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USING STRENGTHS-BASED PRACTICE TO TAP THE RESILIENCE OF FAMILIES¹

BONNIE BENARD

The last ten years have been pivotal for all strengths-based movements in education, prevention, and other human services. We now have considerable research and practitioner interest in resilience—in how people have overcome adversity to lead healthy and successful lives, as well as in youth development, asset-building, positive psychology, wellness, health promotion, restorative justice, strengths-based social work, health realization, social capital and its sub-categories, multiple intelligences with more recent spin-offs into practical and spiritual intelligence, and, the really big one in the 1990s, EQ or emotional intelligence. Obviously, people in professions, such as social work, known for studying and ameliorating human problems, are increasingly attracted to what has become a new paradigm, a new way of thinking about and working with human beings across the lifespan that focuses on assets instead of deficits and on working in partnership “with” instead of doing “to.” Of most recent relevance for social workers is the priority that states across the nation have placed on redesigning their welfare systems to build on family strengths and work in partnership with families and community-based organizations.

This perspective comes none too early in that not much has changed in the last decade in terms of children and families living with multiple risks and stressors in their lives. According to a KidsCount report from the Annie E. Casey Foundation (March 2002) showing how children fared in terms of eight family risk factors for the period 1990–2000, the percent of children living in “high-risk” families improved 1% over this decade, going from 13% to 12% (2002, www.kidscount.org). Similarly, Sam Halperin, whose two documents about *The Forgotten Half* (non-college bound youth and young families in America) stirred the education and youthwork world in 1988, said this last decade has not brought much improvement for older adolescents—whom are often young parents—either (1998). “Overall, the record of advances in the last decade . . . —whether family

¹Adapted from *Resiliency: What We Have Learned*, by Bonnie Benard. Copyright 2004 by WestEd. Used by permission of WestEd.

life, schools, communities, employment, national service, or youth development—provides but a slim reed of hope for a better deal for much of the nation's youth and young families (1998, p. I).

These fairly grim statistics clarify why resilience matters, why it is imperative that we learn about, adopt, and assess practices and policies in all of human services, especially that of social work, that are focused on “protective” factors, the critical supports and opportunities present in families, schools, and communities, that protect children and families from harm's way and promote their healthy and successful development, even in the face of the multiple risks and stressors our society places on them everyday. As social workers, it is especially critical that we apply a resilience-lens, that is, a strengths-based practice approach, in our work with families, be they biological, adoptive, or foster, for they are truly our children's first teacher. After a brief overview of resilience research and its application to families and those of us working with families, we will examine the critical family protective factors/strengths associated with healthy child outcomes as well as social work practices that tap these family strengths.

RESILIENCE RESEARCH

When followed into adulthood (and even into later adulthood) resilience researchers worldwide have documented the consistent and yet amazing finding that most children and young people, even those from highly stressed families or resource-deprived communities do “somehow” manage to become not only successful by societal indicators but to develop social, emotional, intellectual, moral, and spiritual strengths as well (Werner & Smith, 2001). In fact, for just about any population of children, research has found to be at greater risk for later problems—children who experience divorce, step-parents, foster care, loss of a sibling, attention deficit disorder, developmental delays, delinquency, running away, religious cults, and so on—more children make it than don't (Rhodes and Brown, 1991). However, in most studies the figure seems to average 70 to 75 percent for children in foster care (Festinger, 1984), from gangs (Moore, 1991; Vigil, 1990), children from substance-abusing families (Beardslee & Podoresfky, 1988; Chess, 1989; Watt et al, 1984; Werner, 1986; Werner & Smith, 2001); children growing up in poverty (Clausen, 1993; Schweinhart et al., 1993; Vaillant, 2002). children born to teen mothers (Furstenberg et al., 1998), and even children who have been sexually abused (Higgins, 1994; Wilkes, 2002; Zigler and Hall, 1989). Even in the worst case scenarios, when children experience multiple and persistent risks, still half of them overcome adversity and achieve good developmental outcomes (Rutter, 1987, 1989).

Resilience research is indeed a gift to all the human services. First of all, resilience research gives practitioners a scarce commodity these days: hope. By the above percentages alone, these studies provide evidence that protective factors are indeed more powerful than risk factors in the lives of children and families. This is attributed to the discovery in resilience and resilience-related research that resilience is a “self-righting” capacity for healthy growth and development—even in the face of challenges, a capacity hard-wired into our species. All that this nat-

ural developmental process requires to produce good developmental outcomes is a protective or nurturing environment in which people—young and old—can meet their inborn developmental needs to be safe, to love and belong, to be respected, to have challenges, to achieve a sense of control, and to have hope (Werner & Smith, 1992, 2001). Adversity and risk are now seen by the leading resilience researchers as coming from threats to satisfying these needs (Masten and Reed, 2002; Sandler, 2001). According to Masten and Reed, “The findings on resilience suggest that the greatest threats to children are those adversities that undermine the basic human protective systems for development” (2002, p. 83).

Another gift from resilience research is that it gives all who work with children and families research-based answers to the questions: How can families prevent negative developmental outcomes in children facing multiple stressors? What do families need to do to nurture these inborn developmental systems? How best can we as social workers intervene to support families in supporting their children? Resilience research provides the answers by identifying the specific protective factors, the developmental supports and opportunities, that have facilitated both children and their families in not only coping with their challenges but using their challenges as opportunities to engage their innate resilience and turn their lives around.

ENVIRONMENTAL PROTECTIVE FACTORS

“The life stories of the resilient youngsters now grown into adulthood teach us that competence, confidence, and caring can flourish, even under adverse circumstances, if children encounter persons who provide them with the secure basis for the development of trust, autonomy, and initiative. From odds successfully overcome springs hope—a gift each of us can share with a child—at home, in the classroom, on the playground, or in the neighborhood” (Werner and Smith, 1992, p. 209).

The above quote provides the very simple, commonsense answer to the question resilience researchers have asked for over two decades: How do people facing so many challenges manage to grow up to “love well, work well, play well, and expect well?” Who or what helps them tap their innate potential for healthy growth and development, for transformation and change?

