Building Resilience during Life Stages: Current Status and Strategies

Sadguna Anasuri, Ph.D., CFLE
Department of Family and Consumer Sciences
College of Agricultural, Life & Natural Sciences
Alabama A&M University
Huntsville, AL 35762
United States of America

Abstract

Within various stages of life, individuals encounter events filled challenges and distress, which can hinder or hamper them in overcoming and moving forward to the next stage. Resilience is psychological approach of positively adjusting to the environment, when struck with adversity. Childhood, youth, adolescence and young adult stages are each delicate stages of life, in which potentially traumatic events might occur. Children and youth in particular have a greater likelihood of encountering problems throughout their developmental process due to lack of proper familial support and societal intervention. Adverse events during family life cycle can translate into issues in family relationships, mental health and overall family functioning. These contexts may be escalated due to other challenges such as differences in structure and composition of families, ethnicity and socioeconomic status. The current review examines the psychological approach (resilience), its manifestation and influence during different developmental stages of life.

Key Words: resilience, adverse events, coping, supportive environment, adjustment, mental health, antisocial behaviors, interventions.

1. Introduction

Life is full of transformative stages; in each stage we as humans are expected to grow and move on to the next viable stage in the life cycle. Within each of these stages, we encounter events that are unfavorable; with events becoming inevitable sources of hardship, stress, or trauma (Manning, 2012). As a result of these inevitable events, many people demonstrate a range of psychological reactivity ranging from simple transient distress to long-term psychopathology (Abramson, 2015). In order to develop and move on to the next stage in our lives in a healthy manner, a level of resilience must be developed. Resilience is a psychological construct compromising characteristics that aide an individual in adjusting favorably in the face of adverse life events (Bonanno & Dimich, 2013; Collins, 2007 cited by Adamson, Beddoe & Davys, 2014; Greeff & Nolting, 2013; Henley, 2010). Often times, resilience is the capacity of individuals to overcome and adapt to adversity to cultivate strength, in spite of adversity or stress (Guild & Espiner, 2014; Lienbenberg, Ungar, & Vijver, 2012; Pangallo, Zibarras, Lewis, 2014; Russo et al., 2012; Rutterb; Southwick & Charney, 2012 as cited in Wu et al., 2013; Liborio & Ungar, 2010; Winders, 2014). The term resilience is considered an outcome rather than a process (Luthar & Cicchetti (2009) cited by Adamson, Beddoe & Davys, 2014). Resiliency is not a fixed or immutable trait that a person possesses such as temperament or personality. Unlike temperament, which is a natural disposition that exists across a multitude of events; resiliency only exists at the occurrence of an adverse life event. It is very possible that one person may exhibit resiliency during one event but not in another event. The way people construct their realities reflects personal understanding of their experiences (cited by Lienbenberg & Didkows, 2012).

Resilience is not natural; instead, it is a learned process (Morales cited in Brown, 2014). Bonanno & Diminich (2013) introduce two types of resilience in their research, "emergent resilience" and "minimal impact resilience." Emergent resilience is described as favorable adjustment in the face of chronically occurring circumstances, while minimal impact resilience is favorable adjustment across more isolated, acute stressor events.

For decades, researchers have been searching for what contributes positively as well as negatively to resiliency across different adverse life events and how to effectively assess these factors. Assessing the impact of risk and protective factors is pertinent to discovering the best way for an individual to develop a high level of resiliency. The current review of literature will highlight strategies that are valid in transitioning from stress to resiliency for children, youth, adolescence, young adults, and families. It will discuss the unfavorable situations that an individual may encounter in life and various factors that assist in promoting resilience. Furthermore, this article will emphasize on the role of resilience as it relates to family resilience, mental health, ethnicity, and socioeconomic status.

2. Resilience during Stages of Life

Individuals and families face unique life experiences that call for different coping mechanisms. These contexts vary and so do the coping mechanisms. Adverse experiences during childhood and youth can include, accidents, loss of parents, home, abuse, poverty, lack of quality time with parents and teachers, parental divorce, bullying, obesity, learning disabilities, and several others. During adolescence can proliferate beyond these listed earlier. Challenges during teenage and young adulthood can comprise of puberty, developmental of self-identity, self-esteem, depression, anxiety, academic pressures, health, sexuality, romantic relationships, monetary burdens, employment stressors to name a few. As the individuals form families, the adversities further multiply. In family contexts, couple relationships, financial problems, employment issues, housing, parental responsibilities, social obligations, commitments toward extended families, divorce, debt, complications in health, diseases, loss of life, are among the list.

