FAMILY PROCESS

Applying a Family Resilience Framework in Training, Practice, and Research: Mastering the Art of the Possible

FROMA WALSH*

With growing interest in systemic views of human resilience, this article updates and clarifies our understanding of the concept of resilience as involving multilevel dynamic processes over time. Family resilience refers to the functioning of the family system *in dealing with adversity: Assessment and intervention focus on the family impact of stressful life challenges and the family processes that foster positive adaptation for the family unit and all members. The application of a family resilience framework is discussed and illustrated in clinical and community-based training and practice. Use of the author's research-informed map of core processes in family resilience is briefly noted, highlighting the recursive and synergistic influences of transactional processes within families and with their social environment. Given the inherently contextual nature of the construct of resilience, varied process elements may be more or less useful, depending on different adverse situations over time, with a major crisis; disruptive transitions; or chronic multistress conditions. This perspective is attuned to the diversity of family cultures and structures, their resources and constraints, socio-cultural and developmental influences, and the viability of varied pathways in resilience.*

Keywords: Family Resilience; Resilience; Resiliency; Systems Approach; Trauma

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The concept of *resilience* has come to the forefront in the field of mental health and in the developmental and social sciences. A growing body of research (Masten, 2014) has enriched and expanded our understanding of human resilience as involving the dynamic interplay of multilevel systemic processes fostering positive adaptation in the context of significant adversity.

HUMAN RESILIENCE: A RELATIONAL PERSPECTIVE

A relational view of resilience assumes the centrality of relationships in human adaptation. An abundance of research has revealed the importance of relationships in nurturing and sustaining individual resilience (Walsh, 2016b). Most attention has focused on the role of a significant bond and dyadic processes involving a primary parent, caregiver, spouse, or mentor. A family systems orientation expands the lens to the broad relational network, attending to the ongoing mutuality of multiple influences and identifying potential resources for resilience throughout the immediate and extended family. A family resilience practice approach (Walsh, 2016b) seeks to identify and involve members who

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are—or could become—invested in the positive development and wellbeing of at-risk or troubled youth or adults, believe in their potential, and support their best efforts to make the most of their lives. In eldercare, both individual and family resilience are fostered by expanding the lens from the role of the primary caregiver, often overburdened, to consider many varied contributions of members in the family network and their involvement as a caregiving team (Walsh, 2012).

A Family Resilience Framework: Core Principles

Beyond seeing individual family members and effective parenting/caregiving as resources for individual resilience, a systemic perspective focuses on risk and resilience in the family as a functional unit (Walsh, 1996, 2016a). Family resilience refers to the capacity of the family system to withstand and rebound from adversity, strengthened and more resourceful (Walsh, 2003). More than coping with or surviving an ordeal, resilience involves positive adaptation, (re)gaining the ability to thrive, with personal and relational transformation and positive growth forged through the experience. Overlapping with theory and empirical evidence on Posttraumatic Growth (Tedeschi & Calhoun, 2004), resilience is distinct in focus on the transactional processes and pathways involved in this growth. In the family systems field, numerous studies have found that couples and families, through suffering and struggle, often emerge stronger, more loving, more purposeful in their lives, and better able to meet future challenges (Walsh, 2016b).

The concept of family resilience extends family developmental theory and research on family stress, coping, and adaptation (Hawley & DeHaan, 1996; Patterson, 2002). Building on a substantial body of family systems research on transactional processes in well-functioning families (Lebow & Stroud, 2012), it attends centrally to effective family functioning in dealing with adverse conditions. The concept is inherently contextual, with strengths and vulnerabilities assessed and addressed in relation to a family's challenging situation.

A basic systemic premise is that serious crises and persistent life challenges impact the whole family, and in turn, key transactional processes mediate adaptation (or maladaptation) for all members, their relationships, and the family unit. Major stressors or a cascade of stresses can derail family functioning, with reverberations throughout the relational network. In facing adversity, the family approach and response are crucial for resilience. Key processes enable the family to rally in highly stressful times to reduce the risk of dysfunction and to support positive adaptation. Although some families are more vulnerable or have experienced severe trauma or persistent hardships, a family resilience perspective is grounded in a deep conviction in their potential for repair and growth.

Ecosystemic and Developmental Perspectives

From a *biopsychosocial systems orientation,* risk and resilience are viewed in light of multiple, recursive influences, involving an interaction of individual, family, community, and larger system levels over time. Each family occupies a complex ecological niche, sharing borders and common ground with other families, as well as differing positions with the intersection of such variables as gender, economic status, life stage, ethnicity, and social location (Falicov, 2012). Thus, each experience of adversity will have common and unique features. A holistic assessment attends to the varied contexts, aiming to understand the constraints and possibilities in each family's position.

Ecosystemic perspective

As research was extended to a wide range of adverse conditions, it became clear that resilience involves the dynamic interplay of multiple risk and protective processes over

time, involving individual, interpersonal, socioeconomic, and cultural influences (Masten & Monn, 2015). Family distress may result from unsuccessful attempts to deal with an overwhelming crisis in the family or cumulative stresses with the wider impact of collective trauma (Walsh, 2007, 2016b). Social, economic, political, and environmental influences, including major global forces, are considered. Barriers of discrimination and marginalization reinforce cycles of risk, whereas socio-economic resources, power, and privilege support positive adaptation.

Recent research on resilience in neurobiology and epigenetics (Kim-Cohen & Turkewitz, 2012; Russo, Murrough, Han, Charney, & Nestler, 2012) show that individual vulnerability or the negative impact of stressful conditions can be counteracted by positive interpersonal and environmental influences, producing neurological, physiological, and even genetic changes. The vital contribution of cultural and spiritual resources in resilience is receiving increasing attention (McCubbin & McCubbin, 2013; Walsh, 2009b). Larger systems approaches are being directed to understand and promote family and community resilience in collective trauma (Landau, 2007; Norris, Stevens, Pfefferbaum, Wyche, & Pfefferbaum, 2008; Saul, 2013; Saul & Simon, 2016; Walsh, 2007, 2016b), social resilience (Cacioppo, Reis, & Zautra, 2011), and interconnected global and environmental resilience.

Powerful broader influences are not simply external forces or factors that impact families. Understood in dynamic terms, risks are countered and resources are mobilized through active agency in family transactional processes, as members navigate and negotiate their relationship with their social environment (Ungar, 2010).

