

## Building Resilient Families

Researchers have looked at what makes families able to cope with the stresses they face. Resilient families are those that are flexible and can adapt to changing circumstances. They are also able to bounce back from sudden, traumatic events that cause changes in the family structure.

### FACTORS THAT PROMOTE RESILIENCY

Research has identified two main components of family resiliency: protective factors and recovery factors.

- **Protective factors** develop strengths that help families and individuals cope with life's challenges and stresses. These factors prepare people for change, crisis, or conflict and help families become more flexible and adaptable. Some important protective factors in families include family routines and traditions, family celebrations, and family health. Important protective factors for individuals include having a sense of humor and being independent. These are strengths that people can draw on in times of stress to help them solve problems.
- **Recovery factors** help families cope with crises, such as serious illnesses, deaths, job losses, or natural disasters. Some important recovery factors include family togetherness and support, a sense of control, and an optimism about life in the future.

While these protective factors and recovery factors promote resiliency, there are other factors that can interfere with resiliency. These risk factors may inhibit the ability of a person or family to cope during times of stress. For families, risk factors include domestic violence or substance abuse, poor parental monitoring, and unclear family expectations. For individuals, risk factors include low self-esteem, antisocial behavior, and rebelliousness.

Environmental factors such as poverty, homelessness, and racial inequality also increase risk.

### WHAT ARE THE CHARACTERISTICS OF RESILIENT FAMILIES?

One set of researchers identified ten characteristics that resilient families have in common:

- **Communication.** Family members communicate well to share feelings, ideas, and information, and to solve problems.
- **Equality.** The family benefits when parents have equal rights and responsibilities.
- **Spirituality.** A family's spiritual beliefs can help it weather crises. Spiritual beliefs provide a common bond among family members and a resource to draw upon, especially in difficult times.
- **Flexibility.** The family adapts to circumstances by changing roles, functions, and lifestyle, as necessary.
- **Truthfulness.** When family members tell the truth to one another, everyone benefits.
- **Hope.** Families that have positive expectations about the future can help see them through difficult times.
- **Family hardiness.** The ability and willingness to come together in times of stress teaches family members that they can count on one another when needed.
- **Social support.** Families benefit when they can draw on people or institutions outside the family to supply resources that family members do not possess.
- **Health.** Families are more resilient when members have good physical and mental health.
- **Family time and routines.** Every family has routines, or patterns of behavior, that make

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everyday life predictable and comfortable. The ability to adapt those routines to new circumstances is important.

### **CAN RESILIENCY BE DEVELOPED?**

Researchers say families can learn how to cope with stress, meet the needs of family members, and become more resilient to life's challenges. A healthy family solves problems through cooperation, brainstorming, and listening to each other. Some strategies that can help families develop resiliency include planning, prioritizing, and budgeting; working

together to achieve goals; learning from past mistakes; and having fun together. Families can help children learn resilient behavior by teaching problem-solving skills and by being supportive.

Every family will go through changes and problems. Families can be prepared for these challenges by using strategies, such as those discussed here, to develop greater resiliency. All families have some strengths that they can build on. Making a family even stronger requires the commitment, cooperation, and hard work of all its members.

### **Taking Action**

Write a description of a situation in which a family faces a crisis such as the serious illness of one member, a parent's loss of a job, or the need to move. Show how the family meets the crisis and maintains good family health. Then identify any of the resiliency factors given that helped or could have helped that family.

## More About Attention Deficit Disorders

Attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD) are complex brain disorders that affect many children. Because these disorders influence all aspects of a child's life, the consequences of improper diagnosis, or of no diagnosis at all, are considerable.

