Adlerian Based Method for
Building Resiliency-based Family Characteristics,
To Resolve Family Crisis

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Abstract

All families experience crisis, whether they are caused by minor or major life events. This literature review attempts to answer the question, why some families are able to move beyond the crisis and others continue to be traumatized. By exploring the characteristics of families who have effectively resolved their crisis, this document outlines characteristics that a family can develop to minimize the effects of a family crisis. Once families have effectively negotiated one crisis they are able to overcome future crisis if they have incorporated the characteristics into their individual family members’ and families ’lifestyle. This literature review provides insights and technics that can are available to families and professionals, from a mind-set and belief system perspective that is parallel with Adlerian Psychology to facilitate long term residency related to families ability to resolve crisis.
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Family Crisis Characteristics that Support Successful Crisis Resolution

Introduction

When working with families as they work toward resolving a crisis situation they must be made aware that a return to normality is possible. Therefore it is relevant that therapist and primary health providers understand the characteristic factors that the family unit, parents and children possess that enables them to successfully resolved a stressful family crisis. When professionals are developing effective treatment plans it is important that the characteristic factors that enable families to successfully resolve stressful family crisis are built into the strategic therapeutic treatment plan. As a proactive element resiliency needs to be built into the family structure. This element of resiliency characteristics can be brought into the families’ awareness utilizing Adlerian psychotherapy methods. If we are able to build resiliency into the family coping structure as a family works to resolve their stressful crisis situations, families will have a stronger bases and will be able to successfully resolve future crisis events in their lives in a more self-efficient manner and thus strengthen the family unit.

When a family enters into a crisis they are presented with a unique opportunity to create a family that is crisis resistant. This can be achieved by developing family characteristic and a perceptive of life that research has identified enhances a family’s ability to move beyond a current crisis and future crises.

Preparing Families for Change, Successful Crisis Resolutions and Resiliency

Every family and each individual family member have beliefs and rules to live by that they have created which are based on their unique life experiences that they develop by asking, who am I, what are men am and women like, what should they be like, what is the world like. These rules and beliefs that they live by help them get and maintain a place in the world, belong and be a worthwhile human being, Adlerian psychotherapy refers to this as a person’s lifestyle
ADLERIAN-BASED FAMILY CRISSES RESOLUTION AND RESILIENCY

The family unit’s and the individual members; orientation towards life or their perspective corresponds with their ability to move toward a useful or useless lifestyle (Dinkmeyer, Dinkmeyer, & Sperry, 1987). Determining a family unit’s and the individual family members’ perspective related to their lifestyle is essential in order for the family to realize a purpose in life and develop useful alternatives to obtain their goals (Britzman & Henkin, 1992).

Research supports that an action-orientated treatment philosophy focusing on the overall functioning of families is effective in facilitating a family’s ability to move towards a greater sense of well-being, when it focuses on the family’s strengths and ability to cope (Ginter, 1991). An Adlerian treatment philosophy can facilitate this process, promote encouragement strategies and create a foundation for long term resiliency. The process of creating a family that can overcome crises involves having the courage and motivation to discover opportunities for growth and change throughout the lifespan of the family and for each family member (Britzman & Henkin, 1992).

The family’s perspective or how families and the individual family members view their social world, impacts how they approach the change process. Therefore, it is beneficial for all persons involved in the change process to be aware how the family as a whole and the individual family members’ view their social world. Adlerian therapy identifies two principal ways people perceive their social life, the vertical axis and the horizontal axis (Sicher, 1991). A visual illustration of the vertical axis is a ladder that reaches up from the ground to heaven, close to God and the horizontal axis is a plain parallel to the ground (Sicher, 1991). People who operate on a vertical perspective believe that all people are symbolically located on the ladder, at different heights, and on separate steps. The goal is to be the highest person on the ladder. Each step only has room for one person, so no one can be your equal, if they are above you they are
better than you, if they are below you are better than they are. People who operate on a horizontal perspective believe that all people are symbolically located on a plain that is horizontal with the earth and there is room for everyone. All people on the plain although different are equal, they are partners, cooperating to overcome obstacles the universe has laid before them (Abramson, 2015).

