

Enhancing Child and Family Resilience

Part of the solution or part of the problem?

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Research Sites

- Alberta - University of Alberta
- Manitoba - University of Manitoba
- Ontario - Queens University
- Quebec - Concordia University
- Primary Investigator: Dr. Maurice Feldman



What is Resilience?

- The capability of individuals, families, groups, and communities to cope successfully in the face of significant adversity.
- Resilience is dynamic (balance between risk and protective factors), can be enhanced, and is a positive process.
- (Mangham, McGrath, Reid, & Stewart, 1994)



Assessing Resilience

- What is the worst thing that has happened to you?
- What did you do?
- How were you changed?



Protective and Risk Factors

- Protective factors involve skills, personality factors, and environmental supports.
- Risk involves stressful life events, hassles, and child/family demands.
- (Mahgham et al., 1994)



What is a health promotion approach?

- Involves attention to protective processes in children, families, and communities.
- The focus is on what makes families resilient in spite of challenges.



Risk: Families of Children with Special Needs

- Low birth weight incidence (5.5% of Canadian newborns or 22,000 infants per year)
- Mother's health (depression, fatigue, back pain, use of avoidance thinking)
- Father's health (isolation, feelings of inadequacy)



Community Protective Factors

- Mutual support
- Collective expectation of success in meeting challenges
- Cooperative organizations
- Fair and equal treatment of community members
- Empowerment - a sense of control over choice and policies



Family Protective Factors

- Effective parenting
- Attachment
- Warmth and affection
- Other supportive relationships
- Structure within family
- Strong extended family
- Good coping strategies
- Positive expectations
- Supportive spousal/partner relationships
- Responsibilities outside the home
- Others?



Child Protective Factors

- Social competence
- Early Literacy
- Sense of responsibility
- Problem solving ability
- Feeling of control
- Optimism
- History of success
- Seeks support
- Self-esteem
- Others?



The Family Adaptation Model (FAM)

Demands, Supports, Appraisals,
Coping, & Adaptation

Questions for FAM Demands

- What are some daily hassles that affect your family?
- What causes (or has caused) stress in your life?
- What makes life difficult for you?

Questions for FAM Supports

- Who do you go to for help?
- What community resources do you use?
- Who do you call when problems arise?



Questions for FAM Appraisals

- What is important to your family?
- What beliefs are important to you?
- What does your family value?



Questions for FAM Coping

- What do you do when there are problems?
- What do you do to reduce stress?
- How do you handle difficult situations?



Questions for FAM Adaptation

- Overall, how do you think your family is doing?
- What do you like/dislike about your family?
- How healthy is your family?



Interprovincial Resilience Study - Overview

- Four province longitudinal study of resilience in families of children with or at-risk for delay.
- Alberta (U of A), Manitoba (U of M), Ontario (Queens), and Quebec (Concordia).
- Three-year longitudinal study with children at two age ranges (2-4 and 5-7).
- Alberta and Manitoba (2-4), Ontario (5-7), and Quebec (both).



Alberta Participants

- 66 children with or at-risk for delay were recruited from the Glenrose Rehabilitation Hospital, Edmonton Early Intervention Program, and Early HeadStart Program.
- Children are being followed at 2, 3, and 4 years of age.
- We have just completed the final year of data collection and are analyzing the results.



Data Collection

- Visits arranged at the convenience of the family.
- Data collected over 2-3 home visits.
- Additional visits made if necessary.
- Bayley administered by a trained individual under the supervision of a psychologist.



Retention

- \$50 yearly honorarium for participation.
- Videotape of child and family at 2 and 4 years of age.
- Birthday cards, phone calls
- Opportunity to share information and possibly help other families.



Child Measures

- Developmental quotient
 - Bayley Scales of Infant Development II
 - Stanford-Binet (4th Ed.)
- Adaptive Functioning
 - Vineland Adaptive Behavior Scales
- Child Behavior Problems
 - Child Behavior Checklist
 - Reiss Scales for Children



Family & Community Measures

- Child, Parent, & Family Characteristics
 - Family Information Questionnaire
- Parental Stress
 - Parenting Stress Index (short)
 - Questionnaire on Resources & Stress
- Parent Supports
 - Interpersonal Support Evaluation List
 - Parent Social Support Index
- Parental Depression
 - Beck Depression Index
- Family Adaptation
 - Family Assessment Measure III



Family & Community Measures Continued

- Parental Coping
 - Ways of Coping Questionnaire
- Child Behavior Management Strategies
 - Child Behavior Management Survey
- Home Environment
 - Caldwell HOME Inventory
- Service Questionnaire
- Placement Tendency Index



Interprovincial Resilience Study - Objectives

- To determine which combination and specific features of services are best suited for which child and family circumstances and produce the best child, parent and family outcomes.
- To provide a detailed description of types and characteristics of services in the four provinces.
- To identify predictors of child and parent health and resilience.