### **SYMPTOMS OF ADD AND ADHD**

Behavioral symptoms of children with ADD and ADHD include:

- **Easily Distracted.** Children with ADD and ADHD have problems focusing on tasks because their brains have difficulty sorting out and selecting among all the things in their environment. They constantly respond to the many sounds, colors, and events that surround them. However, when they are highly motivated to concentrate, they are better able to focus. Some children who exhibit this behavior respond differently. They are distressed and upset by too much noise or activity.
- **Impulsive.** Children with ADD and ADHD are characterized by sudden acts or outbursts that seem to be unprovoked and uncontrolled. A child might begin throwing things or interrupting people without thinking. The impulsive child does not stop to think about the negative consequences that occurred with similar behavior in the past.
- **Hyperactive.** It is this behavior that distinguishes ADHD from ADD. People tend to associate this behavior with an inability to sit still, or with “climbing the walls.” However, fidgeting is a more common habit. It is not uncommon to see ADHD children with some part of their bodies in motion or sitting at a desk with one knee on the floor. Also, some children may seem to talk constantly.

Some children who demonstrate ADD/ADHD behaviors in early childhood go undiagnosed until they attend school. A teacher may be the first person to notice these behaviors. A child who is inattentive and easily distracted, but who is also quiet and cooperative, may go unnoticed even though he or she has behaviors that could be signs of ADD/ADHD.

### **DIAGNOSIS**

Not every child who is distractible, impulsive, or hyperactive has ADD or ADHD. Most children exhibit some of these behaviors at one time or another. True ADD/ADHD behaviors usually appear before age seven and last for at least six months. For a diagnosis of ADD or ADHD to be made, the behaviors must cause severe problems in at least two areas of the child's life, such as at school, at home, or in social settings. It is also important to determine whether the behaviors are a continuing problem or a reaction to a temporary situation.

Some young children demonstrate behaviors typical of ADD/ADHD as toddlers. It is very common for a toddler to lose interest in games or run around in a manner that might be considered hyperactive. These are simply typical behaviors at that stage. In addition, children develop at different rates and have different temperament traits and energy levels.

There are other reasons that a child's behavior might resemble ADD/ADHD. These include major changes in a child's life, such as the death of a parent or a divorce; medical problems, such as seizures or ear infections; learning disabilities; and anxiety or depression. All of these factors should be taken into account before a diagnosis is made.

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If parents suspect that their child may have ADD or ADHD, they can start by discussing the child's behavior with their family doctor or pediatrician. If the doctor agrees that the behaviors may be signs of ADD/ADHD, he or she can refer them to a specialist who has training in attention deficit disorders to make a final diagnosis.

## **BEHAVIORAL APPROACHES TO ADD AND ADHD**

Through guidance and counseling, parents and caregivers are encouraged to establish routines at home that foster positive family dynamics. Too often, family members become frustrated with the behavior of a child who has ADD or ADHD, which leads to anger and more frustration. The purpose of behavior management is to have a healthy environment, rather than constant chaos. Two basic features of behavior management are to reward positive behavior rather than punish the negative,

and to be consistent. Similar techniques can be used at school to improve learning and minimize disruptions to the class. When the plan works, everyone is happier and can cooperate to build better relationships.

## **TREATMENT WITH MEDICATION**

The decision whether to treat a child who has ADD or ADHD with medication requires considering an extensive number of factors. These include the possibility of learning disabilities, the child's physical condition, what symptoms of ADD/ADHD are exhibited, and the hours of the day that the symptoms are apparent. Once medication is started, careful monitoring of its effectiveness is essential. Each medication has its unique characteristics, effects, and side effects. Some health professionals question the wisdom of children taking medication, especially for long periods of time.

### **Taking Action**

Research the controversy over using medications to treat ADD/ADHD. Which medications are the most common? Why are some people in favor of using them and others against? Report to the class.

## Focus on Child Abuse

Considering the possible “causes” of child abuse is a step toward reducing its alarming frequency. Child abuse or maltreatment includes behavior that endangers or fails to protect the physical, emotional, or developmental needs of a child. More than 60 percent of child maltreatment cases involve neglect. Failing to nurture a child is a form of abuse because nurturing is necessary for proper development.

### STRESS AND PERSONALITY ISSUES

Not all child abuse is purposeful or premeditated. Difficult circumstances in life can cause a person to become overly stressed or anxious, which may increase the chances of abuse. For example, the strain of dealing with a child with a behavior disorder may make it more likely a parent, especially one with no family support, may become abusive. Relationship problems, poor coping skills, unemployment, and poverty can also create significant stress.