Developmental perspective

The theory and science of resilience has advanced from early trait-based models to understand resilience in terms of dynamic processes and pathways for positive adaptation over time (Masten, 2014). Families do not simply react to stressful life events; their active approach to potential stressors can either ease or intensify their impact. How a family confronts and manages disruptive experiences, buffers stress, effectively reorganizes, and reinvests in life pursuits will influence adaptation for all members and for their relational system. Interventions aim to build family capacities to become more proactive to avert crises and deal more effectively with stressors. Stressful life events are more likely to affect functioning adversely when they are untimely and unexpected, when a condition is severe or persistent, or when multiple stressors generate cumulative effects. Challenges vary over time and in relation to individual and family life-cycle passage (Walsh, 2003).

Emerging challenges and pathways in resilience

Most forms of stress are not simply a short-term, single event, but a complex set of changing conditions with a past history and a future course. For instance, risk and resilience in the experience of divorce involve family processes over time, from an escalation of predivorce tensions to separation, legal divorce and custody agreements, reorganization of households, and realignment of parent–child relationships (Greene, Anderson, Forgatch, DeGarmo, & Hetherington, 2012). Most families undergo subsequent disruptive transitions, with relocation, remarriage/repartnering, and stepfamily formation.

To meet challenges in different phases of adaptation, families may need to draw upon varied strengths. After rallying together in an acute crisis, as urgent demands subside they need to shift gears, resume everyday family functioning, and attend to other priorities. The psychosocial demands of an adverse condition may vary with its course over time, as with serious illness (Rolland, in press). With a medical crisis followed by a full recovery a family may be able to return to its precrisis functioning; one followed by a plateau of persisting disability requires adaptation to a "new normal"; another with a roller coaster

course of remissions and recurrences requires repeated shifts; while yet another with a deteriorating course requires adaptation to progressive decline. Given this complexity, varied strengths and strategies may be more or less useful over time depending on their fit with evolving situations.

A family life cycle perspective

Adversity-associated challenges interact with other salient issues that arise in individual and family developmental passage and are strongly influenced by past experiences with adversity in the multigenerational network. Resilience is woven in a web of supportive connections and experiences over the life course and across the generations. Seminal longitudinal studies (Werner & Smith, 2001) found that nothing was "cast in stone" because of earlier life difficulties: Resilience could be developed at various points over the life course. Unexpected events and new relationships, such as a good marriage, satisfying work, military service, or a religious affiliation, often disrupted a negative chain and catalyzed new growth, turning lives around. Such findings support core convictions in a resilience-oriented practice approach: Despite troubled pasts, people have the potential to turn their lives around and gain resilience throughout life. Over time, positive interactions have a mutually reinforcing effect in positive life trajectories or upward spirals.

MAPPING FAMILY RESILIENCE PROCESSES

A family's problem-saturated life situation and the deficit focus in the mental health field can skew attention, making it difficult to identify their strengths and resources. Resilience-oriented maps can be useful to guide family assessment and practice. Yet, we must be mindful that, as Bateson (1979) cautioned, "the map is not the territory." And, as practitioners and researchers, we must be aware of our own subjectivity in mapping any territory.

Several decades of family systems research have shown that no single pattern characterizes well-functioning families (Lebow & Stroud, 2012). Diagnostic labels that reduce the richness of family life or typologies that propose a "one-size-fits-all" model of "the resilient family" do not fit the many, varied ways that families face their challenges and can pathologize those who differ from a norm. Instead, we need to consider the many interwoven strands in family functioning, and assess each family's strengths and vulnerabilities on multiple system dimensions in relation to the challenges they face, their resources and constraints, their social environment, and their developmental passage.

The growing body of research on resilience and well-functioning families can inform intervention and prevention approaches to strengthen family processes for resilience. From my extensive review of the research literature and my own clinical research experience, nine key transactional processes and subcomponents were identified (Walsh, 2003, 2016a, b; see Table 1). They were organized in three domains (i.e., dimensions) of family functioning as a map to guide attention to important elements in family functioning and bring coherence to intervention planning. Practitioners can target key processes (i.e., shared beliefs and practices) that facilitate positive adaptation as presenting problems are addressed.

Synergistic Influences of Transactional Processes in Resilience

Key processes in family resilience are mutually interactive and synergistic. For example, a relational view of resilience (belief system) supports—and is reinforced by—connectedness (organizational processes) and collaborative problem solving (communication processes). Shared meaning making occurs through communication processes. A positive outlook both facilitates and is sustained by successful problem solving and proactive steps.

TABLE 1
Key Processes in Family Resilience

Shared Belief Systems

1. Making Meaning of Adversity
   - Relational view of resilience
   - Normalize, contextualize distress
   - Gain sense of coherence
   - Facilitative Appraisal; active agency
2. Positive Outlook
   - Hope, optimistic bias; confidence
   - Encouragement; affirm strengths, potential
   - Active initiative; perseverance (can-do spirit)
   - Master the possible; accept what cannot be changed
3. Transcendence and Spirituality
   - Larger values, purpose
   - Spirituality: Faith, practices, congregation; nature
   - Inspiration: Aspirations; creativity; social action
   - Transformation: learning, change, positive growth

Organizational Processes

4. Flexibility
   - Rebound, adaptive change to meet challenges
   - Reorganize, restabilize: dependable, predictable
   - Authoritative leadership: Nurture, guide, protect
   - Cooperative parenting/caregiving teams
5. Connectedness
   - Mutual support, teamwork, commitment
   - Respect individual needs, differences
   - Seek reconnection and repair grievances
6. Mobilize Social and Economic Resources
   - Extended kin, social, community supports
   - Financial security; navigate work/family stresses
   - Larger systems: institutional, structural supports

Communication/Problem-solving Processes

7. Clarity
   - Clear, consistent information
   - Clarify ambiguous situation; truth seeking
8. Open Emotional Sharing
   - Painful: (sorrow, suffering, anger, fear)
   - Positive: (appreciation, humor, joy, respite)
9. Collaborative problem solving
   - Creative brainstorming; resourcefulness
   - Shared decision making
   - Steps toward goals; learn from setbacks
   - Proactive mode: Preparedness, prevention

Spiritual nourishment may be found in shared values and practices in family life and/or involvement in a faith community, nature, or social activism. A counterbalance of process components may also be needed, such as fluid shifts between stability and change for flexibility to adapt to new challenges. Family processes actively mobilize social and community support. A dynamic systems perspective recognizes the recursive nature of these processes in resilience within and across system levels and over time.