The number and type of resources the individuals and families have access to, the type of perceptions they hold toward the experiences or events shall determine the seriousness of the crisis. According Reuben Hill's ABC-X Model of stress (Smith & Hamon, 2012), the impact of crisis (X) varies based on the event (A), resources (B), and perceptions (C). When not addressed promptly, there is a possibility of pile-up of stressors which can lower the level of functioning. McCubbin and Patterson (1983) explains that based on the coping mechanisms that individuals and families take-up, they can either move forward toward adaptation, which can be either positive (bonadaptation) or negative (maladaptation). In this process, skills like developing basic and unique competencies, enhancing patterns of functioning, and project capabilities designed to protect the family from unexpected or non-normative stressors, and fostering the family's recovery after experiencing a crisis are a few.

2.1. Resilience during Childhood and Youth

Childhood is a very delicate stage of life, and when potentially traumatic events occur, it has been proven that the effects of adversity are associated with the development of long-lasting mental health difficulties in children (Wu et al., 2013). However, some children go through adversity unscathed (Miller-Lewis et al., 2013; Nesheiwat & Brandwein, 2011). Children facing adversities have a greater likelihood of encountering problems throughout their developmental process without the proper intervention (Luthar & Cicchetti, 2000 cited by Zolkoski & Bullock, 2012). Resilience among children that are maltreated is rare (Schelble, Franks, & Miller, 2010).

Children are already faced with potential threats, such as: disasters, political violence, and pandemics on a global basis; there is a dire need to instill a higher level of resilience at a very young age (Masten, 2014). Children often lack complete control of their lives and thus gain a fear of independence, responsibility and failure, and an aversion to exercise choice, resulting in all areas working against resilience (Houston, 2011). Researchers have found that resilience is prominent in children whose lives are rich in resources such as strong sense of self-concept, supportive parent-child relationships, and close relationships with teachers. Higher quality child relationship with the parent and teacher is associated with resilient mental health outcomes for children facing both low and high adversity (Miller & Lewis, 2013; Watson, 2014). Socially vulnerable children are generally produced from environments under chronic stresses (Richaud, 2013). According to Southwick, Bonanno, Masten, Panther-Brick & Yehuda (2014), the most effective way to enhance resilience among children is to provide the child with a safe, stable, and loving environment. Children who lack positive psychological and emotional resources and basic physical necessities are socially vulnerable and are at a higher risk of low resilience. Becoming familiar with the characteristics of naturally resilient persons lays the foundation for preventative and intervention programs for socially vulnerable children.

Intervention is necessary to begin to facilitate resilience in children and the best approach would be to work with families from the earliest stage of development of tribulations; however, this type of intensive intervention is nearly impossible as it requires predicting the outcomes of different life events/experiences. Programs to train the parents and siblings of the children are possible. A program of this sort should be a family focused approach rooted in Bronfenbrenner's micro system segment of the ecological systems theory. An ecological model of resilience has been shown to conceptualize a child's social ecologies, primarily caregivers, and the environments they produce, accounting for factors that contribute to successful development under adversity (Ungar et al, 2013). Another tangible approach is to provide this intensive intervention in the earliest of school settings, another part of the microsystem. Schools have the transcendent role of a "second home" in which children coming from broken homes are able to find a sense of security (Richaud, 2013).

Without a doubt, there is a desperate need for evidence based programs for childhood resilience. Intervention programs are put in place in-school settings should have a framework based upon the following characteristics: (1) training teachers and school personnel in the framework of the proposed program (2) developing concrete strategies for teachers to accomplish specific objectives to strengthen children's resources, and (3) modeling strategies and making observations for implementation of these activities (Richaud, 2013).

Psychologists can be very effective in changing and promoting children's resilience in the school based on their capacity to: absorb new populations, values, and ideas, to change and to create institutional infrastructure that is adaptable to new circumstances, and to accommodate unexpected influences (Gross, 2009 cited by Reyes & Elias, 2011). Leve et al (2012) reviewed eight evidence-based intervention programs already in place for children in foster-care. Children within the foster-care system are at a higher risk for emotional, cognitive, and social vulnerability. Out of these eight intervention programs it was found that, although the models were different, the characteristics could be summarized as: (1) focus on reducing known risk factors and enhancing individual strengths (2) sensitivity to child age and developmental level, and (3) built on evidence for the mediating role of parenting in linking early adversity with child outcomes. Based on these two research findings it is easy to infer what is needed to create the foundation of intervention programs, as the frameworks and basics have been laid out by these previously implemented evidence-based programs.

