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Families in Crisis: Resilience-Based Interventions in In-Home Family Therapy

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The field of family therapy has seen significant development since its beginnings in the late 1950s (Becvar, 2006). Recently, theorists and practitioners have begun to elucidate ways in which the field of positive psychology can be applied to families in distress. Specifically, ideas about how families manage to function in spite of the numerous crises they experience has recently gained interest as has the practice of providing therapy in a family's home (Lindblad-Goldberg, Dore, & Stern, 1998). This paper will blend these two developments and detail specific techniques for strengthening family resilience when working with multi-stressed families in the home.

Theoretical Foundations

Having developed as a wider critique of mainstream psychology's "illness ideology" (Maddux, 2005) and deficit-focus, positive psychology has maintained that focusing instead on what works in people's lives can open up paths to healing and growth. In particular, the concept of *resilience* has found considerable application in recent years. Meaning "the ability to withstand and rebound from disruptive life challenges, strengthened and more resourceful" *resilience* has been applied specifically to families by Walsh (2006). Particularly in settings where intensive therapy is provided in the home, a family resilience perspective can aid those seeking authentic, strength-based ways to meet families' needs. We will first outline this approach and then utilize it as a conceptual scaffold on which we will place various interventions.

Walsh writes of her family resiliency model as being "strengths-based, collaborative, systemic" (Walsh, 2006, xi) and "...grounded in the firm conviction that we human beings survive and thrive best through deep connections with those around us, those who have come before us, and all who have been, or could be, significant in our

lives” (Walsh, 2006, xiii). She outlines three broad categories to conceptualize the manner in which families demonstrate resilience: belief systems, organizational patterns, and communication processes. A family’s belief system is comprised of the ways in which the family has come to make meaning of adversity, has developed a positive outlook, and has found ways to experience transcendence and spirituality in the face of adversity. Families who demonstrate resilient belief systems are able to contextualize the difficulties they have faced, placing those in perspective while being able to draw hope from their challenges and situate them in a larger more global context. Shared belief systems are at the very heart of resilience as we respond to adversity by making meaning of our experience by linking to our social, cultural, and faith beliefs and to our hopes and dreams for the future: “How families view their problems and their options can make all the difference between coping, healing, and growth or dysfunction and despair. Beliefs that we are unworthy can fuel self-loathing, destructive behavior, or social isolation” (Walsh, 2008, p. 68). Organizational patterns of resilient families are flexible, connected and can utilize social and economic resources in coping with stress. Resilient organizational patterns are seen when families are able to adapt to changes owing to the nature of the relationships within the family: nurturing, supportive, and respectful transactions between family members support each person’s need to connect, or, if there has been wounding, the need to re-connect with one another. Communication processes which typify resilient families are notable for the degree of clarity, the openness of emotional expression and the collaboration they engender. Clear messages which are consistently shared from a place of emotional expressivity and a desire to work out difficulties with others in the family are aspects of such processes (Walsh, 2006, p. 26).

Key Processes in Family Resilience

Belief Systems

1. Making Meaning of Crisis, Adversity
2. Positive Outlook: Hope, Master the possible
3. Transcendence, Spirituality

Organization

4. Flexibility / Re-Stabilize, reorganize, Strong Leadership, coordination
5. Connectedness -- Lifelines - Mutual Support
6. Social, Economic, & Institutional Resources

Communication

7. Clarify Situation, Options
8. Open Emotional Sharing; Respite; Humor
9. Collaborative Problem-solving / Pro-action

In-home family therapists are well-positioned to provide interventions which work toward these broad resiliency factors; the unique modality of home-based service allows the therapist to experience the family’s lived context in order to ascertain possibilities for the family to build resilience. What, then, are specific techniques that therapists can use to encourage useful belief systems, adaptive organizational patterns, and effective communication processes? While Walsh specifies the conceptual scaffold, others have developed techniques which can function as the “bricks and mortar” in the pursuit of a comprehensive family resiliency approach. Presbury, Echterling and McKee

(2008) have proposed a variety of counseling techniques which build on but reinterpret solution-focused models. Borrowing from Lipchick (2002), the authors lay out their assumptions regarding what they refer to as *resolution-focused brief counseling and crisis intervention*: “the centrality of a collaborative relationship, the uniqueness of each client, and the value of emotions in counseling” (Presbury et al., 2008, p. 16) form the basis of “brief attitudes,” broad ways of conceiving of the counseling process. Attitudes such as “all counseling is collaborative” (emphasizing the building of trust in the therapeutic relationship), “clients have all they need to resolve concerns” (viewing clients as the experts on their difficulties and affirming their latent capacities), and “all client behavior makes sense” (believing that, given the circumstances and the perception of those, clients really are functioning as well as they are able), allow a therapist to develop techniques specifically suited to each client (Presbury et al., 2008 pp. 262-265). These attitudes inform several techniques, including *deconstruction*, *immediacy*, and *LUV* (*listen, understand, validate*).