Common Factors in Effective Practice / Core Processes in Effective Family Functioning

Recent family intervention research by Sprenkle, Davis, and Lebow (2009) has sought to identify common factors—core process components—in effective practice across therapy models. Analogously, this research-informed map of family processes in resilience identifies common elements—core process components—in effective family functioning with adversity. In accord with Sprenkle and colleagues, the relationship between the practitioner and the family is central in successful intervention for family empowerment. In a collaborative resilience-oriented approach, effective practice depends even more on mobilizing family strengths and resources than on practitioner techniques.

In clinical and community-based practice, I suggest that we expand the current narrow focus on evidence-based models based on *therapist* strategies and techniques—i.e., therapy processes—to a broader vision of research-informed practice that also attends to *family* beliefs and practices—i.e., family processes—as important components in effective intervention.

Various family therapy models have focused on interactional processes in different domains (or dimensions) of family functioning, as first noted by Sluzki (1983). For instance, the structural model attends mainly to organizational patterns; cognitive-behavioral approaches address belief systems (schemas) and communication/problem-solving processes; and postmodern approaches focus on the social construction of meaning, expanding and re-authoring life stories, and steps toward a preferred future vision. Most integrative family therapists attend to transactional processes across the three domains of family functioning.

Practitioners of all strength-based approaches can usefully apply the framework presented here to target and strengthen key processes for family resilience. These core processes may be organized and expressed in varied ways, depending on a family's aims and preferences, structural configuration, adverse situation, and available resources. It is crucial to consider each family's cultural values, their social location and economic situation, and their developmental priorities.

Resilience-Oriented Genograms in Family Assessment

The *genogram* (McGoldrick, Gerson, & Petry, 2008) can be a valuable systemic assessment tool to map the important relational network, households, and significant patterns across generations. However, when the use of genograms is overly problem-focused, it skews attention to troubled family members and relational patterns. A resilience-oriented approach notes problems and risk factors but prioritizes a search for positive influences—past, present, and potential. An accompanying timeline is useful in noting (1) recent or threatened stress events; (2) a pileup of stressors; (3) loading from past experiences. This facilitates exploration of their impact and family coping and adaptive strategies. In constructing a family genogram and timeline, practitioners and family members can visualize complex situations and relational patterns, gain coherence, and identify existing and potential resources in kin and social networks. Who is—or could be—helpful, supportive, and caring? In what ways might they contribute strengths and resources in a team effort to overcome challenges? How might valued frayed connections be repaired? Where resources have been lost, how might they be replenished? We identify potential role models and mentors in the kin network. We are especially interested in hearing about resourceful ways families have dealt with past adversity, such as stories of "can-do spirit" and reinvention through migration or economic hardship, which can inspire efforts in mastering current challenges.

It is important to ask family members how *they* define their family: who is important in family life; their values and aspirations. Because family structures and bonds are so

varied, mapping should include all significant roles and relationships within and beyond the immediate household: siblings, nonresidential parents, committed partners, and extended kin. While we commonly turn to grandmothers, untapped resources may be grandfathers, aunts and uncles, and godparents. Siblings, cousins, nephews, and nieces often become valued lifelines with aging and infirmity. Many persons, especially single parents, and those facing nonacceptance related to gender identity or sexual orientation, knit together nurturing connections for resilience with intimate partners, informal kin, and close friends they consider chosen family. Studies find that companion animals, family pets, and service animals provide vital relational bonds for resilience (Walsh, 2009a).

BROAD RANGE OF PRACTICE APPLICATIONS

A family resilience orientation, with attention to key processes that facilitate resilience, can serve as a broad framework for the training and practice of mental health and psychosocial services and for the design and delivery of community-based programs. This approach recognizes the diversity of families, their varied situational challenges, and the viability of many pathways in resilience. It is attuned to the varied demands of different adverse situations over time with a major crisis event, trauma, or loss; through disruptive transitions; or with the challenges of chronic multistress conditions.

Interventions utilize principles and techniques common among strength-based family systems practice approaches, but attend more centrally to the impact of significant stressors and aim to increase family capacities for positive adaptation. By strengthening family functioning, relational bonds, and vital community connections as problems are addressed, families become more resourceful. Brief follow-ups can provide support at various milestones, helping them to integrate their experience and meet anticipated challenges ahead.

Family resilience-oriented practitioners work collaboratively as compassionate witnesses and facilitators, helping family members to share with each other their experience of adversity, to overcome silence, secrecy, shame, or blame, and to build mutual support and teamwork in their efforts to overcome challenges. Appreciative inquiry, attending to family strengths in the midst of suffering, readily engages families, who are often reluctant to seek mental health services out of concerns that they will be judged as disturbed or deficient or labeled with a mental disorder. Instead, family members are respectfully regarded as essential members of the healing team for recovery and resilience. Where they have faltered, they are viewed as struggling with an overwhelming set of challenges and their best intentions are affirmed. Intervention efforts are directed to master those challenges through their shared efforts.

This approach can be adapted to varied formats from brief consultations to couple, family, and multifamily group modalities, as well as larger workshops and community forums. Putting an ecosystemic perspective into practice, multilevel family-centered approaches may involve peer groups, the workplace, schools, faith congregations, and community agencies, as well as healthcare, justice, and other larger systems. Effective programs need to be flexible and creative in engaging families, encouraging their best efforts, and adapting to meet their emerging priorities.

Family Resilience-Oriented Programs: Chicago Center For Family Health

Over the past 25 years, this family resilience orientation has guided professional training and services by the Chicago Center for Family Health (CCFH; www.ccfhchicago.org), a nonprofit university-affiliated institute cofounded and codirected by John Rolland, MD, and myself. Our network of clinical faculty members, bringing varied therapy approaches and specializations, share a strength-based, collaborative systems orientation, responsive

to family diversity and attentive to the interplay of individual, relational, community, socio-cultural, and larger system influences.