2.2. Resilience during Adolescence and Young Adulthood

Stress if experienced during the adolescent years dealing with physical, emotional, and psychological changes. Teenagers struggle with gaining autonomy from parents while having to retain a level of childishness as they are not quite at the point of adulthood (Coyle, 2012). Plagued with stresses of schoolwork loads, social pressures, parental conflict, and impending adulthood, adolescents need to be equipped with the necessary tools and skills to persevere. Teenagers and young adults of this generation, known as millennials, are the largest generation since the baby boomers and are characteristically different than any other generation before them. This group is more ethnically diverse, the household income is higher, and parents are more educated (Bland et al, 2012). Different characteristics mean different challenges for this group as well. In the research by Bland et al. (2012), millennial college students reported that their most stressful life events included school and parental expectations, change in living conditions, and beginning college as compared to the fears of nuclear war, violent crimes, and AIDS experienced by young adults by 20 years.

Generation X (1965-1980), that follows baby boomers, portrays ambitious and strategic characteristics (Fry, 2015). Growing up in a family that sets high expectations for the child helps the child to deal with adversity in a positive manner (Benard (1991); Durlak (1998), as cited in Winders, 2014). Previous literature has shown glimpses of protective factors such as problem-solving, internal locus of control, strong sense of independence, higher self-esteem, supportive family systems, and social engagement (Winders). Factors such as lack of resources in housing and transportation, work against resilience and cause psychological damage amongst young adults (Ham-Rowbottom, Gordon, Jarvis, & Novaco (2005), as cited in Wortham, 2014). The reactions that young adults have to events arising in their daily lives can lead to intense emotions that are often difficult to control (Daniel and Wassel model cited by Houston, 2010). According to Bland et al. (2012), the main three coping mechanisms were listening to music, sleeping, and social interactions. Although listening to music and social interactions are listed as coping mechanisms in this study, their frequency of use may also be a source of stress.

Generation Y is the first generation for which the Internet is readily available and used every single day. Technology has advanced so far from the previous decades that information can be found within seconds.

Deatherage, Servaty-Seib, & Aksoz (2014) suggest that the Internet may be used as a coping in mechanism as well as a source of stress for this generation. This study found that the motive in using the internet is linked with the level of stress. Those individuals who look to the internet as a stress reliever experience higher stress levels than those who go online for leisure.

Resiliency theory states major risk factors for poor resilience such as low socioeconomic status, dropping out of school, participation in violent activities, recent divorce, neglect, poverty, teenage pregnancy, and teenage parenthood (Burley et al, 2010). Protective factors for resilience, as for any other positive mental health status, include parental, teacher, friend, and community support (Burley et al, 2010; Greeff & Du Toit, 2009; Henley, 2010).

2.3. Resilience during Family Stages

Following the family systems theory, a family is greater than the sum of its parts and individual family members have an ongoing and mutual impact on one another which, in turn, means that the function of the family as a whole can be affected by stresses or strains on individuals (Masten, 2013; Paley et al., 2013; Evans & Kim, 2013; Luecken, Apelhans, Kraft, & Brown, 2006, cited by MacPhee, 2015). Because family characteristics impact child adjustment, traumatic contexts are associated with systematic family distress (Centers for Disease Control & Prevention, 2009, cited by Kiser et al., 2015; Fagan & Lee, 2012). Families require a sense of resiliency to keep a homogenous flow of harmony and stability. In doing this, parents have to maintain open communication and support the child's self-worth (Zaff, Calkins, Bridges, Margie, 2002, cited by Murphey, Barry & Vaughn, 2013).

There are many challenges and changes that pose risks to the functioning of the family. Military families deal with frequent changes when a parent or both parents are deployed for military service. Deployment of a parent can increase stress levels and cause depression in military spouses. Family members' roles are interconnecting and a child's ability to cope with the absence of a deployed parent is contingent upon the available parent's ability to cope with the changes of the situation. Children who are left under the care of unsupportive caregivers may be more vulnerable, especially young children who, unlike older school-aged children, generally do not have the support of peers and school for external security. (Paley et al., 2013; Osofsky & Chartrand, 2013). Relationship support and creating positive family routines are associated with strengthening family dynamics (Ager, 2013). Osofsky & Chartrand (2013) suggest that parents keep routines consistent and predictable, help children connect their feelings to specific events and behaviors, and be emotionally and physically available to the children in order to aide them in developing healthy coping strategies when a parent is deployed.