No matter whose conceptualizations we examine, these protective factors or systems, comprise a very simple recipe—albeit not an easy one!—of *caring relationships*, *high expectation messages*, and *opportunities for participation and contribution*. These three environmental “protective factors” were first conceptualized in Benard’s 1991 paper, *Fostering Resiliency in Kids: Protective Factors in the Family, School, and Community*. Not only have they held up under scrutiny of research, they have formed the guiding principles of many prevention and education efforts over the last 10 years. They basically describe what the youth development field refers to as “supports and opportunities” (Pittman & Zeldin, 1995) and match well to the Search Institute’s categories of “external assets” (Benson, 1997) as well as to what family process researchers have identified as “family strengths” associated with children’s success and well-being (Baumrind, 1971; Steinberg, 2000). Perhaps most importantly, they match precisely what young people say they want from

their parents/caregivers (Resnick et al., 1997) and especially salient to social workers, these protective factors are what youth in the foster care system tell us they want from their foster families as well as their child welfare workers (Bernstein, 2002; Foster Care Work Group, 2004). They are also commonly referred to as “social capital,” the interpersonal resources necessary for healthy development and life success. After a brief general (that is, applied across the lifespan and all environmental systems) definition of each of these protective factors, we’ll look at research validating them in the family system and then at how we as social workers can apply them in our work with families.

Keep in mind that while we discuss each of these as if it were a separate entity, they each are one aspect or component of a dynamic protective *process* in which they work together. Caring relationships without high expectations or opportunities for meaningful participation foster dependency and co-dependency—not positive human development. High expectations without caring relationships and support to help a person meet them is a cruel “shape-up or ship-out” approach associated with negative outcomes. And one more example: caring relationships with high expectation messages but no opportunities for a person’s active participation and contribution creates a frustrating situation that blocks the natural process of human development.

Caring Relationships

Caring relationships convey loving support—the message of being there for a person, of trust, of unconditional love. Resilient survivors talk about relationships characterized by “quiet availability,” “fundamental positive regard,” and “simple sustained kindness”—a touch on the shoulder, a smile, a greeting (Higgins, 1994, pp. 324–25). Higgins’ subjects “strongly recommended that those of you who touch the life of a child [or adult] constructively, even briefly, should *never* underestimate your possible corrective impact on that child [or adult]” (p. 325). Even respect, having a person “acknowledge us, see us for who we are—as their equal in value and importance” figures high in “turnaround” relationships and places (Meier, 1995, p. 120).

These caregivers also convey a sense of compassion—nonjudgmental love that looks beneath a person’s negative behavior and sees the pain and suffering. They do not take the person’s behavior personally. They understand that no matter how negative a young person’s behavior, s/he is doing the best s/he can given how s/he *sees* the world.

Finally, being interested in, actively listening to, and getting to know the gifts of people young and old conveys the message, “You are important in this world; you matter.” Alice Miller’s account of resilient survivors of childhood sexual abuse and trauma validates the healing power for victims of telling their story to someone who believes them: “It turns out in every case [of successful adaptation] that a sympathetic and helpful witness confirmed the child’s perceptions, thus making it possible for him to recognize that he had been wronged” (1990).

According to the Institute of Medicine, “Supportive relationships are critical ‘mediums’ of development. They provide an environment of reinforcement, good

modeling, and constructive feedback for physical, intellectual, psychological, and social growth." Furthermore, "The attentive, caring, and wise voice of a supportive adult gets internalized and becomes part of the youth's own voice" (Eccles & Gootman, 2002, p. 96).

High Expectations

At the core of caring relationships are clear and positive person-centered expectations. Clear expectations refer to the guidance and regulatory function that caregivers must provide developing young people. This means creating a sense of structure and safety through rules and disciplinary approaches that are not only perceived as fair by young people but that include youth in their creation.

Positive person-centered messages are those that communicate the caregiver's deep belief in the person's natural resilience and self-righting capacities and challenge the person to become all she can be. "She believed in me when I didn't believe in myself" is a common refrain echoed by adults reflecting on transformative messages in their lives in the author's workshops. A consistent description of turnaround caregivers is their *seeing the possibility*: "They held visions of us that we could not imagine for ourselves" (Delpit, 1996, p. 199). These family members, teachers, youth workers, counselors, and social workers follow up this belief message with a challenge message: "You can make it; you have everything it takes to achieve your dreams; and I'll be there to support you." This message is consistently documented by young people of color who have survived poverty, poor schools, and discrimination to become highly successful adults (Gandara, 1995; Clark, 1984).

An often-ignored subtlety of this now cliched term is that caregiver's high expectations must be person-/youth-centered. They must be based on the strengths, interests, hopes, and dreams of the person—not what the caregiver wants the person to do or be. These strengths-based, person-centered caregivers not only see the possibility and communicate the challenge message, they *recognize existing strengths, mirror them back*, and help people see where they are strong. They use the person's own strengths, interests, goals, and dreams as the beginning point for learning and helping. Thus, they tap people's intrinsic motivation, their existing, innate drive for learning and personal growth. John Seita, who grew up in multiple foster homes, tells the story of his turnaround social worker: "Mr. Lambert, who was a recent graduate of college when he first met me, had no training in bonding with relationship-resistant youth. Few of us do. But he reached me through the back door. He doggedly attempted to find a *special interest* of mine, namely my dreams of being a sports hero. Although I did not trust other adults, he connected with me through a special interest" (1996, p. 88).

Turnaround caregivers assist their children or those they serve, especially those who have been labeled or oppressed, in understanding their innate resilience, their personal power to reframe their life narratives from damaged victim to resilient survivor (Wolin & Wolin, 1993). Turnaround people help youth see the power they have to think differently about and construct alternative stories of their lives.

They help them 1.) to not take *personally* the adversity in their lives ("You aren't the cause, nor can you control, your father's drinking/your friend's racist

remarks"); 2.) to not see adversity as *permanent* ("This too shall pass"); and 3.) to not see setbacks as *pervasive* ("You can rise above this"; "This is only one part of your life experience") (adapted from Seligman et al., 1995).

Opportunities for Participation and Contribution

Creating the *opportunities for youth or client's participation and contribution* is a natural outgrowth of relationships based on caring and high expectations. This category consists of providing people with the chance to participate in engaging, challenging, and interesting activities or "flow" experiences as well as job opportunities through which they can develop critical life skills and resilience strengths. Werner and Smith found that while their resilient survivors weren't unusually talented, "They took great pleasure in interests and hobbies that brought them solace when things fell apart in their home lives" (1992, p. 205).