Building partnerships with community-based organizations has been at the heart of our mission to train and support healthcare, mental health, and human service professionals, particularly those working with low-income and minority families, LGBT (gay, lesbian, bisexual, and transgender) clients, persons with disabilities, and other vulnerable groups. In addition to our certificate programs, fellowships, and workshops, we have partnered with healthcare centers, schools, and human service agencies to provide specialized staff training, organizational consultation, and program development. Our approach has also been usefully applied in the fields of medicine, pastoral counseling, family law, and family business. Our overarching mission is to advance family focused, resilience-oriented policies, services, and practices to strengthen resilience in youth, couples, and families facing serious life challenges. Programs (described in Walsh [2016b] and several other publications; e.g., Rolland & Walsh, 2005, 2006; Rolland & Weine, 2000; Walsh, 2002; Weine, Knafi, et al., 2005) have been designed and implemented to address a wide range of adverse situations (Table 2).

Each program shares common principles and yet is adapted to fit unique needs. The following training experience is described to illustrate both the potential value and challenges in applying a broad family resilience framework in the real world.

Promoting Positive Development of Youth at High Risk of Gang Involvement: Family centered Training Component (GRYD Prevention Program)

Gang prevention programs in the United States rarely involve families, deterred by prevalent assumptions that families of high-risk youth are too dysfunctional, unmotivated for change, and not worth the investment. Yet studies have found that families matter: Parental warmth and higher levels of supervision and monitoring practices are related to lower youth conduct behavior and gang involvement (Walsh, 2016b). Families are our primary bonds, meeting needs to belong and feel nurtured, protected, valued, and supported in our best efforts. Efforts to strengthen those bonds in more vulnerable families and communities can be vital in offsetting gang involvement.

TABLE 2

Resilience-Oriented Community-Based Programs: Chicago Center for Family Health (1991–2015)

Family Resilience-Oriented Training and Services
Recover from Crisis, Trauma, and Loss
Family adaptation to complicated, traumatic loss (Walsh)
Mass trauma events; Major disasters (Walsh)
Relational trauma (Barrett, Center for Contextual Change)
Refugee families (Rolland, Walsh, Weine)
War & Conflict-related recovery (Rolland, Weine, Walsh)
Navigate Disruptive Family Transitions
Divorce & stepfamily adaptation (Jacob, Lebow, Graham)
Foster care (Engstrom)
Job loss, transition, re-employment strains (Walsh, Brand)
Surmount Chronic Multistress Challenges
Serious illness, disabilities, end-of-life challenges (Rolland, Zuckerman, Walsh, R. Sholtes, S. Sholtes)
Innercity neighborhood conditions (Faculty)
LGBT challenges, stigma (Koff)
Overcome Obstacles to Success: At-risk Youth
Child and Adolescent Developmental Challenges (Lerner, Schwartz, Gutmann, Martin)
Family—School Partnership Program (Fuerst & Team)
Gang Reduction/Youth Development (GRYD) (Rolland, Walsh & Team)

We were fortunate to work for 2 years with a unique program developed by the Los Angeles Deputy Mayor's Office for Gang Reduction and Youth Development (GRYD), in areas of the city plagued by gang-related drugs and violence. The Deputy Mayor, Guillermo Cespedes, M.S.W., designed a multilevel systemic model for intervention and prevention. In each year, the prevention program worked with 150 neighborhood agency case managers and their supervisors assigned to 1,000 youth, aged 10–14, who had been identified at high risk for gang involvement. (For research evaluation, a comparison group of 500 high-risk youth received only standard community-based agency services.) Interventions included individual and peer group counseling, community activities, and family sessions. Cespedes, who had been trained in family therapy and community work early in his career, recognized the vital importance of a family component to counter the pull of gangs for struggling youth in hazardous neighborhoods. And it made no sense *not* to involve families, since the youth were living at home.

Researchers with the program initially recommended the use of an evidence-based family intervention model. However, Cespedes was dismayed by the top-down, problem-focused approach, requiring trainees to fit the standard intervention protocol. He also objected to the insistence on replacing the GRYD central office program staff—five highly competent Latino and African-American master's level professionals who understood the local inner-city neighborhoods and their challenges—with the investigator's outside training staff to assure fidelity in adherence to the model.

There was some concern that most trainees, case managers providing the youth counseling and family sessions, lacked master's level professional education. However, they had valuable work and life experience in the neighborhoods served and strong dedication to helping youth rise above the hazards. The training aim for workers was not to do intensive family therapy, but to gain basic practice principles and skills to strengthen family resources and functioning to support their child's positive aims in the program.

Cespedes believed that it was essential to have a flexible, strengths-based approach, respectful of both workers and clients and responsive to their challenges. He contacted CCFH Co-Directors, Dr. Rolland and myself, to develop a family resilience-oriented training program based on our principles-based framework, grounded in the conviction that highly vulnerable youth and their families have the potential to improve their lives by identifying and building on their strengths. Our team approach was designed collaboratively, drawing on the local knowledge and experience of the GRYD training staff, agency directors, supervisors, and case managers. Our approach aimed to shift emphasis from the prevalent focus on problems and deficits to view "at risk" youth and their families "at potential" for positive growth and successful lives. Youth behavior and future aspirations were addressed in the context of their living situation, including consideration of family, peer, community, and socio-economic influences and cultural and spiritual resources.

In order to be adaptive to local needs, we were asked to design and schedule training sessions centered on focal priorities they regarded as most important, and yet to be flexible to alter the content and schedule in response to feedback and emerging concerns, making modifications over the training year. As Cespedes put it, "We need to build the plane as we are flying it"—and that was what we did.

To provide this training, we assembled a team of highly seasoned, multiethnic and multiracial family therapy colleagues with extensive experience with low-income and ethnic/racial minority communities and collaborative work with agency case managers and staff. Dubbed by the GRYD staff as the "Dream Team," training team members included: Harry Aponte, William Madsen, Jorge Colapinto, Andrae Brown, Nancy Boyd-Franklin, Celia Falicov, Tom Todd, John Rolland, and myself. Each contributed particular areas of focus and expertise requested by GRYD staff, including our family resilience framework

(Walsh); genogram application and extended family resources (Rolland); Collaborative Helping Maps (Madsen); family functioning, problem-solving, and skill-building (Colapinto); case managers' use of self and relationship with clients (Aponte); immigrant family strengths and challenges (Falicov); cultural resources (Boyd-Franklin); and supervision training (Todd). Andrae Brown became a valued resource in both the prevention and intervention programs, working with youth and older gang members, many of whom were in the same families.