Times of war are not the only difficult aspects of life for military families. According to Park (2011), military families experience recurrent separations, sudden moves, and long, unpredictable hours of duty. There are several strength-based programs in place to aide in rebuilding and supporting military families when the difficult times of deployment and other issues arise. However, civilian families are also faced with challenges and changes that can threaten the homeostasis of the family dynamic.

Dissolution of marriage has been steadily rising over the decades. It has proved to be not only divorcing parents, but it also takes a toll on the entire family, especially the children. In a study by Regev & Ehrenberg (2012), children showed a decrease in their perceptions of being unable to cope when their parents argue.

Divorce and the timing of divorce in a child's life is an important factor in child development (Rutter, 2013 cited by Panter-Brick & Lackman, 2013). Children who are accustomed to having a two parent household torrent have to become accustomed to spending time with one parent at a time. This can evoke emotions, reactions, and behaviors as the family begins its transition into its new "normal." Strengthening the family relationships during an adverse time such as divorce is pertinent to keeping harmony. Parents should attempt to maintain routines as much as possible and be open to talk about the changes and challenges the family is now facing (Roehlkepartain & Syvertsen 2014; Fiese & Winter, 2010 cited by MacPhee, Lunkenheimer & Riggs, 2015). Family routines may serve as a protective function because it promotes relationship coherence (Spagnola & Fiese, 2007, cited by MacPhee, Lunkenheimer & Riggs, 2015). Family stability is maintained to have a constant increase in the child's perception of their family as "normal" (Regev & Ethrenberg, 2012). Social support and open communication are important elements to understanding changes and generating positive outcomes in life transitions (Zambianchi & Bitti, 2014).

3. Resilience among Special Populations

Life experiences are unique for individuals hailing from lower income levels, critical social settings, and ethnic backgrounds. Impoverished communities offer hazardous conditions for children, youth, and adolescents to thrive and flourish – academically or financially. Dangers of violence, drugs, bullying, aggression, use of weapons, etc. are bound to be higher in certain residential contexts dependent upon their social and economic status. This can also be true among affluent communities leading to vandalism, underage drinking, and other vulnerabilities. Each kind of social settings may offer a different set of threats that might target the smooth functioning of individuals and families. The typical environmental influences in such chaotic surroundings can lead to social unrest, antisocial behaviors, suicidal and aggressive actions causing self-harm and destruction to public property and citizens. Discontinuation of schooling and political disadvantage can provoke intense emotions, unfavorable reactions, and detrimental behaviors. Below is a brief compilation of a variety of hazards that variations in socioeconomic status, ethnicity, and mental health problems might create crisis for individuals and families, and to the communities at large. Relatedly, distinctive styles of adaptation and portrayal of resilience in these contexts is discussed in detail.

3.1. Ethnicity and Socioeconomic Status

Lack of resilience in personal and home life can lead to a low level of resilience academically. Students and young adults who experience adverse life events outside the school setting can have trouble developing academic resilience. Living in high-risk neighborhoods is associated with maladjustment (Tiet, 2010). There are also stereotypes that minority students have low academic performance. Burley et al. (2010) found when assessing teachers' opinions of students that only 49% of teachers believed African American students were hard workers compared to the 69% of teachers who believed Caucasian students were hard workers; also African American students had far fewer recommendations for advanced placement or honors courses than their counterparts. These assumptions about minorities, primarily African American students, are drawn from previous research that has shown urban, low-income areas to produce students with low academic performance. Some students show promising academic excellence despite the obstacles they may be facing outside of school, and these students exhibit educational resilience. Williams & Bryan (2013) found that for African American students who were high academic achievers and from low-income households reported that their educational resilience was fostered through school-related parenting practices, mother-child relationships, supportive school-based relationships, and personal stories of hardship. These protective factors are congruent with those indicated by Tiet, Huizinga & Byrnes (2010) which also indicated that interactive parental monitoring, low parent discord, and involvement with extracurricular activities creates protective environments for low-income adolescents.

According to Werner (2013) [cited by Bai & Repetti, (2015)], several large-scale longitudinal studies have shown that a good relationship with at least one caregiver and the child are more likely to demonstrate resilience when dealing with poverty and economic hardship. The African American Christian church has also historically brought about resilience and served as a protective factor for African American families by offering fellowship, role affirmation, mentorship, and spiritual guidance (Lassiter, 2014). Coming from a lower socioeconomic background can also affect how adolescents perceive the world around them; according to Burley et al. (2010) more African American students than Caucasian students believed having money was important gave children better opportunities to work in hopes of correcting inequalities.