This category also refers to providing opportunities to youth and clients to participate in activities that allow them to belong, "to be a part of a cooperative enterprise, such as being a cheerleader for the home team or raising an animal for the 4-H Club [as well as] active involvement in a church or religious community"—activities that fulfilled their need to belong, that connected them to a group that became a surrogate family (Werner & Smith, 1992, p. 205). In working with families this especially means interventions that incorporate family peer support (Layzer et al., 2001).

Another important kind of participation involves having opportunities for reflection and dialog around issues meaningful to youth and clients. Discussing issues around sexuality, drug use, and family communication—is continually identified by adolescents and youth as what they want to do in their families, schools, and communities—especially in a small group context (Brown & D'Emidio-Caston, 1995). For families, the issues often involve ones around parenting as well as around accessing social and economic resources (Benard & Quiett, 2002; Mills, 1995; Walsh, 1998). When youth and families are given the opportunity—especially in a small group context—to give voice to their realities and tell their "stories"—to discuss their experiences, beliefs, attitudes, and feelings—and encouraged to critically question societal messages—those from the media and their own conditioned thinking around these issues—we are empowering them to be critical thinkers and decision-makers around the important concerns in their lives.

Opportunities for creative expression through all forms of the arts—writing, storytelling, and the performing and visual arts—are a vital component in youth and client participation and in the turnaround process. By providing people with ways to use their creativity and imagination—instead of their conditioned thinking—caregivers help them develop transformative resilience and strengths. The power of creative arts programs in prisons have clearly demonstrated their role in moving individuals from risk to resilience (Lamb, 2003).

Opportunities for participation also include having chances to problem-solve and make decisions, to have some freedom and self-determination, i.e., control over the one's self direction. In this way, youth develop autonomy and self-control. Providing authentic decision-making and leadership responsibilities are often the characteristics distinguishing successful from unsuccessful youth programs and settings

(Gambone and Arbretton, 1997; McLaughlin et al, 1994; Tierney et al., 1995; Werner and Smith, 1992) as well as effective programs serving families (Schorr, 1997).

Opportunities for contribution, to do things that matter, that are meaningful to one's self, family, school, and community are also key components of this category of protective factors. When youth and clients have the opportunities to "give back" their gifts to their families, schools, and communities, they see themselves as no longer just recipients of what we adults have to offer—even if it is the good stuff of caring and positive beliefs—but as active contributors to the settings in which they live. Giving back is a powerful "hook" for all individuals, especially for those not used to thinking of themselves as successful. It helps them reframe their self-perceptions from being a problem and *receiver* of services to being a resource and *provider* of services.

In all of these ways—having the opportunities to be heard, to voice one's opinion, to make choices, to have responsibilities, to engage in active problem-solving, to express one's imagination, to work with and help others, and to give one's gift back to the community—people develop the attitudes and competencies characteristic of healthy development and successful learning: social competence, problem-solving, a positive sense of self, and a sense of purpose and future. This is the final component of the protective process that connects people young and old to themselves and to their families, schools, and communities.

Understanding the power of these "protective motivational systems," as Ann Masten (Masten & Reed, 2002) refers to them, is important to social workers on two levels. First, this empowering information needs to be conveyed to the families we serve so they can relax and focus on what really matters in their parenting—and not on their family structure or family socioeconomic status. Second, for social workers to intervene effectively with families and to engage the resilience of family members and the family itself, we need to relate to the family with caring relationships, to communicate high expectation messages, and to provide opportunities for participation and contribution.

WHAT RESEARCH SAYS ABOUT FAMILIES

Do parents matter? This was the critical question addressed by family research in the past decade. Psychologist Judith Harris's controversial book, *The Nurture Assumption: Why Children Turn Out the Way They Do* (1998), made the case that parents, especially as traditionally defined, have a more limited effect on a young person's development than is commonly believed in our culture. Similarly, Stephanie Coontz's earlier historical account of family life, *The Way We Never Were: American Families and the Nostalgia Trap* (1992), challenged the idea that the nuclear family, a very recent organization in terms of human history, is the only and "best" structure for rearing our children.

While armies of researchers and advocates have lined up on both sides of this values-laden controversy, much of the research cited in both books (several hundred studies) supports the findings of resilience research—in other words that, yes, the family and parenting do matter, but, no, they are not the only nor even always

the most potent influence (Barber & Olsen, 1997) on young people. A child grows up in many settings beyond the home—preschools, schools, community-based organizations, youth groups, and friendship groups, which can also play a powerful role in their healthy and successful development. If this were *not* the case, we would not see resilient survivors of abusive, drug-using, mentally ill, or absent families nor would we see healthy adults who grew up in nontraditional families—divorced, gay/lesbian, single-parent, or foster families.

Much of this controversy, especially as it has focused on single-parenting, can be resolved by closely examining the numbers and percentages of children who actually experience adverse outcomes (psychological, behavioral, social, and academic) as a result of their living in a single parent home. For example, a recent rigorous study comparing children in single and two-parent households in Sweden did indeed find the former at roughly twice the risk for developing a psychiatric illness, killing themselves or attempting suicide, and developing an alcohol-related disorder (Weitoft et al., 2003). This study was highly publicized in newspapers across the country in headlines such as “One Parent, Twice the Trouble (Ross, 2003). However, what was not addressed either by the researchers or the reporters were the actual numbers or percentages of youth with adverse outcomes. Upon examining the tables in the actual study, one finds that only 2% of the girls and 1.5% of the boys from single-parent families developed psychiatric problems as children and adolescents and only .9% and .7% as young adults. This is indeed twice the adversity than that experienced by individuals growing up in a two-parent household. However, the untold story is that 98% of children and adolescents in single-parent families did *not* have psychiatric disorders. Similarly, 98% of the girls and 99% of the boys did *not* commit suicide; 99% of the girls and 98.8% of the boys did *not* commit a violent act; 99% of the girls and 98.8% of the boys did *not* develop an alcohol-related disorder, and so on (Weitoft et al., 2003).