Families may have individual members who view the world from a vertical ladder or on a horizontal plane perspective. The relevance for a family who is working towards successful crisis resolutions related to identifying family members’ view of the world is to gain a better insight of individual family member’s frame of mind when working towards obtaining a desired goal.

Establishing the useful characteristics within a family, requires a willingness of each family member to accept the change and embrace the process. The process of Adlerian therapy provides the encouragement to accept the change, which leads to increasing the motivation of individual family member to complete the work required to achieve the change (Britzman & Henkin, 1992). Adlerian individual therapy methods reveal the specific ways that individual family members seek to feel significant and gain a sense of belonging (Dinkmeyer, Dinkmeyer, & Sperry, 1987). Adlerian therapy identifies four personality priorities: superiority, controlling, pleasing, and comfort (Pew, 1976). The family can begin to obtain a deeper understanding of the individual family members by identifying their specific priority.

To motivate the family member who has a superiority personal priority and has characteristics of being self-responsible and self-confident, affirming that you recognize their internal motivation and their need to seek self-betterment will meet their need to be significant and to belong (Britzman & Henkin, 1992). When the family members with a superior priority are allowed the opportunity for mutual discussion, input and feel that their opinion is respected they
are more likely to actively work towards change (Kottman & Ashby, 1999). Creating an environment for change that allows for a process that is exciting and enriching for all family members will reinforce their commitment to resolve the crisis while moving towards accepting a useful life style.

To motivate the family member who has a controlling priority and has characteristics of striving to be the best they can be in a critical, competitive style, affirming that you recognize that they have a proactive approach to life focusing on how others will view their actions, will meet their need to be significant and to belong (Britzman & Henkin, 1992). Family members with a controlling priority who are asked to dialog different possibilities regarding how family change could occur and are encouraged to give their interpretation of how it will apply to them and the situation are more likely to engage and the likelihood that they will work to achieve a solution and move toward a useful lifestyle is increased (Ashby, Kottman, & Rice, 1998).

To motivate the family member who has a pleasing priority and has the characteristics of being peaceful, cooperative, striving to obtain others approval, who seeks an easy going environment, affirming that you recognize their need to have a safe and supportive environment will meet their need to be significant and to belong (Britzman & Henkin, 1992). Family members with a pleasing priority are more likely to engage in a warm, attentive environment that rewards cooperation. They will be more likely to take an active role in creating change in the family if they are encouraged to believe in their ability to be powerful without overpowering others and they are allowed to accept the solutions to resolve the crisis at their own pace, the likelihood that they will work to achieve a solution and move toward a useful lifestyle is increased (Ashby, Kottman, & Rice, 1998).
To motivate the family member who has a Comforting priority has the characteristics of being able to outmaneuver, uncomfortable and stress provoking situations, and also retain self-control and emotional expression, affirming that you recognize their need to have comfortable social situations that are free of ridicule, their need to make small changes in a patient and persistence manner will meet their need to be significant and to belong (Britzman & Henkin, 1992). These family members are more likely to engage in the process of change if the focus is on the increased likelihood that the family will get along better, their life being smoother and less stressful. If the process for change is simple and concrete the possibility of acceptance of working towards a solution for the crisis and moving towards a useful life style is increased (Kottman & Ashby, 1999).

When preparing families and the individual family members to embrace the process of change, which is necessary to overcome a family crisis, identifying their private logic will provide the family members and the professional with additional insight regarding the individual’s and family’s lifestyle perspective. Private Logic is specific to each individual, it is a make up of convictions and beliefs held by the client that interfere with useful constructive common sense of belonging in society, and inhibit social interest (Corey, 2013). It is a result of a client’s subjective perceptions and reasoning, many times resulting in problematic behaviors, thoughts, and interactions with others (Dinkmeyer, Dinkmeyer, & Sperry, 1987). Beliefs are either based on common sense or private logic according to Adler (Ferguson, 2001). Private logic does not meet the definition of common sense, that which is reasonable to most people, instead it only seems reasonable to the individual (Manaster, 2009). Individuals who are acting from their private logic do not have the ability to think and behave in a reasonable way or to make good decisions (Common Sense, n.d.). The greater the extent between the individual’s
private logic and what makes common sense to most people is a good measure of an individual’s mental health (Manaster, 2009) and therefore their ability to successfully resolve a crisis. Families and individuals who operate from their own private logic develop a lifestyle that makes it difficult to cope within normal requirements of social living, including coping within the family structure. Private logic and commonsense affect a family’s and individual family members’ perceptions about self, others, and life (Corey, 2013). Characteristics of families and the individual family members that are successful in resolving crisis incorporate commonsense in their lifestyle.