Program structure and content

The training program focused on two strategy components defined by the GRYD staff to meet their broader program aims:

Vertical component

The vertical strategy explored multigenerational family relationships and history: (1) to draw out stories of resilience in dealing with past adversity, and (2) to identify and recruit positive models and mentors in the current extended family system to support long-term family resilience and positive youth development. Based on a multigenerational life cycle model, resilience-oriented genograms were developed by the GRYD staff with input by our team (Walsh, 2016b). The workers and their supervisors first completed their own family genograms to learn and appreciate their utility. Coaching techniques were used to connect youth and their parents/caregivers to relational resources for resilience. We encouraged active investment of family members who could support youth efforts to decrease problem behaviors, resist gang involvement, and strive toward a positive future life vision.

Horizontal component

This focus on the household unit aimed to strengthen parental/caregiver functioning and to increase youth and family problem-solving abilities. Specifically, training provided skills to staff to: (1) identify problem behaviors and transactional patterns associated with risk factors; (2) gather information about problem definition and already-attempted solutions; (3) develop with each youth and family both a future vision and strategies to engage in and follow-through with their efforts. Family structural processes were addressed, aiming to increase both parental/caregiver nurturing and authority, particularly on monitoring and supervision over the youth's daily activities, while decreasing parental use of harsh and coercive control. Active family support of school success was also stressed.

We shared the conviction that encouraging positive beliefs and behaviors, strengthening family executive functioning, and building relational support toward desired aims would be more effective for positive youth development than focusing narrowly on reducing the youth's problematic and self-defeating behaviors. Instead, those behaviors and risk factors were tackled as obstacles to overcome on pathways toward preferred life dreams. This effort was guided by Madsen's (2011) *Collaborative Helping Maps*. This valuable training tool reoriented thinking and action from risk and problem reduction to mobilizing potential strengths and resources toward positive aims. On a grid, workers identified: (1) youth and family positive future vision; (2) supports (who can help and how); (3) obstacles to overcome (reframing risks and problem behaviors); and (4) plan: steps to take collaboratively toward the preferred future vision. This approach also facilitated a stronger sense of identity, connectedness, and competence, increasing the ability of youth and their families to overcome the challenges/barriers they confronted.

The training program centered on a 9-month series of 2–3 day intensive workshops for all participants (150 case managers, neighborhood agency directors and GRYD staff). Workshops included:

- Presentations of practice-relevant knowledge and skills, with supplemental readings,

- Case-based family centered consultation to presentations by agency staff (strategy teams) to consolidate training component skills,
- Group discussions of applications and challenges with youth and families in the program.

To reinforce learning and application between intensive trainings, web-based small group case consultation sessions with core training team consultants were held at agencies (Rolland, Madsen, Aponte, Walsh).

All sessions strengthened collaborative teamwork by staff at local agencies. In some cases, serious mental health, substance use, or relational issues arose beyond worker and training capacities and the GRYD program scope, requiring appropriate referral. Regular contact among training team members and with the staff facilitated ongoing feedback and tweaking of the training sessions to adapt the program elements and schedule to fit emerging challenges and best meet objectives. This flexibility, at times quite challenging, proved to be a strength of the program and contributed to the satisfaction of staff and trainees and their growing competence and confidence in their work with youth and their families. The second year program built on this experience.

The following family involvement example illustrates our approach.

> The caseworker, seeing 12-year-old Rafael individually, was pessimistic about any way his family might be helpful. The initial family genogram and youth assessment report were loaded with problems and risk factors. Negative family influences stood out: The father, now out of the home, had been abusive; he and Rafa's older brother were both currently gang members. The worker reported that the mother was absent from home after school, "failing" to monitor Rafa's activities or provide structure for homework. He was falling behind in school, cutting classes, and hanging out with older peers in the streets.
>
> Searching for strengths and resources in the family, we explored the mother's hopes and dreams for Rafa, her own life challenges, and potential resources in her extended family. Initially presumed to be uncaring and neglectful, she was deeply concerned for Rafa's well-being and eager to support the program efforts with Rafa to avert gang involvement and have a better future.
>
> While acknowledging the negative influences of Rafa's father and older brother, we noted on the genogram that the mother's older brother, Jorge, a former gang member who had served time in prison, was now back in the community. As we expressed interest in learning more about him, the mother was proud to report that he was gainfully employed, with his own small mechanics shop, and had turned his life around. We invited Jorge to join our next session, encouraging him to take on an active role in mentoring his nephew. He was eager to become involved—especially since he was Rafa's godfather and wanted to help him take a better path in his life.
>
> The structure of daily family life also needed strengthening. Having lost her eldest son to a gang, the mother worried constantly about Rafa. She was distressed that her job schedule and long commute kept her away from home when he needed supervision. We noted on the genogram that her sister, a single parent, lived nearby with her children. She had not wanted to burden her sister, with her own troubles, so we encouraged them to come together to the next session to explore how they might collaborate for mutual support. By finding ways to combine and trade off childcare and shopping arrangements, they strengthened family functioning and bonds with children in both households. An afterschool tutor was also recruited to increase Rafa's interest and proficiency in schoolwork.

Strengthening community resilience

Throughout GRYD's intervention and prevention programs, attention was given to broader community, cultural, and spiritual resources for resilience. Cespedes' first initiative was the highly successful "Summer Night Lights" program, which transformed neighborhood parks from dark and foreboding havens for gang activity and drug sales into brightly lit gathering places for youths, families, and their communities to come in summer evenings, much like a town plaza. There, they could enjoy ethnic foods from local

vendors and take part in games, sports, and other activities. In coordination, the police department staffed officers to assure safety and mingle with residents, building mutual trust. In the first 2 years, this initiative significantly reduced neighborhood violence and related murders as it strengthened community connectedness.

Challenges in applying a family resilience framework in individually focused, problem-oriented larger systems

Applying a family resilience framework in larger systems can be challenging because of the individually-based, problem-focused orientation prevalent in our society, which reverberates throughout mental health and human services, research, and institutional policies. Deputy Mayor Cespedes sought us out in year two of the GRYD Program, expressly to add a resilience-oriented family component to the individual, peer group, and community-level interventions, and his prevention team valued our approach toward program goals. Pre-established program effectiveness research instruments, developed by respected researchers at a nearby university, focused on workers' weekly ratings of a long list of youth problem behaviors and risk factors. While important in evaluating the program's success in its aim to prevent gang involvement, it did not include assessment of positive youth development nor the family contribution, which from our perspective, were vital in overcoming the pull into gangs. The lengthy weekly checklists skewed workers' focus to problems and risks, making it harder to expand attention to recognize and build youth and family strengths and potential.