Even while acknowledging that children can succeed regardless of their families, findings from the huge National Longitudinal Study of Adolescent Health (Add Health, 2000) point to the importance of the parent. This study surveyed 90,000 middle and high school students and interviewed a 20,000-student sample plus their parents. Blum and the other Add Health researchers (2000) concluded that commonly regarded “predictors” of adolescent behavior—race/ethnicity, family income, and family structure—turn out to be relatively weak (and “not especially amenable to change”). Instead, in a more fine-grained analysis of the data, Blum et al. report, “The one most consistently protective factor found was the presence of a positive parent-family relationship.”

The effect of parents as a protective factor for children is most dramatic in extreme conditions—for children growing up in dangerous or resource-poor communities or in the midst of war—when the family often is a child’s only reliable resource (Garbarino et al., 1992; Richters & Martinez, 1993). In their studies of resilience in violent communities, Richters and Martinez found that “The odds of early adaptational failure among children from stable and safe homes were only about 6 percent; these increased by more than 300 percent for children from homes rated as either unstable or unsafe, and by more than 1,500 percent for children from homes rated as both unstable and unsafe” (1993, p. 625).

Because divorce is a factor in so many families, and usually contributes at least initially to family instability, the research represented in E. Mavis Hetherington's three-decade-long study of almost 1,400 families and more than 2,500 children, *For Better or For Worse: Divorce Reconsidered* (2002), is another important lens for viewing the role of parents and families in children's development. Her study, which included a control group of intact families, documented that 75–80 percent of children from divorced homes are “coping reasonably well and functioning in the normal range” and “go on to have reasonably happy or sometimes very happy lives.” Given that Hetherington's research methods are regarded by her peers as the “gold standard” (K. Peterson, 2002), her study convincingly refutes less rigorous but widely reported research indicating less positive outcomes for children from divorced families (Blakeslee & Wallerstein, 1989; Wallerstein et al., 2000.).

Teenage single mothers have also been surprisingly successful, in terms both of their children's well-being and their own. Furstenberg and his colleagues (1998) studied 500 teenage mothers and their children in an urban environment. They found that most of the children were doing well, and so were their mothers. Furthermore, they found that the children's successful adolescent development was directly related to the economic and social support services (not necessarily income) provided to teen mothers. Werner and Smith's (2001) 26-year follow-up analysis of the teen mothers in their cohort found parallel outcomes with 92% of their teen moms staging a “remarkable metamorphosis” by mid-life (p. 93).

The commonsense, good news from all this research for social workers and other caregivers, as well as for policymakers, politicians, and advocates, is that the critical issues in supporting children's healthy development have been identified. If we truly want to improve the lives of children, first, our society must support all family caregivers, regardless of family structure. As Coontz states, “Both contemporary studies and historical experience show that children are resilient enough to adapt to many different innovations in family patterns: When they cannot adapt, this is caused more often by the economic and social context in which those innovations take place than by their parents' ‘wrong turns’ away from traditional family patterns” (1992, p. 206).

Second, we must support those outside of families who serve as children's caregivers. As documented by Werner and Smith, the most powerful protective factor in the life histories of resilient children was the presence of one caring adult in the child's life, most commonly a parent but more often than one might suspect a mentor or surrogate parent (1992). This is incredibly empowering information for our foster family caregivers as well as teachers, youth workers, mentors, and for us as social workers who support both children and their families.

Third, because families do not and cannot provide all the support that young people need, the other settings in which children grow up—schools and communities—must recognize as their primary role the fostering of the healthy physical, social, emotional, and cognitive development of young people. The fundamental and comprehensive aspects of this role are not always appreciated. Schools and communities are powerful and even transformative developmental influences in the lives of children, especially when they are called on to compensate for deficits in the family setting (Barber & Olsen, 1997; Masten & Coatsworth, 1998; Werner & Smith,

1992). This behooves us as social workers to connect the children we serve to school and community resources such as after-school programs, mentoring and tutoring opportunities, and community-based organizations like Boys and Girls Clubs.

Helping the families we serve understand the help that others provide in their children's development—or the limits of their own influence—can help them to relax and tap into their common sense in parenting. As Harris points out, “The nurture assumption [the idea that parents are totally responsible for how their children turn out] has turned children into objects of anxiety. Parents are nervous about doing the wrong thing, fearful that a stray word or glance might ruin their child's chances forever” (1998, p. 352). In contrast, Furstenberg found that when parents felt a sense of self-efficacy or had “beliefs of mastery as a parent,” their adolescents did better in school and were able to avoid social- and health-risk behaviors (1999, p. 121).

The Role of Parenting Style

“We believe that the concept of resilience defines a process of parenting that is essential if we are to prepare our children for success in all areas of their future lives. Given this belief, a guiding principle in all of our interactions with children should be to strengthen their ability to be resilient and to meet life's challenges with thoughtfulness, confidence, purpose, and empathy” (Robert Brooks and Sam Goldstein, *Raising Resilient Children*, 2001.)

Research into the qualities that differentiate effective and ineffective parenting has burgeoned along with a general interest beginning in the 1980s into the *qualities* of all the contexts that contribute to healthy adolescent development. In terms of protective factors, “Parenting style rather than family structure has been found to be the main determinant of effective family functioning and adolescent well-being” (McFarlane et al., 1995). In terms of risk factors, parental conflict (parent-to-parent) continued to be identified as the major family risk factor and source of stress for adolescents (Henricson & Roker, 2000).

Most of the research on parenting has continued to validate the three-pronged approach advocated a decade ago in *Fostering Resiliency in Kids* (Benard, 1991) and reiterated in this article: caring relationships, high and *youth-centered* expectations, and opportunities for participation and contribution. According to ChildTrends researchers, these are, in essence, critical family strengths that are “often overlooked, but real. . . . We think of family strengths as the relationships and processes that support and protect families and family members, especially during times of adversity and change” (Moore et al., 2002, p. 1).

