

Family Resilience and Traumatic Stress

A Guide for Mental Health Providers

What is family resilience?

Family resilience is the family’s ability to maintain or resume effective functioning—including care of its members—following potentially traumatic events.

Family resilience involves adaptation over time. Indeed, some traumatic stressors set off a cascade of difficulties, such as when a natural disaster leads to major disruption in housing, school, transportation, and/or family income. Sometimes families can “bounce back” to the way they were before the traumatic events; at other times resilience involves “bouncing forward”—making changes to allow successful functioning under changed circumstances.

Family resilience will vary depending on several factors: the challenges from the current stressors, the level of pre-existing stress and everyday hassles, the family’s coping skills, and the resources available from family members as well as other sources such as the community.



Stressful events present different challenges as families change in membership, in the developmental level of their members, or in the care requirements of members with special needs. For example, tasks and community resource needs differ for families with young children versus adolescents, or for families with a frail elderly grandparent or a child with a developmental disability. Roles and resources shift with changes in family composition, such as the launching of an adolescent, the temporary absence of a parent due to military service or other work assignment, or loss due to divorce or death of a family member.

Community and cultural context can influence family resilience. Community-wide stressors such as poverty or community violence add to family stress. Community supports—both formal programs and informal social supports—can foster resilience. Cultural/social belief systems about dealing with adversity often affect families’ beliefs and coping strategies.

What are some types of traumatic stress that can affect family functioning?

Some traumatic events may be experienced by the whole family—for example, natural disasters such as a hurricane or flood, events such as war or terrorism, or community or domestic violence.

Sometimes traumatic stress is due to a high level of ongoing stressors, such as those associated with poverty and chronic community violence. Stress from a major traumatic event such as a natural disaster can combine with that of pre-existing and subsequent adversities, as happened for many families after Hurricane Katrina.

Sometimes an event initially affects one family member but then causes a ripple effect throughout the family. For example, a family member's medical crisis or victimization can cause family concern, disrupt the family's sense of security about their ability to keep members safe, and threaten to overwhelm family functioning and resources.

Often stressful or traumatic events have dissimilar effects on different individuals within the family. However, family resilience refers to the ability to maintain family functions, including providing support for all family members.

How is family resilience related to individual resilience?

Individual resilience is the ability of a child or adult to recover from and show effective adaptation following traumatic events or an accumulation of adverse circumstances. (See [NCTSN Resilience and Child Traumatic Stress](#) fact sheet.) One important factor contributing to children's resilience is the presence of a supportive adult.

After a major stressor or loss, family resilience involves maintaining family functioning to the extent possible in four basic areas: membership (keeping the family intact), educating and nurturing the young, taking care of vulnerable members (such as the young, sick, or frail elderly), and providing economic support (Patterson, 2002). Family resilience in turn supports the individual resilience of its members.

What characteristics contribute to family resilience?

Families that are resilient tend to share the following characteristics: (a) They have beliefs and attitudes that facilitate coping. (b) They do their best to maintain routines and rituals but with flexibility. (c) They use effective communication about both information and feelings. (d) They show adaptive problem solving. These four characteristics are described further below.

Regarding beliefs and attitudes, families are more likely to be resilient when their approach to the situation includes the following:

- Viewing crises as shared challenges for the family to face together. Family members support each other and look out for the needs of all, even if one person, such as a child who has experienced a traumatic event, may need special attention at some points in time.
- Accepting that distress and/or difficulties are understandable under stressful circumstances.
- Possessing hope that is realistic. The family maintains hope for a desired outcome that is also possible, but can shift goals when confronted by irreversible circumstances. One example of this is a family's hope for a seriously injured member's recovery, but acceptance when that member's injuries are too extensive for survival and then shifting to activities that allow saying a good goodbye. A second example is that following a disaster, a family may be working toward rebuilding their damaged home; however, when the devastation from the disaster coupled with future risk prevent rebuilding, they are able to shift to finding a good way to relocate.

Resilient families possess hope that is realistic.

- Avoiding preoccupation with blame, shame, and/or guilt.
- Connecting to broader pro-social belief systems, such as religious beliefs or other social or community value systems.
- Drawing positive meaning from adversity, such as with time seeing ways that the family has become stronger.

Resilient families preserve their routines, rituals, and family roles to the extent possible, but incorporate short- and long-term modifications (ranging from minor adjustments to major changes) when necessary to meet new circumstances and new family needs.