Many Latino youth face challenges as well; many are immigrants or children of immigrants and face just as much, if not more, poverty and violence as other minority groups. Latinos are the largest minority group in the U.S. and have the highest school dropout rate and highest percentage of gang members (Reyes & Elias, 2011; Umana-Taylor et al, 2015). These statistics solidify the reasoning for a great need to foster resilience in Latino youth. As previously noted, the research has been extensive on how to instill resilience in youth; however, a cultural approach should be taken when dealing with those individuals with different background as studies have shown that culture can serve as a buffer against adversity. Minorities can be stigmatized solely because of their ethnic or racial background affecting their self-esteem and social emotional regulation. Umana-Taylor et al (2015) identified several sources of discrimination to be deleterious to adolescents' adjustment. However, those adolescents who have explored and have a greater understanding of their ethnic background and history generally have a sense of confidence that aide in their resilience when faced with discrimination.

In order for more adolescents to be able to possess this level of understanding, it calls for an environment that can help facilitate it. Research has often focused on the individual factors for resilience, how one copes during adversity. High resilience is most likely more dependent on the resources offered by the environment. Characteristics of the environment, mainly cultural, reflect the ease with which individuals, families, and communities are able to navigate resources (Ungar, 2012).

3.2. Mental Health Conditions

An individual or family that is resilient is assumed to be in good mental health, because they have made it through an adverse life event unscathed. In maintaining and promoting mental health, resilience is seen as one of the most important elements in regards to an individual's strength to overcome and adapt in a healthy way (Khanlous & Wray, 2014; Catalano, Berglund, Ryan, Lonczak, & Hawkins (2004), as cited in Lee, Cheung, & Kwong, (2012). However, for some, the adverse life event may be dealing with their own or family member's mental illness. When a parent is mentally ill, it can have varying effects on the family. According to Foster et al. (2012), children of parents with mental illness can be more or less likely to sustain adverse effects depending on a range of risk and protective factors. It is pertinent to strengthen family protective factors because those factors can enhance resilience.

When treating adults with mental illness, often times there is a lack of recognition, assessment, information, and support from health professionals. Often, there tends to be sole attention to the individual with the illness and not a social ecological viewpoint. There is a need for a more family-focused approach when treating parents with mental illness. Foster et al. (2012) introduces an Australian prevention-focused policy called COPMI National Initiative. This initiative provides families, service providers, and mental health workers with information and resources relating to the care of this group of families. The United States could greatly benefit from this type of initiative as the framework is a family-focused approach in which the aim is to improve outcomes for parents with mental illness, reduce the burden of care for families, and provide a preventative, supportive function for children (Foster et al., 2012). A family-focused approach is also needed for the parents who have children with developmental disabilities. The responsibilities and duties as a parent of a typical developing child are vast on their own, but having a child with developmental disabilities can significantly affect the functioning of the family and increase parental stress. Two types of family adjustment occur when faced with a stressor, bon-adjustment and maladjustment. Bon-adjustment is when a family restores their harmony and balance via their existing resources, and maladjustment occurs when demands exceed capabilities (Greeff & Nolting, 2012). In Greeff & Nolting's (2013) study, family communication was found to be one of the strongest contributors in bon-adjustment for families. Other protective factors include cognitive abilities, temperament, spirituality and religion, self-esteem, and productive coping (Breton et al., 2015).

4. Implications and Conclusions

From the hundreds of research studies conducted concerning resilience, what fosters resilience of and what hinders resilience, it can be concluded that the basis for encouraging high levels of resilience is a part of the basics for survival, interpersonal relationships, and social support. In the majority of the studies conducted, it has been shown that the protective factors for almost any demographic are to have a secure, solid support from family members, friends, and school. Every adverse life event may not result in an individual coping with resilient mechanisms but the best way to increase the chances of the individual going through an extreme adverse life event unscathed is to strengthen the research proven protective factors by fostering better familial relationships, teacher-student relationships, and peer relationships. Although research has continued to point out what factors help further higher levels of resilience, there lacks a pool of instruction and implementation specific to different groups.

From the research reviewed it can be inferred that the following types of programs are lacking in the United States.

A. Family-focused approaches rooted in Ecological theory. The micro system is the most important system in which to begin strengthening families in their resources and encourage the traits of resilience in children. Programs need to be rich in strategies highlighting the importance of familial roles and interactions as well as highlighting feedback loops, positive or negative, to procure desired behaviors as a part of resilience in youth and adolescents. Many programs that are in place are too focused on individual factors and not the interactions between the individual and his/her surrounding environment.