Some people are more impulsive and prone to anger than others. Impulsive people often do not consider the consequences of their actions before they act. During a stressful situation, an emotionally immature person may lash out in violence against another adult or a child. Tragically, a child can be hurt or even killed when a teen’s or an adult’s anger is not controlled. It is essential that parents and other people who care for children learn how to cope in positive ways that will not harm children. Parents should never leave a child with an individual they do not know well or who has violent tendencies.

### SOCIAL ISOLATION

Research has confirmed that social isolation is often a contributing factor in child abuse. Low self-esteem and poor coping skills typically go hand-in-hand with social isolation.

Raising children is not an easy job. Parents should accept support of family or friends. In some instances, parents may have to ask for help because others may wrongfully assume that their assistance is not needed or wanted. A support network of family, trustworthy neighbors, friends, and coworkers can be a great help. Help from support groups and social service agencies may be added when needed.

### SUBSTANCE ABUSE

Nearly one half of all cases of abuse or neglect are related to a parent’s drug or alcohol abuse. It is estimated that 9 percent of children in the U.S. have at least one parent who abuses drugs or alcohol. Many parents who are dependent on drugs or alcohol cannot be counted on to take care of the needs of their children. Their judgment may be clouded, causing them to squander money and make poor decisions. Parents who are under the influence of drugs or alcohol often lack the ability to keep children safe. Their altered mental state does not allow them to provide what the children need, much less adequately supervise the children. They may transport children when their driving ability is impaired.

Some children suffer abuse from drugs and alcohol before they are born. Children of mothers who use drugs or alcohol during pregnancy may be born with chemical dependencies and birth defects. In some cases, mothers can be charged with child abuse if they use drugs when they know they are pregnant.

### POOR MODELING

Often a lack of awareness about the needs of children leads to neglect and abuse. Little knowledge of good parenting skills is a risk factor for child maltreatment, second only to substance abuse. People who grew up in dysfunctional homes

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or who lack such education may simply not know how to care for children properly. Many hospitals now use their prenatal care programs to educate parents about how to care for newborns in an effort to prevent this form of abuse.

People who were abused themselves as children are more likely to become abusers. Unfamiliar with positive ways to guide and discipline children, they may simply repeat the inappropriate discipline they received.

### **OTHER FACTORS**

Some people suffering from depression and mental illness may not have the capacity to nurture their children. They may unintentionally neglect or abuse their children.

### **HELPING ABUSERS**

Several approaches have been successful in helping child abusers. Some treatments focus on the abuser; others treat the whole family. Many programs work on reducing stress within the family. Most help parents deal with their feelings and frustrations so they can avoid taking their problems out on their children. In some treatment programs, a contact person is available to help the parent remain in control when abuse seems likely to occur.

There are also hot lines and support groups for parents who fear they are abusers or may become abusers. These groups help parents learn strategies to deal with their children, including ways to discipline that don't involve physical abuse.

In existence since 1969, Parents Anonymous is a leading organization with the goal of eliminating

child abuse. Support groups work to eliminate risk factors while increasing protective factors for families. Risk factors that are addressed include having unrealistic expectations, destructive attitudes, harmful behaviors, social isolation, and poor coping skills. They work on factors that protect families, such as increasing self-esteem, parenting skills, social support, problem-solving skills, and providing a nurturing environment for parents and children.

Unfortunately, many abusive parents do not receive help until they have been convicted of abuse or neglect. Some courts order drug counseling or rehabilitation for abusive parents who are substance abusers, with the hope that the abuse will stop with the drug or alcohol addiction. Children are usually removed from the abusive home when a parent is the abuser. In most cases, parents can get their children back when they successfully complete a court-designated program.

### **Taking Action**

Investigate services and organizations in your area that are available to help families who are at risk for child abuse. You may also research national organizations that offer Web sites or hot lines. Select one to learn more about. Report your findings to the class.