- Routines: For example, when a caregiving parent is temporarily unavailable because of family illness or other crises, the substitute caregivers (another parent or household adult, extended family members, or family friends) try to maintain the children’s schedule of activities, bedtimes and bedtime rituals, and other routines as close to normal as possible.
- Rituals: For example, when circumstances prevent preparing customary food (or gifts), family members still gather and celebrate holidays with available food (or more modest gifts). They keep other aspects of family traditions to the extent possible—such as using the family’s traditional songs, prayers, roles, and ritual objects or decorations if they are available.
- Family Roles: A frequent example is that children may need to take on more responsibilities at times of crisis, such as an older child’s having increased responsibility for a younger sibling. Nevertheless, adults ensure that children’s tasks fit their developmental levels and that adults remain in charge overall and protect the children. When assistance is needed from extended family members or outside helpers (such as relief workers or medical aides), the family finds a way to incorporate this assistance while preserving the family’s sense of identity, control, and privacy.



Resilient families preserve their routines, rituals, and family roles to the extent possible, but modify them when necessary.

Resilient families share information, but do so in a way that is developmentally appropriate for the family’s children.

Adults limit young children’s exposure to adult conversations and media coverage that is likely to confuse or distress them. However, adults answer children’s questions and address their concerns, giving accurate information while selecting an appropriate level of detail to fit the children’s needs and providing explanations that are developmentally appropriate. This includes being prepared to give answers that may be painful (such as about loss or deaths). Even when clear answers are not available, adults respond to children’s questions, doing their best to do so in a supportive way. For instance, children may wonder when they can go home after a disaster. They may need to be told that the authorities have not yet determined when it will be safe to do so, but that adults will let children know when the adults are informed.

Resilient families allow expression of a range of emotions, while respecting individual differences and tolerating negative emotions. For example, after a loss, a family accepts that an activity can be a comforting reminder for one member but upsetting for another. Families find opportunities to express positive emotions, such as attending to moments of joy or gratitude. The adults model appropriate expression of negative emotions, such as disappointment, anger, or sadness. Finally, many families find that humor provides useful emotional release.



Regarding problem-solving skills, resilient families can identify problems and use appropriate coping strategies, including identifying and accessing appropriate resources within the family and, when needed, from the extended family and the community.

Families may face challenges when they need to deal with unfamiliar providers or officials, such as medical personnel or officials overseeing disaster response. Family members may need to be flexible in both communication style and problem-solving skills when dealing with unfamiliar procedures or new terminology.

Resilient families allow expression of a range of emotions, respecting individual differences, with adults modeling appropriate expression of negative emotions.

Do the processes important for family resilience change over time?

Different processes may be particularly relevant at different phases of adjustment. One study (Leitz, 2007) found the following shifts over time:

At the time of a major crisis and immediately afterwards, families found that it was important, as they focused on survival, to provide support to one another within the family, and to receive support from outside the family when needed. It was also important to find ways to take charge of the situation and to find comfort, strength, and direction from faith/belief systems.

As they continued to cope, families discovered that it was important to find the flexibility to adjust to new circumstances and to have family members share their thoughts and feelings with each other.

When they had to accept that some changes were permanent, families benefited from continuing to share their thoughts and feelings, being able to laugh together, and turning to their belief systems to find a greater purpose in their struggles. With time, these families reported that they could reflect on the changes and identify ways in which they had become stronger and/or gained a sense of purpose from their struggles.

Once they felt strong enough, many families wanted to help others and felt further strengthened when they were able to do so.

How can providers support family resilience?

It can be helpful to view family resilience as the maintenance or restoration of the family's balance between demands/stressors and resources/coping strategies. Thus providers can support resilience with interventions that help families to:

1. Reduce the number and intensity of stressors.
2. Increase/improve their coping strategies.
3. Increase access to resources.
4. Reappraise the situation and adjust expectations of the situation and/or themselves.

Sources:

Lietz, C. A. (2007). Uncovering stories of family resilience: A mixed method study of resilient families, part 2. *Families in Society*, 88(1), 147-155.

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

Vogel, J. M. & Pfefferbaum, B. (2014). Family resilience after disasters and terrorism: Examining the concept. In R. Pat-Horeczyk, D. Brom, & J. M. Vogel. (Eds). *Helping children cope with trauma: Individual, family, and community perspectives* (pp. 81-100). NY: Routledge.

Walsh, F. (2006). *Strengthening family resilience, 2nd edition*. New York: Guilford Press.

Additional Resource:

Webinar available on the NCTSN Learning Center: *Family Resilience*, originally presented by William Saltzman and Juliet Vogel on 1/12/2012, part of [Family Systems Speaker Series](#).

Suggested Citation:

Vogel, J. M. & the Family Systems Collaborative Group. (2017). *Family Resilience and Traumatic Stress: A Guide for Mental Health Providers*. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.

Special Thanks:

Special thanks to the University of Oklahoma Health Sciences Center Terrorism and Disaster Center for contributions to this project.

About the National Child Traumatic Stress Network:

Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.