B. Ongoing training of professionals who have direct contact with youth and adolescents (i.e. school counselors, teachers, social workers, etc.) in strategies to assist with instilling resilient qualities in youth. This training needs to have a foundation general to the aspects of imparting resilient behavior, and also be specific to the known adversities that plague students and the community, adversities which can also affect the academic resilience of students.

C. Culturally-tailored programs that are sensitive to the afflictions minorities or immigrant youth and their families face. Some adversities are unique to certain cultures and because of this reason; professionals should be well versed in the history, culture, and practices of different ethnic groups. Because coping mechanisms are not universal, programs need to have a solid foundation in empirically proven strategies that are also flexible enough to be tailored to a specific group of people.

The new generation of youth is plagued by so many new issues than what the generations before them experienced. It is time to revamp the strategies that were once valid in transitioning from stress to resiliency. When these types of programs are developed and implemented in communities across the nation and professionals are well versed and trained to help in these areas, then we may see a significant improvement in the levels of resilience among youth and adolescents.

References

Adamson, D., Grattan, L., Mayer, B., Colten, C., Arosemena, F., Rung, A., & Lichtveld, M. (2014). The Resilience Activation Framework: A conceptual model of how access to social resources promotes adaptation and rapid recovery in post-disaster settings. *Journal of Behavior Health Service Resilience, 42*(1), 42-58. doi: 10.1007/s11414-014-9410-2

Ager, A. (2013), Annual Research Review: Resilience and child well-being–public policy implications. *Journal of Child Psychology and Psychiatry, 54*, 488–500. doi: 10.1111/jcpp.12030

Bai, S., Repetti, R. (2015), Short-term resilience processes in the family. *Journal of Family Relations 64*(1), 108-119. doi: 10.1111/fare.12101

Bland, H. W., Melton, B. F., Welle, P., & Bigham, L. (2012). Stress tolerance: New challenges for millennial college students. *College Student Journal, 46(*2), 362-375.

Bonanno, G., & Diminich, E. (2013). Annual research review: Positive adjustment to adversity – trajectories of minimal- impact resilience and emergent resilience. *Journal of Child Psychology and Psychiatry, 54*(4), 378-401.

Breton, J., Labelle, R., Berthiaume, C., Royer, C., St-Georges, M., & Ricard, D…. et al. (2015). Protective factors against depression and suicidal behavior in adolescence. *Canadian Journal of Psychiatry, 60*(2), S5-S15.

Burley, H., Barnard-Brak, L., Marbley,A. F., & Deason, C. (2010). African American millennials: "A profile of promise". *Gifted Child Today, 33*(2), 47-54.

Coyle, J. (2012). Overcoming deadlocked conflicts between teens and parents: A resilience based model for family intervention. *Journal of Family Psychotherapy, 23,* 1-19.

Deatherage, S., Servaty-Seib, H. L., & Aksoz, I. (2014). Stress, coping, and internet use of college students. *Journal of American College Health, 62*(1), 40-46.

Fagan, J., & Lee, Y. (2012), Effects of fathers' early risk and resilience on paternal engagement with 5-year-olds. *Family Relations, 61,* 878–892. doi: 10.1111/j.1741-3729.2012.00741.x 19

Foster, K., O'Brien, L., & Korhonen, T. (2012). Developing resilient children and families when parents have mental illness: A family-focused approach. *International Journal of Mental Health Nursing, 27,* 3-11. doi: 10.1111/j.1447-0349.2011.00754.x

Fry, R. (2015). *This year, millennials will overtake Baby Boomers.* Retrieved from http://www.pewresearch.org/fact-tank/2015/01/16/this-year-millennials-will-overtake-baby-boomers/

Greeff, A. P., & Du Toit, C. (2009). Resilience in remarried families. *The American Journal of Family Therapy, 37,* 114-126. doi: 10.1080/01926180802151919

Greeff, A. P., & Nolting, C. (2013). Resilience in families of children with developmental disabilities. *Family Systems & Health, 31*(4), 396-405. doi: 10.1037/a0035059

Guild, D., & Espiner, E. (2014). Strengthening resilience in families. *Reclaiming Children's Youth, 22*(4), 1-5.