An impressive body of research on the role of the family in adolescent development and school success has flowed over the last 10 years from a team of researchers at Stanford University, the University of Wisconsin, and the University of Pennsylvania. They have identified three key qualities of the parent-child relationship—warmth/connection, guidance/regulation, and psychological autonomy-granting (Steinberg, 2000)—that map well to our three protective factors (caring relationships, high expectations, and opportunities for participation and

contribution). Similarly, other bodies of research, including the Seattle Social Development Project (Hill et al., 1999), the Rochester Youth Development Study (Thornberry, 1998), and the Pittsburgh Youth Study (Lahey et al., 1999) have all found adverse adolescent outcomes associated with the lack of a caring parent-adolescent relationship and poor parental regulation or family management practices.

“Authoritative” is the term Steinberg and his colleagues use (building on the pioneering research of Diana Baumrind, 1971) to describe a parent who is “warm and involved, but is firm and consistent in establishing and enforcing guidelines, limits, and developmentally appropriate expectations” and “encourages and permits the adolescent to develop his or her own opinions and beliefs” (Steinberg, 2000, p. 173). As Steinberg continues in this important review article, “Each component of authoritativeness—warmth, firmness, and psychological autonomy-granting—makes an independent contribution to healthy adolescent development, in overlapping, although slightly different ways” (2000, p. 173). According to Steinberg, “Perhaps the most important conclusion to emerge from our work is that adolescents raised in authoritative homes continue to show the same sorts of advantages in psychosocial development and mental health over their non-authoritatively raised peers that were apparent in studies of younger children” (2000, p. 173). In another study, Masten and her colleagues followed over 200 children for 10 years and found that parenting quality, measured as a combination of “warmth, expectations, and structure” was a major protective factor sustaining healthy development in the face of adversities such as poverty and personal traumas, from both the parents’ and teens’ perspectives (1999).

In terms of cultural differences in parenting style, Steinberg’s review of the literature holds that “Minority youngsters raised in authoritative homes fare better than their peers from non-authoritative homes with respect to psychosocial development, symptoms of internalized distress, and problem behavior” (2000, p. 175). Several researchers have challenged the efficacy of authoritativeness with African American and Asian American youth, proposing that a more structured, “authoritarian” parenting style, which features higher levels of behavioral and psychological control, is more protective (Baldwin et al., 1993; Chao, 1994; 2001; Walker-Barnes & Mason, 2001). Interestingly, Ruth Chao found positive effects of authoritative parenting for second-generation Chinese Americans but not for first-generation Chinese (2001). Perhaps some of these discrepant findings can be explained as Chao (1999) and others (Walker-Barnes & Mason, 2001) have by the fact that parental emphasis on obedience and respect have different *meanings* in Asian and African American cultures than in American culture generally. In African American and Asian cultures, parents see an emphasis on obedience and respect more often as an attribute of caring and “relationship closeness” than as an attribute of control.

In Steinberg’s review, the one area in which authoritative vs. authoritarian parenting style outcomes are ambiguous for African American and Asian American youth is that of school performance. On the other hand, Furstenberg et al.’s longitudinal study of primarily African American Philadelphia neighborhoods associates an authoritative pattern of parenting with better academic outcomes (1998). (The effects of cultural differences are also at issue in our later discussion of autonomy and opportunities to participate and contribute.)

Apparently, so long as adolescents feel “connected” to their families (operationalized as feeling close to parents, feeling satisfied with family relationships, and feeling loved and cared for), the Add Health researchers found this “connected” relationship was protective against every adolescent health-risk behavior from alcohol, tobacco, and other drug use to emotional distress, violence, and risky sexual behavior (Resnick et al., 1997). Likewise, the California Department of Education’s Healthy Kids Resilience & Youth Development Module, which is based on the resilience framework developed by Benard (1991) and presented here, has found similar relationships between family protective factors and the risk behaviors so far examined: binge drinking, tobacco smoking, marijuana use at school, and bringing a weapon to school (Benard, 2002). The greater the levels of caring relationships, high expectation beliefs, and meaningful participation in the family, the less young people are involved in these health-risk behaviors.

Caring Relationships in Families

“Few would have predicted that 14-year-old Lauren Slater, with bandages on her wrists, alone in a psychiatric hospital bed, would later be a Harvard graduate with awards for her writing and administrative duties as the director of a mental health facility. This young woman was hospitalized repeatedly for suicide attempts as a teenager. At the age of 14 she was given over as a ward of the state by a mother who had abused her and no longer wanted her. However, she credits the four years she spent in foster care with an unfailingly loving foster mother for her eventual decision to give herself a chance at health and happiness” [Sylvia Rockwell, 1998, p. 16].

What describes a caring parent? Words like emotionally supportive and responsive, nurturing, warm, empathic, accepting, and unconditional are common in the literature. “Unfailingly loving” would apply to Lauren Slater’s foster mother. Rak’s case studies (2002) of “heroes in the nursery” document the findings of earlier resilience research (Anthony, 1974; Werner and Smith, 1982; Rutter’s (1979) in terms of the power of one caregiver early in the child’s life who “provided a good-enough nurturing and bonding experience” (Rak, 2002, p. 258). In the Mother-Child Project, a longitudinal study of high-risk children and families, researchers found that the major protective factor for children growing up in poverty and its attendant lack of resources was the “emotionally responsive caregiving” available in the family (Egeland et al., 1993). As Add Health researchers have reported, family “connectedness,” consisting of “feelings of warmth, love, and caring from parents” (Resnick et al., 1997, p. 830) was equally protective whether the parent was custodial or noncustodial; the critical issue was that the adolescent felt listened to, paid attention to, and special.

Steinberg and his colleagues found that parental warmth is “a general facilitator of mental health, academic competence, and overall psychological functioning” (2000, p. 173). Barber and Olsen (1997) found a direct association between warmth and care in the family and adolescent social competence (1997). “Consistent, stable, positive, emotional connections with significant others, like parents, appear to equip children with important social skills as well as a sense that the

world is safe, secure, and predictable” (Barber, 1997, p. 8). Henry and others found that parental encouragement, warmth, and praise were associated with adolescents’ higher levels of empathy and caring for others (1996). Herman and her colleagues found a direct positive relationship between teens who experienced caring relationships in their families and their academic achievement (1997).