**Characteristics of Families: Successful Crisis Resolutions**

Families in Crisis can be categorized into the roles the members play; each of these roles has its own unique characteristics. For example, the roles of the family defined in this literature review are as follows: the family unit, the parent, and the child (ren). The family unit is affected by various influences, which in turn affects how each of the members of the family copes with a family crisis. According to Brown and Rainer (2006):

> The psychotherapist will find specific guidance for addressing different dimensions of crisis work. These contributors wisely point to the broader cultures of age, race, and ethnicity as well as those that are less apparent, for example single-parent families, as affecting the experience of crisis. (p. 95)

Families who are able to overcome crises are characterized by having positive beliefs and values related to their outlook on life (Lee et al., 2004). A family who has the characteristics of having positive views and associated with faith, family, love and support are able to cope and maintain these beliefs when confronted with difficult life circumstances (Vandsburger, Harrigan, & Biggerstaff, 2008). The ability of a family to adjust to the stress resulting from a crisis is dependent on the meaning the family assigns to the crisis, thus if the family can construct a
valuable meaning out of the struggle to overcome the crisis, they will be more likely to be successful resolving the crisis (Lee, Kwong, Cheung, Ungar, & Cheung, 2009).

Families that have established effective communication skills and have well-defined family support networks established prior to entering into a stressful family crisis are more likely to successfully resolve their crisis and resume a functional family life. Greeff and van der Merwe (2004) identified intra-family support as the number one factor that helps families cope successfully during stressful situations. Intra-family support is defined as “support family members give one another” (Greeff & van der Merwe, 2004). Additional family support, defined as “support obtained from extended family members including grandparents, cousins, aunts, and uncles,” has also been shown to help families cope successfully during stressful times (Greeff & van der Merwe, p. 68). Similar results were also found in another study. For example, in Greeff and Human’s (2004) study, families reported that interfamilial emotional and practical support to be an important recovery-enhancing factor.

To facilitate families to maintain a healthy and functional unit in a time of crisis, it is important that effective communication skills are taught and family based support networks, prior to the crisis situation, are established. Research supports that a highly functional family communication system and support networks have a positive effect on the ability of a family unit to successfully resolve a crisis situation. For example, Greeff and Human (2004) determined that 79% of families in their study reported that support between its members created a safeguard against the aftereffects of a loss and facilitated the adaptation and adjustment of the family as a whole (p. 38). Some of the aftereffects on an individual within the family experiencing a crisis included: an increase symptom of somatization (i.e., subjective physical discomfort), depression
(i.e., clinical depressive disorder), anxiety (general anxiety), and phobia (Wang, Chen, Yang, Liu, & Miao, 2010).

Social and community associations have also been found as a determining factor in a family’s ability to successfully cope with a crisis situation. For example, in Greeff and van der Merwe’s (2004) study, families reported support of friends as a contributing factor to helping them cope successfully during stressful times. Again in another study, when asked in an open question format, families that entered a crisis due to the death of a family member identified the most important coping resource as social support obtained from extended family members and friends (Greeff & van der Merwe, 2004).

Faith, defined as any belief in a higher power, has also been identified as a factor that helps families cope successfully during stressful situations (Greeff & van der Merwe, 2004). Strong religious faith is valued as a protective force from physical, mental, and emotional problems, but prayer alone is not viewed as sufficient to resolve problems (Anderson-Meger, 2011). Alfred Adler identified the process of having faith as connecting to that which is greater than ourselves, and as one of the five life task that enables families to cope with the necessity of change (Bitter & Sonstegard, 2004).