Henley, R. (2010). Resilience enhancing psychosocial programmes for youth in different cultural contexts: Evaluation and research. *Progress in Development Studies, 10*(4), 295-307. doi: 10.1177/146499340901000403

Houston, S. (2010), Building resilience in a children's home: Results from an action research project. *Child & Family Social Work, 15,* 357–368. doi: 10.1111/j.1365-2206.2010.00684.x

Houston, S. (2011). Using action research to enhance resilience in a children's home: An exploration of need, experience and role. *Child Care in Practice*, *17*(2), 115-129.

Khanlou, N., & Wray, R. (2014). A whole community approach toward child and youth resilience promotion: A review of resilience literature. *International Journal of Mental Health Addiction 12,* 64-79. doi 10.1007/s11469-013-9470-1

Kiser, L., Backer, P., Winkles, J., & Medoff, D. (2015). Strengthening family coping resources (SFCR): Practice-based evidence for a promising trauma intervention. *Couple and Family Psychology: Research and Practice 4*(1), 49-59.

Lassiter, J. M. (2014). Extracting dirt from water: A strengths-based approach to religion for African American same-gender-loving men. *Journal of Religion & Health, 53,* 178-189. doi:10.1007/s10943-012-9668-8

Lee, T. Y., Cheung, C. K., KWong, W. M., (2012). Resilience as a positive youth development construct: A conceptual review. *The Scientific World Journal, 390450,* 1-9. doi: 10.1100/2012/390450

Leve, L. D., Harold, G. T., Chamberlain, P., Landsverk, J. A., Fisher, P. A., & Vostanis, P. (2012). Practitioner review: Children in foster care‐vulnerabilities and evidence-based interventions that promote resilience processes. *Journal of Child Psychology and Psychiatry, 53*(12), 1197-1211. doi: 10.1111/j.1469-7610.2012.02594.x

Liebenberg, L., Didkowsky, N., & Ungar, M. (2012). Analyzing image-based data using grounded theory: The negotiating resilience project. *Visual Studies, 27*(1) 59-74.

Liebenberg, L., Ungar, M., & Vijver, F.V. (2012). Validation of the child and youth resilience measure-28 (CYRM-28) among Canadian youth. *Research on Social Work practice, 22*(2) 219-226.

Libório, R. M. C., & Ungar, M. (2010), Children's perspectives on their economic activity as a pathway to resilience. *Children & Society, 24,* 326–338. doi: 10.1111/j.1099-0860.2009.00284.x 21

Manning, L. K. (2014). Enduring as lived experience: Exploring the essence of spiritual resilience for women in late life. *Journal of Religion and Health, 53*(2), 352–362. http://doi.org/10.1007/s10943-012-9633-6

Masten, A. S. (2013). Competence, risk, and resilience in military families: Conceptual commentary. *Clinical Child & Family Psychology Review, 16,* 278-281. doi:10.1007/s10567-013-0150-2

Masten, A. S. (2014). Global perspectives on resilience in children and youth. *Child Development, 82*(1), 6-20. doi: 10.1111/cdev.12205

MacPhee, D., Lunkenheimer, E., & Riggs, N. (2015). Resilience as regulation of developmental and family processes. *Journal of Family Relation. 64*(1) 153-175. doi: 10.1111/fare.12100

McCubbin, H. I., & Patterson, J. M. (1983). The family stress process: The double ABC-X model of adjustment and adaptation. In H. I. McCubbin, M. B. Sussman, & J. M. Patterson (Eds.). *Social stress and the family: Advances and development in family stress theory and research* (pp. 7-37). Binghamton, NY: The Haworth Press, Inc.

Miller-Lewis, L., Searle, A., Sawyer, M., Baghurst, P., & Hedley, D. (2013). Resource factors for mental health resilience in early childhood: An analysis with multiple methodologies. *Child & Adolescent Psychiatry & Mental Health, 7*(6), 1-23.

Murphey, D., Barry, M., & Vaughn, B. (2013). Positive mental health: Resilience. *Child Trends: Adolescent Health Highlight, 3,* 1-6.

Nesheiwat, K., & Brandwein, D. (2011). Factors related to resilience in preschool and kindergarten students. *Child Welfare, 90*(1), 7-24. 22

Osofsky, J. D., & Chartrand, M. M. (2013). Military children from birth to five years. *Future of Children, 23*(2), 61-77.

Paley, B., Lester, P., & Mogil C. (2013). Family systems and ecological perspectives on the impact of deployment on military families. *Clinical Child & Family Psychology Review, 16,* 245-265. doi:10.1007/s10567-013-0138-y

Pangallo, A., Zibarras, L., Flaxman, P., and Lewis, R. (2014). Resilience through the lens of interactionism: A systematic review. *Psychological Assessment, 27*(1), 1-20.