With those challenges, we were pleased to learn that the year-end program assessment found significant reduction in youth problem behaviors and risk factors. Although there was no assessment of the specific contribution of the family component, informal feedback by the workers and staff was consistent in reports of the value of their work with the families. An additional note: many program youth had decreased problem behaviors/risk factors below the level required to qualify for continuation in the program a second year. While their gains were to be celebrated, we were concerned that, living in a high-risk environment, they might need further support to sustain success over time. We would recommend that program budgets provide periodic "resilience check-ups," monthly multifamily group options, ongoing mentoring, or other relational and institutional supports following completion in an intensive program.

RESEARCH ADVANCES, CHALLENGES, AND REFLECTIONS

This past decade has seen a burgeoning international interest in research on family resilience, most often based on qualitative or mixed methods and grounded in the conceptual frameworks of McCubbin & Patterson (Patterson, 2002) and/or Walsh (2003, 2016a, b). Most examine family resilience processes in dealing with a particular type of adversity within the family, such as the death of a child or parent; serious illness or disability; parental substance abuse; separation and family reunification; divorce; stepfamily integration. Increasing research attention is being directed to family resilience in conditions of extreme poverty and collective trauma in major disasters, war, terror attacks, and forced migration (e.g., Hernandez, 2002; Knowles, Sasser, & Garrison, 2010; MacDermid, 2010; see also Hernandez, Gangsei, & Engstrom [2007] on vicarious resilience for practitioners). Only a few research programs have tracked pathways over time in family resilience, incorporating a developmental perspective (e.g., Lietz 2013; and the intervention research by the UCLA/Harvard team led by Saltzman [Saltzman et al., 2011; see Lietz, Julien-Chinn, Geiger, & Hayes Piel, 2016; Saltzman, 2016; and Saltzman, Lester, Milburn, Woodward, & Strin, 2016; in this Special Section]). (A full review of the research literature on family resilience is beyond the scope of this paper; for numerous examples see Walsh, 2016b.)

There is a growing impetus to develop multilevel systems research and practice applications linking individual, family, and community risk and resilience. Masten and Monn (2015) encourage efforts to integrate youth and family resilience approaches. Distelberg, Martin, Borieux, and Oloo (2015) designed a multidimensional tool to assess family resilience in socioeconomic mobility programs for families in poverty. In studies of resilience in indigenous First Nations groups in Canada who have suffered historical and ongoing trauma Kirmayer, Dandeneau, Marshall, Phillips, and Williamson (2011) documented the crucial importance of intertwined family, community, and cultural resources, urging their attention in mental health services. Weine's targeted ethnographic studies with populations in war-torn regions and refugee resettlement (Weine, 2011; Weine et al., 2004) offer a superb model of multilevel systemic research yielding valuable recommendations for developing family focused mental health preventive intervention.

No Single Model: Subjectivity and Context Matter

The very flexibility of the construct of resilience complicates research efforts (Card & Barnett, 2015; Walsh, 2016b). Unlike a static, singular model, typology, or set of traits, human resilience is now seen to involve dynamic, recursive, multilevel systemic processes over time, which are contingent on the impact and demands of specific adverse conditions, and on each family's composition, future aims, and available resources.

In designing research, more attention is needed to clarify important family characteristics, social and developmental contexts, and the adverse situation under study. Specific variables include: (1) the family unit (e.g., couple; family structure; household or relational network); (1) respondent's position (e.g., mother, spouse, child); (3) socioeconomic location, and (4) type and severity of adversity faced and whether (a) acute event, recurrent crises, or chronic multistress conditions; (b) past, recent, or ongoing. Some processes, such as good communication, tend to promote resilience across contexts, while others may be situation-specific. Different strengths might be more or less helpful to deal with such challenges as the death of a child, a divorce, a parent's recurrent cancer, a major disaster, or ongoing complex trauma in war zones or prolonged refugee situations.

There is widespread interest in use of a simple questionnaire for a quantitative measure of both individual and family resilience. The *Walsh Family Resilience Questionnaire* (in Walsh, 2016b), operationalizing core processes in the family resilience framework described above, has being applied in several studies internationally, translated and adapted to fit varied adverse conditions and contexts. Questionnaires can also be useful to rate within-family changes over time, particularly with chronic multistress conditions. They can also be used for pre- and postassessment in practice effectiveness research. Similar to scaling questions in systemic practice, questionnaire response ratings are most useful when explored more fully in interviews.

Yet conceptual and methodological challenges in any questionnaire use are considerable, given the contextually contingent nature of the construct of resilience. Instruments designed to measure individual resilience (and the Post-Traumatic Growth model) have shown unstable psychometric properties across studies and cultures, particularly in factor structures (see, e.g., Windle, Bennett, & Noyes, 2011). Questionnaire adaptation is encouraged to translate and frame questions to fit varied cultural and socioeconomic contexts, linguistic differences, target populations, and types of adversity under study. Mindful that different mappings are to be expected, we might think of questionnaire use as mapping a particular family profile, while being cautious not to "profile" families in a stereotypic way, like a typology, nor to label families as resilient or not.

Mixed methods, combining quantitative and qualitative approaches, can fruitfully advance understanding of family resilience. Dynamic, multilevel models of longitudinal data

analysis are promising quantitative approaches (Borge, Motti-Stefanidi, & Masten, 2016). A dynamic process framework for systems grasps the complex nature of family life in social and developmental contexts without trying to resolve it using mechanistic concepts and data analysis.

REFLECTIONS ON RESEARCH AND PRACTICE PARADIGMS

Many family systems proponents have raised concerns about empirical measurement of complex family processes, preferring the richness of qualitative interviews and ethnographic studies to explore multiple, subjective perspectives and experience, particularly in meaning-making processes. Qualitative research aims to develop detailed, multilayered "thick descriptions" of the nature and meaning of events, situations, and experiences from the family members ("insiders") perspectives. While qualitative methods are often criticized for inherent biases in inquiry and analysis, quantitative methods' claims of objectivity are questionable. No research is free from preconceptions or blind spots, even with sophisticated computerized data analysis. All researchers must consider our values, assumptions, preferences, and biases in the construction of instruments, framing of questions, choice of methods, and interpretation of data. Heightened awareness of our subjectivity is required in mapping family processes, striving to understand the fullness of the experience of adversity and the human capacity to rise above it.