Deconstruction is a process which has its genesis in the recognition that all of our ways of looking at the world are constructions of reality. That is, our ways of making meaning of any given situation, our versions of reality, are essentially creations we carry with us based on our own unique histories as well as the influence of our social surround. To deconstruct these in therapy is to offer the possibility of co-creating more adaptive versions of reality. Techniques begin with listening for client constructions of their lives, including self-sabotaging ideas they have about themselves, others, and the world (Presbury et al., 2008, p. 125). In working to aid individuals in re-constructing aspects of a their reality, there exists something of an isomorphism in that counselors must believe that survivors of crises can grow and thrive in spite of negative events—and even because of them. Sustaining an optimism that inspires hope in clients’ lives is key to assisting them in discovering a belief in themselves, making meaning of their crises, and replacing hope with despair (Presbury et al., 2008, p. 230). If you as the counselor stay optimistic and hopeful, you can provide the light to walk beside the family as they come to find a path to resolution (Presbury et al., 2008, p. 231).

To offer an “immediacy” is to put forth a statement which has the function of “highlighting the encounter between you and your client, ...calling attention to what is happening in the moment” (Presbury et al., 2008, p. 204). The use of an immediacy in a clinical encounter models authenticity for a client and allows the counselor to bring clear focus to whatever dynamics are present between counselor and client.

To listen, understand, and validate (LUV) is to convey to the client that one is deeply present and is attempting to “get” the client and his/her “view of things” (Presbury et al., 2008, p. 36). In the context of family therapy, a counselor provides encouragement by listening to what the family is saying; facing the family in an engaged, inviting manner while the family is telling their story. Understanding develops when a counselor attends to what has been said by repeating or paraphrasing aspects of the narrative and asking for clarification. Finally, the counselor validates what the family members have said by nodding affirmatively, smiling warmly, and refraining from displays of doubt or desire to debate with them (Presbury et al., 2008, pp. 37-38).

A relationship between Walsh’s ideas and Presbury, Echterling, and McKee’s techniques exists at all levels. While Presbury et al.’s work focuses on individuals, the techniques can easily be applied in a family context. Walsh writes, “...individual

resilience is best understood and fostered in the context of the family and larger social world, as a mutual interaction of individual, family, socio-cultural, and institutional influences” (Walsh, 2006, p. 26). Almost anticipating resolution-focused techniques, Walsh writes,

... a family resilience approach provides a positive and pragmatic framework that guides interventions to strengthen the family as presenting problems are resolved. This approach goes beyond problem solving to problem prevention; it not only repairs families, but also prepares them to meet future challenges. (2006, p. 25)

She continues, “...a particular solution to a presenting problem may not be relevant to future problems, but in building processes for resilience, families become more resourceful in dealing with unforeseen problems and averting crises” (Walsh, 2006, page 25). Presbury et al., laying out the foundations of their approach, agree, writing:

Achieving a sense of resolution may not have anything to do with a particular problem... fundamentally life concerns are not solved, but resolved. Resolutions ...do not necessarily have much to do with the “problem” as stated by the client. When people’s painful issues begin instead to dissolve, they simultaneously experience problems as becoming resolved and themselves as becoming more resolute (2008, p. 20).

Taken together, Walsh’s resiliency model and Presbury et al.’s resolution-focused techniques represent a deeply humanistic methodology for working with families experiencing severe stress. Considering family resilience as having to do with belief systems, organizational patterns, and communication processes, we can apply resolution-focused techniques to each. For example, as therapists experience families whose belief systems are focused on a pathological view of themselves as somehow “broken” beyond repair or forever saddled with a misbehaving child, therapists can gently begin to deconstruct these beliefs, highlighting the manner in which the family has come to survive thus far. Indeed, “how families view their problems and their options can make all the difference between coping, healing, and growth or dysfunction and despair” (Walsh, 2008, p. 68). With regard to organizational patterns, a counselor might use an immediacy to describe the counselor’s experience of the organization of the family. Lastly, in terms of communication processes, it is the therapeutic relationship itself which can become a vehicle for family members to experience empathically attuned reflection of their thoughts and feelings; here, the centrality of listening, understanding and validating cannot be overstated. Such a relationship with a counselor can be a source of comfort for families who may come to experience being deeply listened to for the first time. The therapeutic relationship can be a bridge to connect family members to one another as the counselor supports the family in developing respectful, collaborative and committed intra-familial bonds which allow for the sharing of emotion.

Clinical Examples

As mentioned, there are several resolution-focused techniques one can utilize in the context of individual therapy which, based on our experience, have broad efficacy

when working with families. We will now outline specific examples drawn from our own work.

Deconstruct Family's Narrative to Influence the Family's Belief System

In our experience, families experiencing severe distress often speak in absolute language, using never and always frequently. Such statements are reflective of the family's belief system which, given the ongoing crises they have experienced, is often mired in negativity. When a family member, says, for example, "my daughter is just foolish. She will never amount to anything the way that she's running around 'till all hours of the morning. She don't ever do nothing right. I have tried and tried, and she just don't listen. She's just a bad seed, that one," a counselor might respond in a way that subtly and gently offers a different view. First, the counselor must recognize that the view the parent (in this case) has of the child is a construction, a specific way of making meaning of the parent's experience up to this point. Second, the counselor must decide where to begin to deconstruct the narrative. Lastly, the counselor offers a statement which reflects the feeling and also adds something as an interpretive turn.