Mental health distress has been shown to increase when a family experiences a stressful crisis, such as the death of a family member. For example, Wang, Chen, Yang, Liu and Maio (2010) found distressing issues to be significantly higher than the national norm for families experiencing a crisis than families not experiencing a crisis. The authors ranked the distressing factors from highest to lowest as follows: depression, phobia anxiety, anxiety, paranoid ideation, hostility, interpersonal sensitivity, psychosis, and obsessive-compulsive tendencies, indicating psychological disequilibrium (Wang et al., 2010). Furthermore, Escudero, Jacquet, Loots, van
Puyenbroeck, and Vanderfaeillie (2009) found that families characterized as having a fundamental sense of purpose are more likely to regain the necessary competences to manage their family situation again.

**Characteristics of Parents: Successful Crisis Resolutions**

The ability for parents to have well-defined social skills is a characteristic that can be a factor in determining if they will be able to successfully cope with a stressful family crisis. In Greeff and van der Merwe’s (2004), parents identified social support as receiving positive recognition, receiving affirmation of the family as an important institution, affection, and network support from the community as important contributing factors in their ability to cope with a family crisis.

Financial stability has been shown to be a vital characteristic on the ability of single parent families to successfully move past the crisis. For example, Greeff and van der Merwe (2004) reported in their study that in single parent homes of female primary care givers, financial security and job stability were a significant factor in enabling the parent to effectively resolve a stressful family crisis. In another study, parents that experienced a death in the immediate family ranked their internal strengths and durability in the family unit as the number one factor in their ability to effectively cope with crisis situation (Greeff & Human, 2004).

Parents dealing with a stressful family situation expressed feelings of uncertainty about the future and the significant role that destiny play in their life, which lead to feelings of doubt and failure (Escuderos et al., 2009). Escudero and colleagues concluded that parents who see themselves as creative and have a positive approach to life will be more encouraged about the future and therefore more successful in their attempts to deal with a family crisis (2009). Parents who face crisis in a balanced, functional manner have the characteristic of utilizing congruency and have developed the Adlerian life skill of social interest, which enables them to look for win-
win situations (Bitter & Sonstegard, 2004). In an earlier study Orford, Templeton, Patel, Copello and Velleman’s findings indicated that individuals who have an understanding that the current family situation is not due to a personal flaw are more successful at coping with family stressful situations (2007).

**Characteristics of Children: Successful Crisis Resolutions**

When a member of a family experiencing a crisis is a child, the crisis will affect the child in a unique manner, depending on his or her age and relationship to the other family members. For example, pre-school children are unable to cognitively and emotionally cope with frightening changes in their lives (Henning & Oldham, 1977). At this age, children also experience a fear of separation and abandonment in times of crisis (Henning & Oldham, 1977). Older children, however, tend to take on adult roles when they believe that the parent/s are unable to complete their responsibilities (Batson, 1971). In family crisis situations, a child is able to maintain an encouraged attitude by contributing to the family’s well being if the parent is able to provide positive feedback and praise the child for his or her efforts (Batson, 1971). When children receives encouragement, they develop the characteristic of having courage and are able to successfully face life’s crisis (Dinkmeyer, Dinkmeyer, Dinkmeyer, McKay, & McKay, 1997).

Well-developed social skills have also been identified as a characteristic of successfully coping with a stressful family situation of children (Greeff & van der Merwe, 2004). Both children and parents identified social support, receiving positive recognition, support of the family, affection, and network support from the community as important factors in their endurance and ability to cope with family crisis. Interestingly, children were the only members of the family that indicated friends were a distinguishable support resource during the time of crisis (Greeff & van der Merwe, 2004).
According to a study conducted by Elliott, Gresham, and Kettler (2010), children are generally proficient in the use of social skills. As a result of their research, the authors stated:

Practically speaking, these data suggest that it would be unusual for a given child or adolescent between the ages of 3 and 18 years to be rated by any rater as having more than one social skills acquisition deficit, based on the fact that on average 0.25% of children and adolescents across all raters and all age groups have acquisition deficits. In short, social skills acquisition deficits appear to be a rare phenomenon in a representative, normative population of children and adolescents. (p. 813)

The ability to get support from the use of their social skills will facilitate children as they move through crisis situation in a family (Evans et al., 2003). Therefore, having the opportunity to connect with others has been identified as detrimental to success. Having a positive self-concept has also been identified as a necessary characteristic to help children resolve conflicts, including conflicts that arise from family crisis situations (Evans et al., 2003).