Like vulnerability, our notions of resilience are, at least in part, socially constructed. Resilience processes are now recognized to be multiscale, context and shock specific, and highly dynamic, characteristics that make it hard to measure. Improving our understanding of the influences in family or community resilience requires more than just the development and testing of robust and measurable indices. Better insights are needed into the social, institutional, and economic factors that heighten vulnerability and the contextual influences (including social capital) that strengthen individual and collective capacity to respond to adverse events and chronic stressors.

Scientific methods grounded in positivist assumptions and a manualized set of rules, procedures, and techniques tend to be generalized across populations and life situations and applied to everyone. The resilience-oriented framework presented here, and applied in our GRYD training experience, is more consistent with a poststructuralist approach, seeking to elucidate local knowledge and lived experience and stressing connection to practice principles while remaining flexible to multiple ways of practicing centered on client experience (Stillman & Erbes, 2012). Hopefully, such efforts can encourage more practice-informed research. This involves taking in practitioner and client feedback and adapting to fit their values and situations, and ways that were helpful. This requires assessment and intervention processes that are principles-based, person- and family-centered, flexible, open to the organic nature of practice and each family's experience, and supporting their preferred life vision and pathways forward.

PRACTICING RESILIENCE IN TRAINING, INTERVENTION, AND RESEARCH: MASTERING THE ART OF THE POSSIBLE

Just as resilient families "struggle well" to overcome multistress challenges in complex situations, family clinicians and researchers need to practice resilience in overcoming the many conceptual and methodological challenges to advance our knowledge and practice. Since it is not humanly possible to directly assess or control all variables, we need to prioritize those most relevant to intervention or research aims, the type of adversity faced, and the challenges, potential resources, and future vision of the families we work with. A systemic lens helps to keep mindful of the broad and interdependent family, social-cultural,

and developmental contexts. Like families in highly complex situations, our practice and research efforts are more likely to succeed with a multidisciplinary team approach, integrating multiple perspectives, sustaining ongoing networking, and striving to gain a sense of coherence. This involves "mastering the art of the possible": focusing on what can be learned, accepting what is beyond control or comprehension, and tolerating considerable uncertainty. Doing research, indeed, is akin to living our complicated lives.

Advances in research on human resilience—in individuals, families, and communities–are transformative for social policy, intervention, and prevention programs with vulnerable and at-risk populations. Such research can inform funding and service priorities from how families fail to how families, when challenged, can succeed (Waldegrave et al., 2016). To move beyond the rhetoric of promoting strong families, we must better understand and support key processes in intervention and prevention efforts. Continuing and future work can clarify the most useful components of family functioning with varying adverse conditions and populations. In practice and programmatic applications, a multilevel systemic assessment is important in designing clinical and community-based work in a variety of formats (individual, couple, family, and multifamily group modalities) and may involve transactions to gain vital community resources and larger systems supports.

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

REFERENCES

Bateson, G. (1979). *Mind and nature: A necessary unity*. New York: Dutton.

Borge, A., Motti-Stefanidi, F., & Masten, A. (2016). Resilience in developing systems: The promise of integrated approaches for understanding and facilitating positive adaptation to adversity in individuals and their families. *European Journal of Developmental Psychology*, *13*, 293–296.

Cacioppo, J., Reis, H., & Zautra, A. (2011). Social resilience. *American Psychologist*, *66*, 43–51.

Card, N., & Barnett, M. (2015). Methodological considerations in studying individual and family resilience. *Family Relations*, *64*(1), 120–133.

Distelberg, B. J., Martin, A. S., Borieux, M., & Oloo, W. A. (2015). Multidimensional family resilience assessment: The Individual, Family, and Community Resilience (IFCR) Profile. *Journal of Human Behavior in the Social Environment*, *25*(6), 1–19. doi:10.1080/10911359.2014.988320

Falicov, C. J. (2012). Immigrant family processes: A multidimensional framework. In F. Walsh (Ed.), *Normal family processes* (4th ed., pp. 297–323). New York: Guilford Press.

Greene, S., Anderson, E., Forgatch, M. S., DeGarmo, D. S., & Hetherington, E. M. (2012). Risk and resilience after divorce. In F. Walsh (Ed.), *Normal family processes* (4th ed., pp. 102–127). New York: Guilford Press.

Hawley, D. R., & DeHaan, L. (1996). Toward a definition of family resilience: Integrating life-span and family perspectives. *Family Process*, *35*, 283–298.

Hernandez, P. (2002). Resilience in families and communities: Latin American contributions from the psychology of liberation. *Journal of Counseling & Therapy for Couples and Families*, *10*(3), 334–343.

Hernandez, P., Gangsei, D., & Engstrom, D. (2007). Vicarious resilience: A new concept in work with those who survive trauma. *Family Process*, *46*, 229–241.

Kim-Cohen, J., & Turkewitz, R. (2012). Resilience and measured gene-environment interactions. *Development and Psychopathology*, *24*, 1297–1306.

Kirmayer, L. J., Dandeneau, S., Marshall, E., Phillips, M. K., & Williamson, K. J. (2011). Rethinking resilience from indigenous perspectives. *Canadian Journal of Psychiatry*, *56*, 84–91.

Knowles, R., Sasser, D., & Garrison, M. E. B. (2010). Family resilience and resiliency following Hurricane Katrina. In R. Kilmer, V. Gil-Rivas, R. Tedeschi, & L. Calhoun (Eds.), *Helping families and communities recover from disaster* (pp. 97–115). Washington, DC: American Psychological Association Press.

Landau, J. (2007). Enhancing resilience: Families and communities as agents for change. *Family Process*, *46*(3), 351–365.

Lebow, J., & Stroud, C. (2012). Assessment of couple and family functioning: Useful models and instruments. In F. Walsh (Ed.), *Normal family processes* (4th ed., pp. 501–528). New York: Guilford Press.

Lietz, C. (2013). Family resilience in the context of high-risk situations. In D. Becvar (Ed.), *Handbook of family resilience* (pp. 153–172). New York: Springer.

Lietz, C. A., Julien-Chinn, F. J., Geiger, J. M., & Hayes Piel, M. (2016). Cultivating resilience in families who foster: Understanding how families cope and adapt over time. *Family Process*, *55*, 660–672.

