

# Strength-Based Efforts for Promoting Recovery from Psychological Harm

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*Much resilience research highlights protective factors that prevent risk. Here the author focuses on resilience as the ability to recover from psychological harm. The strength-based view sees resilience as a transformational experience. One applicant of this approach is the Phoenix Intervention Program for Children (PIPC) which combines concepts of therapy and parenting in a school setting.*

A hallmark of human development is the capacity to deal with seemingly random and benign life stresses. Yet for many, stressful life events are not random or benign, but rather persistent and malevolent. Still, some children appear to escape unscathed and go on to lead productive adult lives. This ability to thrive in the face of adversity is the prevailing view of resilience.

Luthar, Cicchetti, and Becker (2000) use the term *resilience* when referring to the “process or phenomenon of competence despite adversity” (p. 554). Masten (2001) further adds that resilience is made of ordinary rather than extraordinary processes. In this view, adaptive functioning in the face of adversity results from the operation of basic human adaptational or protective systems (authoritative parenting, strong personal resources, and supportive communities). The study of children who display adaptive functioning despite adversity has indeed informed intervention efforts (e.g., Head Start) aimed at preventing the onset of maladjustment by promoting and ensuring the maintenance of these adaptational processes.

Norman Garmezy (1993) offers another perspective on resilience: “under adversity, an individual can bend, lose some of his or her power and capability, yet subsequently recover and return to the prior level

of adaptation” (p. 129). According to Garmezy, the term resilience “captures what is meant when one speaks of a person who regains functioning following upon adversity” (p. 129).

Resilience can be one of maintenance or recovery. Preventive processes that promote resilience-as-sustained adaptive functioning are distinct from those involved in resilience-as-recovery of functioning. In one important way, resilience as prevention involves *continuity* in protective systems, which shield the child from adverse events. As a result, the child does not manifest psychosocial maladjustment. In contrast, resilience-as-recovery of functioning implies a *transformation* in a child’s pattern of stress responding as a result of changes in personal resources and environmental conditions. In my opinion, it is this view of resilience that is at the heart of strength-based efforts.

## Resilience as Transformation

The very first examples of what might be considered as evidence for resilience-as-recovery of functioning were noted in the literature on schizophrenia (see Cicchetti & Garmezy, 1993). Some children with schizophrenia were characterized by a chronic pattern of maladaptive behavior, whereas others were characterized by a period of recovery. Evidence for recovery of adaptive functioning in other research

areas began to emerge, most notably among children exposed to chronic social and economic deprivation (Egeland, Carlson, & Sroufe, 1993; Egeland, Kalkoske, Gottesman, & Erickson, 1990; Festinger, 1983; Sroufe, Egeland, & Kreutzer, 1990; Werner & Smith, 1982). More recent research aimed at identifying variations in behavioral adjustment over time among boys living in stressful environments also indicates that some children do experience recovery of adaptive functioning (Campbell, Pierce, Moore, Marakovitz, & Newby, 1996). Other sources pointing to recovery from psychological harm include qualitative studies about adult survivors of sexual abuse (O'Connell-Higgins, 1994) and children of parents with affective disorders (Beardslee, 1989) as well as personal accounts about growing up in a highly criminal environment (Rhodes, 1997) and in foster care (Seita, Mitchell, & Tobin, 1996). Taken together, this body of knowledge indicates that somewhere along the life-course, children in trouble can experience a positive transformation.

### **Sudden Changes in Developmental Pathway**

The empirical findings along with the personal accounts indicate that processes underlying positive transformation may include improvements in environmental conditions, the opening up of opportunities (e.g., education or employment), strengthening of personal resources, and the formation of strong emotional bonds with caring adults. All of these processes, in combination, lead to a transformation in how a child responds to stress, which increases his or her psychological resistance to future adversity. Horowitz (2000) provides a model of development whereby experiences interact with individual resources to affect the realization of a child's potential in all domains of functioning and across the life span. Another way of seeing this transformation is to view a child as moving through life along some "developmental pathway, with the particular pathway followed always being determined by the interaction of the personality as it has so far developed and the environment in which it then finds itself" (Bowlby, 1984, p. 6). Children in trouble are therefore not confined by their earlier negative experiences but, rather, are responsive to the advantages found in later experiences. These later experiences coupled with strengthening personal resources move children from a risk onto an adaptive trajectory.

### **Strength-Based Efforts for Promoting the Capacity to Recover from Psychological Harm**

Laursen (2000) explains that strength-based practitioners believe that children and families in trouble have the capacity to recover from their adversities. There is no denying that they are struggling with their difficulties. However, within a strength-based paradigm, their struggles are indicative of their fortitude to overcome adversity. Laursen draws on a vast literature to support the following benefits: (a) focusing on identifying personal resources; (b) building authentic relationships; (c) facilitating community involvement; and (d) respecting the right to self-determination when working with children and families who find themselves besieged by stressors. Along the same lines, Seita et al. (1996) identified four intangible factors that are influential in moving a child from a risk onto an adaptive trajectory: (a) connectedness, as in building strong positive relationships with others; (b) continuity, as it relates to developing a sense of continuous belonging to a group, family, or spiritual entity; (c) dignity, as in cultivating purpose, showing respect and being courteous; and (d) opportunity, as in providing experiences to capitalize on strengths. The Circle of Courage model also makes reference to four basic factors that encourage the process of recovery, namely, a sense of belonging, a sense of purpose, exposure to opportunities to develop talents, and experiences that contribute to a sense of responsibility over one's life (Brendtro, Brokenleg, & Van Bockern, 1990, 2002).