Parental empathy is a primary first step in developing a caring relationship, according to Brooks and Goldstein in *Raising Resilient Children* (2001). Empathy, they point out, helps parents accept their children for who they are and provides them with the unconditional acceptance that children need in order to develop a basic sense of trust. Fortunately, according to the theory proposed by Thomas Lewis and his colleagues in *A General Theory of Love* (2000), empathy is a built-in biological capacity of the limbic system—“a sensory system inside the brain designed to [provide] information about the emotional state inside someone else’s brain” (Ellis, 2001, p. 50). As identified in research about the Health Realization approach to parenting (Mills, 1995), one of the most effective ways to help parents love and care for their children is to teach them to relax enough to allow this natural empathic process to occur.

High Expectations in Families

“I’ve always had the sense that by [my grandmother’s] allowing me to watch how she did things and treating me as though she thought I could be like her, there was a message: ‘You can do this. Somewhere in you is all the right stuff. You’ve just got to find it, and you’ll do it, and I’ll love you. I’m your grandmother, and so I’ll be there; but . . . this is your job, and you can do it and you *will* do it” [Joanna in Gina O’Connell Higgins, *Resilient Adults: Overcoming a Cruel Past*, 1994].

High expectations in families can provide the guidance that contributes to a young person’s safety, can communicate an attitude of believing in the child’s worth and competence, and can be the catalyst for helping a young person to find her or his strengths.

In our typology, the regulatory function of parenting—providing clear expectations in the form of guidance and structure for behavior—meets children’s and adolescents’ needs for safety. This function goes by many terms in the literature: parental regulation, parental monitoring, family management, and supervision, to name a few. Steinberg and his colleagues found that a parenting style characterized by “firmness” in setting expectations was protective in promoting positive youth outcomes, especially by preventing antisocial behavior such as drug and alcohol abuse and delinquency, but also in contributing to academic competence (2000, p. 173).

Another component of high expectations is the positive belief on the part of parents that their children will be successful, that they have “what it takes.” The above quote provides a powerful example of this simple affirmation. According to Brooks and Goldstein, “When parents convey expectations in an accepting, loving, supportive manner, children are often motivated to exceed those expectations” (2001, p. 134).

High expectations on the part of parents and other family caregivers for their children's school success has remained a consistent predictor of positive health and academic outcomes for youth over the years, and increasingly so for children in minority families (Clark, 1984; Gandara, 1995; Herman et al., 1997; Kim & Chun, 1994). All of these studies identified parents who not only had high educational expectations for their children but also were willing to actively advocate for their children. The Add Health study found that high parental expectations for their child's school achievement were moderately protective against children's emotional distress (Resnick et al., 1997).

Parental high expectation beliefs are not limited to academic success; they include encouraging children to find their strengths, their calling, their special interest and gift. Parents nurture these strengths by connecting children to programs, people, and places that will help them develop their calling. John Seita and his colleagues refers to this as "talent scouting" (1996). Brooks and Goldstein refer to this aspect of raising resilient children as helping children find their "island of competence" (2001). Furstenberg and his colleagues found that the most successful African American parents in their longitudinal study were actively engaged in these "promoting" strategies that connected their children to outside resources and supports to further develop their interests and competencies (1999).

Sometimes talent scouting requires good detective work, for many children's strengths are embedded in what may appear to be a deficit. Continual clowning around, for example, is often punished in families and schools. However, as resilience research has documented (Benard, 2004), humor remains one of the most protective strengths a person can have in terms of physical and mental health. The challenge for parents and other caregivers is to find an appropriate channel for what can be annoying behavior so that this potential asset is not shamed out of existence. Many books over the last decade have focused on how to do this reframing with especially challenging children. *Raising Your Spirited Child* (Kurcinka, 1992) remains one of the best and most popular examples.

Opportunities for Participation and Contribution in Families

"Children's inborn need to help is an obvious fit with reinforcing a sense of responsibility and compassion. Engaging in the task of helping others strengthens children's self-esteem and feeling of ownership and instills the message that what they do contributes to the well-being of other people—all elementary to a resilient mindset" [Robert Brookes and Sam Goldstein, *Raising Resilient Children*, 2001].

In families, the protective factors of participation and contribution depend on parents being able to provide children with both responsibility and autonomy. The degree to which a child experiences either must be developmentally appropriate but also, researchers are finding, sensitive to conditions in the child's particular environment.

While being able to contribute by having valued responsibilities and roles within the family has not been a focus of research attention this last decade, his-

torically it has been associated with positive developmental (including health) outcomes for youth (and adults) and good parenting (see Benard, 1991, for a summary). Janice Cohn's book, *Raising Compassionate, Courageous Children in a Violent World* (1997), cites several studies documenting higher levels of well-being and life satisfaction for individuals who are involved in something beyond themselves. Similarly, Werner and Smith (1992) found that "acts of required helpfulness," such as caring for younger siblings or managing the household when a parent was incapacitated, were positively associated with overcoming a challenging childhood and with life success.

Young people's opportunities to participate in the family are often tied to parenting style, and especially to parents' granting of autonomy. Parents who create opportunities for their children and adolescents to have some decision-making power and to solve problems on their own help meet their children's basic need for psychological autonomy. Likewise parents who listen to their children as people deserving respect and attention grant them psychological autonomy. According to Steinberg, "Psychological autonomy-granting functions much like warmth as a general protective factor, but seems to have special benefits as a protection against anxiety, depression, and other forms of internalized distress" (2000, p. 174). Eccles et al. also found "positive associations between the extent of the adolescents' participation in family decision making and indicators of both intrinsic school motivation and positive self-esteem" (1993, p. 98). This fits nicely with research on self-efficacy (Bandura, 1995; Maddux, 2002) since it is through autonomy experiences that individuals develop a sense of their own power and control, known moderators against anxiety and depression.

The gradual granting of autonomy experiences (or opportunities for participation) and the need to balance autonomy with guidance and control is perhaps the most challenging aspect of parenting, especially during the adolescent years when the biological need for autonomy asserts itself as a primary drive. As prominent adolescent researchers have written, "It is not easy for parents to determine the optimal level of autonomy versus control for their children at all ages. One would predict strained relationships wherever there is a poor fit between the child's desire for increasing autonomy and the opportunities for independence and autonomy provided by the child's parents" (Eccles et al., 1993, p. 97).