Panter-Brick, C., & Leckman, J. F. (2013), Editorial commentary: Resilience in child development–interconnected pathways to wellbeing. *Journal of Child Psychology and Psychiatry, 54,* 333–336. doi: 10.1111/jcpp.12057

Park, N. (2011). Military children and families: Strengths and challenges during peace and war. *American Psychologist, 66*(1), 65-72. doi: 10.1037/a0021249

Regev, R., & Ehrenberg, M. F., (2012). Aiding community program development and marking pathways to resilience. *Journal of Divorce & Remarriage, 5,* 220-230. doi: 10.1080/10502556.2012.663271

Reyes, J. A., & Elias, M. J. (2011). Fostering social-emotional resilience among Latino youth. *Psychology in the Schools, 48*(7), 723-737. doi: 10.1002/pits.20580

Richaud, M. C. (2013). Contributions to the study and promotion of resilience in socially vulnerable children. *American Psychologist, 68*(8), 751-758. doi: 10.1037/a0034327

Roehlkepartain, E., & Syvertsen, A. (2014). Family strengths and resilience: Insights from a national study. *Reclaiming Children and Youth, 23*(2), 13-18. 23

Schelble, J., Franks, B., & Miller, M. (2010), Emotion dysregulation and academic resilience in maltreated children. *Child Youth Care Forum (2010) 39*(4), 289-303, doi: 10.1007/s10566-010-9105-7

Smith, S. R., & Hamon, R. R. (2012). *Exploring family theories* (3rd ed.). New York, NY: Oxford University Press, Inc.

Southwick, S., Bonanno, G, Masten, A., Brick-Panter, C., & Yehuda, R. (2014). Resilience definitions, theory and challenges: Interdisciplinary perspectives. *European Journal of Psychotraumatology, 5,* 1-14.

Tiet, Q. Q., Huizinga, D., & Byrnes, H. F. (2010). Predictors of resilience among inner city youths. *Journal of Child & Family Studies, 19,* 360-378. doi: 10.1007/s10826-009-9307-5

Umana-Taylor, A., Tynes, B. M., Toomey, R.B., Williams, D. R., & Mitchell, K. J. (2015). Latino adolescents' perceived discrimination in online and offline settings: An examination of cultural risk and protective factors. *Developmental Psychology, 51*(1), 87-100. http://dx.doi.org/10.1037/a0038432

Ungar, M. (2012). Researching and theorizing resilience across cultures and contexts. *Preventive Medicine, 55,* 387-389. doi: 10.1016/j.ypmed.2012.07.021

Ungar, M., Ghazinour, M., & Richter, J. (2013). Annual research review: What is resilience with the social ecology of human development? *Journal of Child Psychology & Psychiatry, 54*(4), 348-355. doi: 10.1111/jcpp.12025

Watson., C. C., Rich, B. A., Sanchez, L., O'Brien, K., & Alvord, M. K. (2014). Preliminary study of resilience-based group therapy for improving the functioning of anxious children. *Child Youth Care Forum, 43,* 269-286. doi: 10.1007/s10566-013-9238-6 24

Williams, J., & Bryan, J. (2013). Overcoming adversity: High achieving African – American youth's perspectives on educational resilience. *Journal of Counseling & Development, 91,* 291-300.

Winders, S. (2014). From extraordinary invulnerability to ordinary magic: A literature review of resilience. *Journal of European Psychology Students 5*(1), 3-9. doi: http://dx.doi.org/10.5334/jeps.bk

Wortham, T. T. (2014). Intimate partner violence: Building resilience with families and children. *Reclaiming Children and Youth, 23*(2), 58-61.

Wu, G., Feder, A., Cohen, H., Kim, J., Calderon, S., Charney, D., & Mathe, A. (2013). Understanding resilience. *Frontiers in Behavioral Neuroscience, 7*(10), 1-15. doi: 10.3389/fnbeh.2013.00010

Zambianchi, M., & Bitti, P. E. R. (2014). The role of proactive coping strategies, time perspective, perceived efficacy on affect regulation, divergent thinking and family communication in promoting social well-being in emerging adulthood. *Social Indi Research, 116,* 493-507. doi: 10.1007/s11205-013-0307-x

Zolkoski, S. M., & Bullock, L. M. (2012). Resilience in children and youth: A review. *Children and Youth Services Review, 34,* 2295-2303.