### **The Phoenix Intervention Program for Children: A Strength-Based Effort**

Several years ago, I was asked to develop a program of intervention that would help elementary-school children develop the prosocial skills and emotional awareness they needed to better manage their relationships with teachers and peers. The Phoenix Intervention Program for Children (PIPC) (De Civita & Aird-Wesley, 1998) was developed in collaboration with children, facilitators, and teachers. During the first two years of funding, empirically-based social skills and anger-management programs were modified to meet children's developmental maturity

and were subsequently implemented. PIPC was governed by the four factors identified by Seita et al. (1996). A sense of continuity was fostered by providing stability in the children's learning environment and by maintaining a mutual alliance with teachers. A sense of connectedness was nurtured by focusing on children's strengths, thereby increasing their willingness to bond with their facilitator. Children were provided with ample opportunities to practice their skills during role-play sessions and recess time. Dignity was honored by tailoring activities to meet developmental needs and cognitive maturity as well as involving children in the formation of group rules and in the evaluation of group activities.

Erik Erikson's (1963) description of the four psychosocial developmental tasks of childhood (trust, autonomy, initiative, and industry) guided the four phases of the program. In Phase 1 (the trusting stage: instilling hope), the goals were to build children's trust and a sense of belonging by providing consistency, continuity, and sameness of group experience in the presentation of activities and reinforcement of group rules. By Phase 2 (the autonomy stage: promoting will), children had acquired a sense of trust and belonging. What they needed was the opportunity to exert their autonomy. Children therefore were encouraged to practice their skills while being guided by the facilitator. In Phase 3 (the initiative stage: nurturing purpose), teachers became involved by encouraging children to use their skills to negotiate difficult situations. The ability to generalize skills to real school situations added to autonomy a quality of confidence. By Phase 4 (the industry stage: celebrating competence), children had acquired a sense of trust and belonging, demonstrated autonomy, and showed initiative. They were exposed to many opportunities to practice new skills with their peers and received praise for their efforts. Building on their progress, children were provided with opportunities to discuss what they had learned and how such learning had helped them in their interactions with peers.

### **Strength-Based Practitioners as Therapeutic Parents**

Strength-based practitioners must perform tasks that are, at times, more characteristic of good parenting than those more in line with skillful therapeutic interventions. The point at which the roles of parent and teacher meet is what Shealy (1995) calls

the *therapeutic parent*. In his critical analysis of welfare reform and the care of children in out-of-home placements, Shealy identified behaviors and characteristics associated with good parenting and with good therapeutic outcome that are believed to facilitate growth, development, and self-awareness. Some of the key factors identified as being therapeutic included demonstrating acceptance and understanding as well as being firm and involved. Characteristics associated with good parenting involved all of the above as well as displaying integrity, being affectionate, maintaining consistency, and setting clear boundaries.

Returning to the PIPC, the "therapeutic" part of the facilitation involved encouraging, assisting, and delicately guiding children during each program lesson. Rather than forcing a child to participate in an activity, the facilitator looked for reasons underlying his or her refusal and worked toward a compromise. In addition, the facilitator communicated to the children that they were responsible for their actions and were successful and valuable. The facilitator demonstrated effective praise by (a) acknowledging children's accomplishments, (b) highlighting their successes, and (c) reminding them that past efforts contributed to current accomplishments. The "parent" part of the facilitation involved being confident, resourceful, and flexible. As a confident facilitator, she was aware of what went on in the group, maintained smoothness and momentum in activities (e.g., not interfering incessantly during role-plays), and kept children involved in an activity when individually dealing with a child. As a resourceful facilitator, she made the most of the space provided, supplied necessary props to increase interest in role-plays, and gathered useful and fun art material for the children. As a flexible facilitator, she modified activities to meet children's levels of cognitive maturity and needs.

### **Moving Beyond the Immediate Program**

Whenever I discussed the PIPC's progress with the facilitator and teachers, I was never surprised to learn that some children were doing exceptionally well and others were having a much harder time. Those who did well improved in social functioning and formed positive relationships with peers. Those who had more difficulty had promise that had yet to be seen. Perhaps these children needed greater

involvement from their teachers and their parents to experience a change in their social functioning. A child who has developed adaptive skills or has sharpened his or her cognitive skills may still flounder in an environment that remains unfavorable to adaptive functioning. While the PIPC had a home-management component, not all parents in trouble requested help. When parent awareness seminars were offered, not all parents attended. Reasons included having little time, lacking transportation or child-care, feeling overwhelmed by family responsibilities, and having to work double shifts. Also, some of the teachers had little time during regular class to encourage the skills the children were learning.

So, what can strength-based practitioners do in the face of opposition from seemingly well-intentioned individuals? One approach would be to successfully integrate the program in every classroom so that the school itself embodies the characteristics of a therapeutic parent. Moreover, strength-based efforts must aim to empower families. This view of responsibility toward child and family does not negate strength-based efforts at the individual level (i.e., programs like the PIPC). But somewhere on the long-range agenda for promoting recovery, large-scale initiatives must develop that ensure a family's financial independence, encourage the development of buddy systems (parents helping parents), and secure community centers that offer developmentally-appropriate activities for children and outreach programs for parents.

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