In this short example, there are many possibilities for deconstruction. While the beginning counselor might be inclined to "rescue" the family member, it is important to bear in mind that we as counselors are not rescuers; instead, we are attempting to facilitate a positive resolution to the family's crisis by highlighting the factors that promote resilience, beginning with a focus on resolve and not on specific "distress" events. When clients use damning phrases to characterize themselves or their situations, counselors can simultaneously acknowledge the client's complaint while at the same time deconstructing it. Deconstruction of the family's beliefs about itself will aid the family in finding the hope for the future, mastering the possible, and transcending the crisis. In the narrative above, the skilled counselor will select a response which builds on the potentiality that seems most salient at that moment based on the whole clinical picture of the family. In this case, let us say that the relationship between this mother and daughter is severely strained. In the broader clinical picture, the counselor has determined that this relationship is one which holds considerable tension for the family and, if more connection can be cultivated, will result in a shifting of larger patterns of relationship within the family. When the mother in the above scenario states, "She don't ever do nothing right," and "she's a bad seed," a deconstructing response could be, "so it seemed to you that lately your daughter had been spending her time doing things that move her farther away from your goals for her and her future," or "your daughter seems to be someone who is independent and likes to learn things from making mistakes." In these responses, the counselor is presuming resilience on the part of the daughter as well as supporting the mother in re-constructing a meaning of her daughter's behavior that is focused on her daughter's potential.

Be Immediate to Highlight Organizational Patterns

To use another example, we offer the fictional case of Mr. Tode. The therapist working with this family had observed that Mr. Tode was highly inflexible in his overall approach to life, and he exhibited patterns of behavior based on "absolutes" which had the effect of controlling the functioning of the family. In session, he frequently became loud and yelled often, stating that his children, "never did what they were told, were

always causing him and his wife headaches,” and that “therapy never helped;” at one point, he yelled that he was “sick of it and done with it!” One way to be immediate with Mr. Tode would be to say, “I notice that oftentimes in session with me your voice becomes louder and your body seems tense. I wonder if there is something I have said or done that has made you angry.” Such a “creative misunderstanding,” a different response than others typically provide him, could lead Mr. Tode to open up about the anger he is feeling in the moment. Additionally, the counselor might be immediate in the context of the whole family to highlight behavioral patterns: “Oftentimes in session, I notice that when dad speaks, mom cringes and sinks lower into the couch, and the kids move farther away from dad to the other side of the room.” The counselor may follow up in this or future sessions by being immediate with the father by saying, “I wonder about the times when you speak loudly in sessions with me and the family, if you are not feeling like you are being heard. What would be helpful from us for you to feel heard that would decrease your feelings of exasperation?” Cautiously interpreting while providing empathic interventions to provide support and encouragement can reduce any threat that the client may perceive when using an immediacy (Presbury et al., 2008, p. 204).

Use LUV to Establish Empathic Communication Processes

Counselors have the job of looking for the survivor in a crisis and reminding families of their strengths that provide evidence of resilience and encourage hope. Another brief clinical vignette allows us to illustrate the use of LUV: a father has lost his job and cannot find work. Lately, he has been arguing more with his wife and yelling at the 10 and 12 year-old children, something that he swore he would never do. He reports that “this has never happened to him” and that he does not “feel like a good provider anymore.” The men in his family “always provide for their wives and children.” He has come to believe that he will “never be a good provider again” and that he is a “failure.” A counselor could say to this father, “You have gone through so much as you have searched for the best ways to take care of your family, and you have felt really down because you have not yet found a way to do that,” or “until now, it has seemed to you that you might not be a good provider since you haven’t yet found a new job,” or “what will it be like when you are working again and being the provider you want to be for your family?” To be “presumptive” about resolve means keeping the focus of the intervention on what *will* happen as opposed to *if* it will happen. For example, a counselor could say, “when the situation changes for the better, how will you be feeling?” (Presbury et al., 2008, p. 226). In this way, a counselor can be encouraging with a client, letting the client know that the counselor sees them as someone with potential and possibility.

Conclusion

A resolution-focused approach coupled with a family resiliency framework can form a powerful treatment modality when working with multi-stressed families. A counselor can reach out with listening, understanding, and validation in order to let the family know that the counselor is present to them and to their needs, working in this way to introduce new patterns of communication to family members. To influence a family’s belief system, a counselor can use deconstructing statements, hearing concerns and gently interpreting those as adaptive responses to difficult situations. Counselors can also utilize

an immediacy to highlight organizational dynamics within the family, relying on the counselor's own experience of the family and its learned patterns of relating. Building on a family's potential can be a welcome approach for families who have experienced ongoing crises.

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