MacDermid, S. M. (2010). Family risk and resilience in the context of war and terrorism. *Journal of Marriage and Family*, *72*, 537–556.

Madsen, W. C. (2011). Collaborative helping maps: A tool to guide thinking and action in family-centered services. *Family Process*, *50*, 529–543.

Masten, A., & Monn, A. R. (2015). Child and family resilience: A call for integrating science, practice, and training. *Family Relations*, *64*(1), 5–21.

Masten, A. S. (2014). *Ordinary magic: Resilience in development*. New York: Routledge.

McCubbin, L. D., & McCubbin, H. I. (2013). Resilience in ethnic family systems: A relational theory for research and practice. In D. Becvar (Ed.), *Handbook of family resilience* (pp. 175–196). New York: Springer.

McGoldrick, M., Gerson, R., & Petry, S. (2008). *Genograms: Assessment and intervention* (3rd ed.). New York: Norton.

Norris, F. H., Stevens, S. P., Pfefferbaum, B., Wyche, K. F., & Pfefferbaum, R. L. (2008). Community resilience as a metaphor, theory, set of capacities, and strategy for disaster readiness. *American Journal of Community Psychology*, *41*, 127–150.

Patterson, J. M. (2002). Integrating family resilience and family stress theory. *Journal of Marriage and Family*, *64*, 349–360.

Rolland, J. S. (in press). *Mastering family challenges with illness and disability: An integrative practice framework*. New York: Guilford Press.

Rolland, J. S., & Walsh, F. (2006). Facilitating family resilience with childhood illness and disability. Special issue on the family. *Pediatric Opinion*, *18*, 1–11.

Rolland, J. S., & Walsh, F. W. (2005). Systemic training for healthcare professionals: The Chicago Center for Family Health Approach. *Family Process*, *44*, 283–301.

Rolland, J. S., & Weine, S. (2000). Kosovar family professional educational collaborative. *American Family Therapy Academy Newsletter*, *79*, 34–36.

Russo, S. J., Murrough, J. W., Han, M.-H., Charney, D. S., & Nestler, E. J. (2012). The neurobiology of resilience. *Nature Neuroscience*, *15*, 1475–1484.

Saltzman, W. R. (2016). FOCUS Family Resilience Program: An innovative family intervention for trauma and loss. *Family Process*, *55*, 647–659.

Saltzman, W. R., Lester, P., Beardslee, W. R., Layne, C. M., Woodward, K., & Nash, W. P. (2011). Mechanisms of risk and resilience in military families: Theoretical and empirical basis of a family-focused resilience enhancement program. *Clinical Child & Family Psychology Review*, *14*, 213–230.

Saltzman, W. R., Lester, P., Milburn, N., Woodward, K., & Stein, J. (2016). Pathways of risk and resilience: Impact of a family resilience program on active-duty military parents. *Family Process*, *55*(4), 633–646.

Saul, J. (2013). *Collective trauma, collective healing: Promoting community healing in the aftermath of disaster*. New York: Routledge.

Saul, J., & Simon, W. (2016). Building resilience in families, communities, and organizations: A training program in global mental health and psychosocial support. *Family Process*, *55*(4), 689–699.

Sluzki, C. (1983). Process, structure, and worldviews in family therapy: Toward an integration of systemic models. *Family Process*, *22*, 469–476.

Sprenkle, D., Davis, S., & Lebow, J. (2009). *Common factors in couple and family therapy*. New York: Guilford Press.

Stillman, J. R., & Erbes, C. R. (2012). Speaking two languages: A conversation between narrative therapy and scientific practices. *Journal of Systemic Therapies*, *31*, 74–88.

Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*, *15*, 1–18.

Ungar, M. (2010). Families as navigators and negotiators: Facilitating culturally and contextually specific expressions of resilience. *Family Process*, *49*, 421–435.

Waldegrave, C., King, P., Maniapoto, M., Tamasese, T. K., Parsons, T. L., & Sullivan, G. (2016). Relational resilience in Maori, Pacific, & European sole parent families: From theory and research to social policy. *Family Process*, *55*, 673–688.

Walsh, F. (1996). The concept of family resilience: Crisis and Challenge. *Family Process*, *35*, 261–281.
Walsh, F. (2002). A family resilience framework: Innovative practice applications. *Family Relations*, *51*(2), 130–137.
Walsh, F. (2003). Family resilience: A framework for clinical practice. *Family Process*, *42*(1), 1–18.
Walsh, F. (2007). Traumatic loss and major disasters: Strengthening family and community resilience. *Family Process*, *46*(2), 207–227.
Walsh, F. (2009a). Human-animal bonds II: The role of pets in family systems and family therapy. *Family Process*, *48*(4), 481–499.
Walsh, F. (2009b). Integrating spirituality in family therapy: Wellsprings for health, healing, and resilience. In F. Walsh (Ed.), *Spiritual resources in family therapy* (2nd ed., pp. 31–61). New York: Guilford Press.
Walsh, F. (2012). Successful aging and family resilience. In B. Haslip & G. Smith (Eds.), *Emerging perspectives on resilience in adulthood and later life. Annual Review of gerontology and geriatrics* (Vol. *32*, pp. 153–172). New York: Springer.
Walsh, F. (2016a). Family resilience: A developmental systems framework. In special issue: Resilience in developing systems. *European Journal of Developmental Psychology*, *13*(3), 313–324. doi:10.1080/17405629.2016.1154035
Walsh, F. (2016b). *Strengthening family resilience* (3rd ed.). New York: Guilford Press.
Weine, S. (2011). Developing preventive mental health interventions for refugee families in resettlement. *Family Process*, *50*, 410–430.
Weine, S., Knafi, K., Feetham, S., Kulauzavic, Y., Klebec, A., Sclove, S. et al. (2005). A mixed methods study of refugee families engaging in multiple-family groups. *Family Relations*, *54*, 558–568.
Weine, S., Muzurovic, N., Kulauzovic, Y., Besic, S., Lezic, A., Mujagic, A. et al. (2004). Family consequences of refugee trauma. *Family Process*, *43*(2), 147–160.
Werner, E., & Smith, R. S. (2001). *Journeys from childhood to midlife: Risk, resilience, and recovery*. Ithaca, NY: Cornell University Press.
Windle, G., Bennett, K. M., & Noyes, J. (2011). A methodological review of resilience measurement scales. *Health and Quality of Life Outcomes*, *9*(8), 1–18.