: Family Meetings

When child placement is considered, a careful systems assessment can determine not only if there is clear and present danger, but also whether extended kin resources can be mobilized to provide essential protection, care, and support. When family members are involved in placement decisions, they are more likely to support the best arrangement for children. The collaborative process reduces the sense that children are being removed by outside forces beyond family control, as well as the risk of arbitrary court decisions. It also promotes the collaboration of family members with an unrelated foster family, their ongoing contact with children, and their investment in a successful placement experience. For children, these continuing bonds, despite living apart, can be a vital lifeline.

In a model program in New Zealand, strongly influenced by Maori culture, a family council is convened, much like a tribal council, rallying the strongest resources in the extended family for their valuable input. Together, the professionals and family members weigh the various options, taking stock of kin and community resources. Any decisions for child placement should be made without robbing parents of humanity, dignity, and hope that they can turn their lives around.

Sustaining Vital Connections

Traditionally, foster care has been viewed as a means of rescuing children from dysfunctional families. This sets up parents and foster caregivers as adversaries, the bad parents versus the good parents. We must see fostering concern for their children's well-being. Maori people have a form of traditional foster care and adoption practiced within extended families, called *whānangai*, literally meaning "to feed." Ties to the biological family

are maintained, and many relatives are actively involved in nurturing and mentoring roles (Waldegrave et al., in press).

During placement, maintaining the continuity of significant relationships should be a priority. We can prevent further trauma by not severing all bonds to parents, siblings, and extended family members, a common practice that Salvador Minuchin has decried as "dismembering" families (Minuchin et al., 2007). Successful placement depends on protecting children and sustaining some linkages with their immediate and extended family members, and their community, cultural, and spiritual connections. We need to find ways for children to sustain vital bonds through monitored contact with parents, visits with other relatives, phone calls, cards, and Internet connections. In a model program in California, incarcerated parents sign up for the opportunity to send a video message to their families, which most often elicits heartfelt, loving messages to their children. Even when direct contact isn't possible, it's important for children to have photos and keepsakes and to hear stories of their family history and heritage. A necklace, scarf, or favorite shirt from a parent, older sibling, or grandparent can be a precious "belonging." One girl wore her mother's nightgown wrapped as a scarf to help her sleep well at night. Older children can be encouraged to keep journals or diaries to record their current experiences and past memories, and to voice hopes and dreams for the future.

Addressing Transitional Disruption in Reunification

The transitional challenges when children return home require a systemic lens, as in the following case:

Eight-year-old Terrell had been seen by an agency for 2 years in individual therapy for "separation anxiety" after he and three siblings were removed from their mother's custody because of cocaine dependence and neglect and were placed in custodial care with their maternal grandmother. The mother left an abusive relationship with her boyfriend as part of her recovery efforts. With the support and encouragement of a drug treatment sponsor, she kept off drugs, got off public assistance and into a job, and recently regained custody of her children.

Over the recent month of transition, Terrell became increasingly agitated. In regaining their mother, the children had now lost their grandmother. The mother, still furious at her for having initiated the court-ordered transfer of the children, cut off their contact. Their loss and conflicted loyalties were more painful and confusing since the

grandmother had just moved to a nearby apartment to maintain close ties.

Terrell's therapist, noting that his mother looked haggard in the waiting room, asked how she was doing. She said she was "stressed out" and about to quit her demanding job. With difficulty managing, she was at high risk of relapsing and losing her children again. Although overwhelmed and depleted, she declined therapy for herself, saying that she didn't have time.

At this crisis point, I was invited to consult from a family resilience perspective. A systemic approach and some basic structural interventions were needed to guide therapeutic efforts through this transition. The original presenting problem—Terrell's separation anxiety—was clearly intensified by the recent cutoff of contact with the grandmother. His siblings, also suffering from this abrupt loss, were cranky and oppositional toward their mother.

Family interventions first aimed to repair the strained relationship between the mother and grandmother. It was important for both to appreciate the mother's successful efforts in overcoming her past drug problems as well as the grandmother's excellent care of the children during her absence. The current crisis was normalized and contextualized: they were all undergoing a stressful transition with changes in attachments, households, parenting roles, and job demands. Therapy focused on negotiating their changing role relations to enable the children to sustain both attachments, and on supporting the mother's efforts to meet her parenting challenges while managing a full-time job.

The mother and grandmother were helped to shift from competition for the children's love and loyalty, and from a struggle over authority and competence, to a collaborative relationship. The therapist facilitated brainstorming of ways to work together across households, with the mother in charge as primary parent and the grandmother supporting her efforts. Yet for the mother, needing help was viewed as an indication that she'd "messed up" again, and loaded with attributions of failure, blame, and shame. It was crucial to reframe the grandmother's role at this time—not rescuing the kids from a deficient mother, but supporting her daughter's best efforts to succeed with her children and her job. They worked out an arrangement for the grandmother to provide child care after school and for a few hours on weekends, sustaining her bond with the children and giving the mother much needed respite and support.

As this case illustrates, in reunification the transition period should be planned carefully, preparing children and caregivers in both households over the weeks before and after return. Parental visits should be well

structured and gradually increased; emotional upheaval should be anticipated, with troubleshooting for potential crisis. Posttransition structural changes (e.g., shifting household, role relations, and child care arrangements) should be planned to buffer anticipated stresses and then tweaked to fit each situation. Intensive intervention during the stressful transition period can be followed by monthly sessions. A range of supportive services may be needed, including parenting groups, education, job training, and housing referrals. Following an initial "honeymoon" period in family relationships, risks may heighten with substance abuse relapses, the return of abusive partners, neglecting behavior, or disillusionment about stressful family life. Periodic sustaining contracts help to solidify gains and to prevent crises and further disruptive placements.

Building Therapeutic Partnerships

In work with multi-stressed families, we must re-vision the traditional view of therapy and our role as helping professionals. When families have been beaten down, it's important to take an active, mobilizing position instead of waiting for them to become "motivated." A pragmatic approach that includes creativity, structured flexibility, and a variety of interventions can be most useful. We may serve as facilitators, advocates, and allies, as well as models and nurturing mentors. We can draw from our experiences and offer examples of others who have prevailed in similar straits to offer new perspectives and hope.

A collaborative approach is essential although overwhelmed family members may wish for an expert to solve their problems or rescue them. While reaching out and actively engaging families, we need to model a relationship of caring and commitment with realistic limits. Families are empowered when we help them mobilize potential resources in their own kin and community networks for support with urgent needs. We all do best under duress by strengthening real-life connections. Cultural and spiritual resources can also be wellsprings of resilience.

The general aims of a resilience-oriented approach with vulnerable, multi-stressed families can be summarized as follows:

- Overcoming the cycle of suspicion, rejection, failure, and withdrawal.
- Forging a trusting partnership through direct, honest, respectful communication.
- Helping families to reduce stress and prioritize their many needs and goals.

- Believing in each family's potential; instilling hope and confidence that they can improve their situation and overcome long-standing problems.
- Increasing their ability to solve problems, avert crises, and advocate on their own behalf.

To achieve these objectives, we can draw on an array of techniques from strength-based family therapy approaches. The ultimate aim is to enable family members to strengthen their bonds, believe in their competence and worth, and gain the ability to overcome barriers for a better life.

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