Parents whose efforts, however imperfect, are at least on the continuum of granting their children appropriate psychological (and behavioral) autonomy stand in sharp contrast to parents who wield psychological control. Psychological control appears to be a particularly destructive way *not* to grant psychological autonomy. This last decade has witnessed a burgeoning of interest, led by Brian Barber and his colleagues, in the concept of parental psychological control (Barber, 1996; Barber & Olsen, 1997; Barber, 2002). "Psychological control refers to parental behaviors that are intrusive and manipulative of children's thoughts, feelings, and attachments to parents" (2002, p. 15). In characterizing parental psychological control as a violation of the child's psychological self, these researchers point to terms in the literature, including manipulative, constraining, guilt-inducing, love withdrawal, anxiety-instilling, possessive, dominant, and enmeshing, that refer to psychological control.

In the edited volume *Intrusive Parenting: How Psychological Control Affects Children and Adolescents* (2002), Barber and his colleagues marshal convincing evidence that parental psychological control is associated with disturbances in psycho-emotional boundaries between the child and parent and, hence, with the development of an independent sense of self and identity. They report that besides these negative effects on children's self well-being processes (the resilience strengths of autonomy, identity, self-awareness, self-efficacy, etc.), psychological control also increases children's internalized problems, such as depression, suicidal ideation, withdrawn behavior, eating disorders, and passive resistance. Similarly, they found a consistent positive relationship between psychological control and externalized problems (delinquency, substance abuse, aggression, defiance, and deviance) as well as with decreased academic achievement.

The research reported in *Intrusive Parenting* looks at parental control across cultures and, as Barber and Harmon report, "The findings are consistent in showing that perceived psychological control is associated positively and significantly to both forms of problem behavior [internalized and externalized] in all nine cultures [we've examined]. Particularly noteworthy is that these patterns hold in two collectivist cultures—India and Gaza—in which less emphasis is placed on individual autonomy than is in more individualistic cultures" (p. 45).

The thesis advocated here is that while autonomy support may look different in different cultures and may vary in degree, autonomy is a basic human need and, thus, healthy development requires autonomy-supportive environments. The research reported by Barber leads him to make a similar assertion: "The effects of parental psychological control are as ubiquitous as they have recently been shown to be because this behavior intrudes on a basic human drive for some form of psychological and emotional autonomy, and that therefore, these negative effects should be found broadly across cultures" (p. 44).

Referring back to our discussion of authoritarian and authoritative parenting, it should be pointed out that authoritarian parenting, while more controlling than authoritative parenting, is not synonymous with parental psychological control. Autonomy-granting can be problematic for parents living in dangerous and under-resourced communities, but restricting children's autonomy need not be manipulative in the ways associated with parental psychological control. Parents' concern for their children's safety in dangerous neighborhoods often takes precedence over giving their children more freedom. Research on adolescents in dangerous neighborhoods finds a major strategy employed by parents is *not* allowing their children to have so much freedom (Furstenberg, et al., 1999; Sampson et al., 1997). As Furstenberg and his colleagues found, "In general, African-American parents were more engaged in family management strategies that minimize danger and maximize opportunity than white parents, regardless of socioeconomic status. They were more inclined to protect their children from street influences by restricting their freedom, taking measures to confine them to the household after school and on weekends" (1999, p. 142).

In fact, Boykin and Allen's (2001) study of adolescents in both low- and high-risk contexts found *negative* developmental outcomes for teens in high-risk communities who are more autonomous. While they found social competence

benefits for low-risk teenagers who exhibited autonomy, teenagers in high-risk environments who exhibited autonomy reported increased levels of delinquent activity. Boykin and Allen hypothesize that this is due to a combination of the many opportunities surrounding teenagers in high-risk contexts to engage in deviant behavior and the absence of other, safe opportunities to gain autonomy. In high-risk contexts, the natural developmental process of adolescent autonomy seeking is often blocked or misdirected. Boykin and Allen report, “High-risk teens may have fewer opportunities to gain autonomy from a part-time job, scholastic success, or extra-curricular activities, and thus for these teens, problematic behavior may be one easily accessible arena through which they can assert themselves and gain independence” (2001, p. 232).

In view of all this sometimes conflicting research, one recommendation seems in order for parents trying to respond to their children’s autonomy needs when safety is an issue. Given that more-than-ideal regulation or *behavioral* control measures may be required, parents should try to support their adolescents’ *psychological* autonomy as much as possible. This means including them in shared decision-making, talking with them about salient issues of daily life, and supporting their problem-solving and personal planning efforts, and connecting them to community resources where they can do service to others.

While several studies have made a good case for the differing effects of warmth, rules/expectations, and decision-making power in promoting health and academic achievement (Herman et al., 1997), a safe conclusion from the literature is that all three family protective factors are important, albeit, perhaps in different proportions, not only to different cultural groups but based on individual and *contextual* differences as well. It remains for the parent or family caregiver to keep all three protective factors in a dynamic balance depending on the specific child and the specific context. This means loving our kids and using our intuition and common sense to keep regulations and rules from becoming a form of emotional control. Perhaps it is up to each parent or family caregiver to consider the following questions from Brooks and Goldstein: “When you interact with your children, do you ask yourself if they are gathering strength from your words and actions? When you put your children to bed at night, do you think about whether they are stronger people because of the things you have said or done that day? Have they gathered strength from you that will reinforce their sense of self-worth and resilience?” (2001, p. 88).

FAMILY RESILIENCE

A growing movement over the last decade that really sheds light for us as social workers in how best to support the families with whom we work has been that of family support programs, that attempt to redress the limitations of a “narrow focus on individual resilience [that] has led clinicians to attempt to salvage individual ‘survivors’ without exploring their families’ potential, and even to write off many families as hopeless” (Walsh, 1998, p. 23). Family support programs see that the best and most effective ways to foster resilience in youth is to foster it in the family caregivers. This approach acknowledges the family as the child’s first and foremost

environment and is based on nurturing family resilience as well as the resilience of individual family members. In the vignette reported by Katy Butler (1997) below, it is clear, for example, that Patty Tachera's children also benefit from the personal strengths she has developed with the help of a family support program:

Late last summer, at a table in the cafeteria of Kauai Community College, Connie Bunlaga, a carefully dressed, white-haired older Filipina woman, was holding Patty Tachera's hand. Connie is Patty's support worker from Healthy Start. Patty, 41, is a single mother now studying to be a teacher. Her only island relatives are the four children she is raising alone. Born in Florida, she was 20 when she followed a surfer friend to Hawaii and stayed on. She married a man who beat her and, later, their son and daughter. After eight years she fled, only to have two sons with another, emotionally abusive man. Her daughter, now in her early teens, has not beaten the odds: she is living in therapeutic foster care because of her uncontrollable violence toward Patty and the other children. Patty signed up for Healthy Start and met Connie two years ago, shortly after giving birth to her youngest son. "I had a one-year-old and a newborn and no support," she says. "I lived through the men in my life. I was overweight. I cried all the time. I couldn't sleep. You get so low you can't pick yourself back up. In a very mellow, calming way, Connie kicked me in the butt."