Child Information Age, Gender, & Status

- Average age 30 months (24-37)
- 59% male 41% female
- 38% (25) were premature
- 6% (4) were twins
- 3% (2) were foster children



Diagnosis-Parent Report

- Developmental Delay (known etiology) 38% (25)
- Other Condition 15% (10)
- Down Syndrome 11% (7)
- Developmental Delay (unknown etiology) 5% (3)
- Multiple Diagnoses 2% (1)
- No Formal Diagnosis 30% (20)



Bayley- Mental Index Scores

85-114	Within normal limits	24.1% (13)
70-84	Mildly delayed performance	22.2% (12)
69 and below	Significantly delayed performance	53.7% (29)



Child Behavior Management Survey

Most Serious Problems

- Eating 21%
- Screaming 20%
- Sleeping 20%
- Temper Tantrum 18%
- Toileting 17%
- Attention Seek. 15%



Family Adaptation

- Families reported a typical range of adaptation on the FAM 111
- 14% scored in the family strength range, 74% in the average range, and 12% in the family problem range.
- Families indicated strengths in values and norms and involvement
- Families indicated problems in role performance and control



Service Questionnaire

- On a scale of 1-7, parents indicated that they felt:
 - involved in services (6.3)
 - services were structured (5.8)
 - they needed these services (6.3)
 - the services were effective (6.1)
 - and they were satisfied (6.1)



Preliminary Longitudinal Results

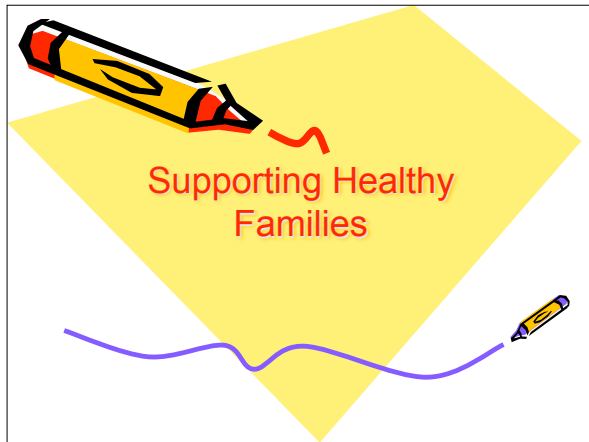
- Parents whose children did not have a diagnosis were more depressed than those who had a formal diagnosis for their child.
- Severity of disability did not predict use of service.
- SES was a better predictor of service use - lowest SES families were the least likely to make use of services (low income, lack of transportation, and lack of information.)



Preliminary Conclusions continued

- Depressed caregivers had higher child behaviour problems and escape-avoidance coping strategies and lower social support.
- Problem solving ability is key to positive adaptation.
- WECAN helps parents learn to solve problems and promotes positive adaptation.





WECAN (Drummond et al. 1995)

- What is going on? (positive approach, family goal setting, describing behaviour, ownership)
- Evaluate the options (brainstorming, perspective taking)
- Can anyone help? (search skills, assertiveness)

WECAN continued

- Agree (cooperative skills, conflict management)
- Notice the results (What did we learn? How did we do?)

Supporting Healthy Children, Healthy Families

- Families use a variety of services and supports and are generally satisfied.
- Families show positive adaptation with minimal levels of depression.
- Families' beliefs and values are important to family adaptation.
- Family health is important to positive adaptation, particularly mother's health.

Beliefs and Values

- Needs identified by the family are important and that is what we should focus on.
- Building on strengths helps families set goals that they are more likely to achieve.
- Families and professionals should work together to meet the complex needs of children (networking/collaboration).



Positive Family Adaptation

- We know we are helping families adapt when families:
 - express satisfaction
 - use a variety of coping strategies
 - make and maintain positive changes
 - report things have improved
 - no longer need our support/services



Things we can do

- Accept direction from families regarding goals for their child, information and resources they need, and what priorities they would like to see addressed.
- Help families see similarities between themselves and other families.
- Help families become effective communicators.
- Respect and accommodate individual and cultural differences.



Things We Can Avoid

- Abdicating professional responsibility
- Letting personal biases or life experiences get in the way of collaboration
- Assuming that you know more about a child than the family
- Providing answers rather than listening
- Being less than honest
- Focusing on family weakness rather than family strength



Things Parents Can Do

- Focus on the strengths in your family.
- Find the supports and resources your family needs (know when to ask for help).
- Be honest with professionals.
- Be an effective communicator.
- Look at family coping strategies - are they effective?
- Be a resource to professionals - you know your child best.