Over the next year, Patty experienced the sort of upward spiral that characterizes the lives of resilient children who meet good mentors. Connie came to see her every week. Patty lost 30 pounds. . . . Patty decided to become a teacher and went back to school; Connie helped her get aid from a state rental subsidy program. Finally, Patty kicked out her emotionally abusive boyfriend.

"She's like my mother," Patty says. . . . "She has a calming effect on me. . . . I don't think I was ever happy before, but I am now," she continues, "I'm much more patient with the babies. I don't find myself yelling as much. It's so important to have somebody who you know cares about you" (pp. 22–31).

Treating the family as the unit of change, family support programs apply to the family the protective approaches for nurturing individuals—caring, high expectations, and opportunities for participation (Patterson, 2002; Walsh, 1998)—recognizing that many of the resilience strengths found in young people—social competencies like caring, empathy, trust, and connections to others; collaborative problem-solving skills, flexibility, and resourcefulness; sense of self-efficacy, self-awareness, and resistance; and sense of purpose and meaning or faith—can be tapped in practice with families as well (Benard, 1997; Walsh, 1998). Strengths-based social work with families reflects the same practices as those with youth advocated in the 3rd edition of this book (Benard, 2002):

- Listen to their story
- Acknowledge the pain
- Look for strengths
- Ask questions about survival, support, positive times, interests, dreams, goals, and pride
- Point out strengths
- Link strengths to families'/members goals and dreams
- Link family to resources to achieve goals and dreams
- Find opportunities for family/members to be teachers/paraprofessionals (p. 217).

A wonderful aspect of the family support movement is that these hundreds of family support programs are incredibly diverse, arising locally but applying global resilience principles. While family support programs look different structurally—and range from family centers to programs that are part of larger organizations such as Boys and Girls Clubs, to organizations that infuse family support principles into their mission, to community-level systems of care in which family support sites form an integrated network of care, to actual comprehensive community collaborative structures that plan and organize human services at the community level (Diehl, 2002)—they are all based on caring relationships of staff to family, high expectations that the family not only has strengths to nurture but also has innate resilience and the capacity to grow and change, and that the most effective way to work with families is through a strengths-based approach, a partnership with them that welcomes the family’s gifts and contributions. (Family Support America, 2000; Schorr, 1997). The Family Resource Coalition of America (www.familysupportamerica.org), for example, lists the following principles that guide their Family Support Centers, principles that are at the heart of working from a strengths perspective with families:

- Staff and families work together in relationships based on equality and respect. Participants are a vital resource.
- Staff enhance families’ capacity to support the growth and development of all family members: adults, youth, and children.
- Programs affirm and strengthen families’ cultural, racial, and linguistic identities and enhance their ability to function in a multicultural society.
- Programs are embedded in their communities and contribute to the community-building process.
- Programs advocate with families for services and systems that are fair, responsive, and accountable to the families served.
- Practitioners work with families to mobilize formal and informal resources to support family development.
- Programs are flexible and continually responsive to emerging family and community issues.
- Principles of family support are modeled in all program activities, including planning, governance, and administration.

Not only are the above principals at the heart of strengths-based work with families, they already are at the heart of good social work practice.

Evaluations of family support programs, such as of California’s Healthy Start, consistently document positive adult and child outcomes from these efforts (Wagner & Golan, 1996). A meta-analysis of 665 studies representing 260 programs, the 2001 National Evaluation of Family Support Programs, computed effect sizes for nine possible outcomes, including the major goals of these programs—improved parenting and enhanced child development. The researchers found that effect sizes *doubled* when the programs used family support best practices as outline above (Layzer & Goodson, 2001). It is *how* we do what we do that ultimately makes the difference.

The family support field, like most others in the human services, has faced increasing pressures for accountability over this last decade. According to the Harvard Family Research Project, probably the major source of knowledge for the family support field, two other major assessment projects are underway: the National Family Support Mapping Project and the Promotional Indicators Project. The former is an effort to locate and collect information on every family support program in the country and to create a comprehensive national database that would answer “simple but important questions: How many family support programs are there? What families are they serving? What are the services and programs being offered? What are the funding sources for these programs?” (Diehl, 2002, p. 14). The latter project will develop indicators for measuring family strengths and capacities, instead of using deficit-based indicators that measure the negative aspects of families.

It is to be hoped that with all of this assessment activity, the family support field, perhaps working in collaboration with social work organizations, can form a viable lobby for social and economic policies that support families and children. A recent finding with dire implications for children’s well-being is that mothers participating in the welfare-to-work programs of the last several years display twice the rate of clinical depression—two mothers in every five—compared to the general population. According to these researchers, “Maternal depression sharply depresses their young children’s development” (Fuller et al., 2002). Given that the 2001 meta-analysis discussed above found a positive long-term effect size of .39 for family economic self-sufficiency, it seems likely that a family support approach would provide a more developmentally supportive, resilience-enhancing, and, in the long run, economically viable approach to helping families in poverty. Moreover, it would offer the strong possibility of creating a healthy next generation, one reflecting the most powerful protective factor in a child’s development—having a quality care-giving experience in the family (Werner & Smith, 2002).

DISCUSSION QUESTIONS

1. In your own family can you see evidence of the three resilience factors: caring relationships, high expectations, and opportunities for participation.
2. In the families of clients that you see which of these three factors seems most durable?
3. In families that seem on the surface to be in trouble (e.g. single-parent families) what are three sources of resilience and rebound?
4. How can you as a worker contribute to the strengthening of these 3 resilience factors?

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