Furthermore, in Holder, Coleman, and Wallace’s 2010 study, children’s spirituality, but not their religious practices (e.g., attending church, prayer, and meditation) was strongly linked to their happiness. Children who were more spiritual were found to be happier. In the study, spirituality accounted for between 3-26% of the unique variance in children’s happiness depending on the measures used (Holder, Coleman, & Wallace, 2010).

When children view a parental divorce as a sacred loss or desecration, those beliefs threaten their spiritual orienting system (Warner, Mahoney, & Krumrei, 2009). These children have developed adaptive spiritual coping methods to come to terms with these beliefs as well as a closer connection to God and deeper sense of spirituality (Warner et al., 2009). These findings reinforce the need for parents, counselors, and clergy to help youth develop healthy spiritual
coping strategies to deal with the spiritual challenges raised by a parental divorce (Warner, Mahoney, & Krumrei, 2009).

**Summary of Characteristics that Promote Successful Crisis Resolutions**

The characteristics in common of family units, parents, and children are that all three have effective communication skills and well-defined support networks established prior to entering into a stressful family crisis. These factors have been shown to enable them to successfully resolve their crisis and resume a functional family life. Although the family unit, parents, and children share common characteristics that effect their ability to successfully resolve crisis situations, each display individual coping characteristics specific to their individual group. While families' identified having a purpose they are striving for as an additional factor in overcoming the stress event and returning normalcy, parents and children independently have identified other coping characteristics as well. For example, parents are more encouraged about their own and their families' future when they see themselves as being characteristically creative and having a positive approach to life and, therefore, more successful in their attempts to deal with family crisis when it occurs. Children who have good self-esteem, specifically having a positive self-concept of themselves, has been shown as a characteristic that helps them resolve conflict, including conflicts that arise from family crisis situations.

**Treatment Strategies for Families: Successful Crisis Resolutions**

Research supports that the most important factor in family intervention is to improve social support resources and address how they are perceived by family members (Apseche, 2006). The Adlerian intervention of social interest can facilitate the family in this, by as Adler proposed utilizing it “as a direction-giving factor, social interest also becomes a normative ideal” that can guide individual development,(as cited in Ansbacher & Ansbacher, 1979, p. 30). Families identify social support as a major factor in their ability to overcome a stressful family crisis.
Therefore, the need to address social support systems at the beginning of the treatment process is vital, as it impacts the taking ownership of their own recovery.

Adler believed that it wasn’t useful to point out psychological problems to the client (such as a lack of confidence). He believed rather in asking questions for the client to ponder (Sharf, 2004). This way, the client would not become defensive or offended. Questions such as “Have you thought of..” or “Is it possible..?”

Families of a child with a psychiatric crisis that received systematic help to connect the parents to advocates and support groups showed a significant increase in their ability to be socially supportive to their children (Evans et al., 2003). In the treatment plan, social support is identified as a characteristic of a family’s ability to successfully overcome a family crisis, a recommendation of an advocate to assist connecting with support groups as well as increasing family social skills seemed appropriate.

Formal and Informal support systems may increase a family in crisis abilities to resolve the crisis. Informal systems develop spontaneously from family, friends, work associates, and neighbors (Sousa & Rodrigues, 2009). Formal system consists of support from social workers, doctors, and other professionals (Sousa & Rodrigues, 2009). Research suggests that both formal and informal support needs to exist in the following contexts: reciprocity (the family ability to give back), minimal power difference (the family not feeling coerced against their will), and trusting relationships (lack of threats and denunciations).

Additionally, formal and informal support networks are found to work as parallel systems that lack the necessary coordination through a plan of intervention. Either type of support is usually insufficient to solve a crisis alone. However, together the two support systems provide a measurable benefit. Integrating both the informal and the formal support system is vital, which
in turn, emphasizes the need for an organized and coordinated plan of intervention that prioritizes problems and solutions for the family.

Further findings indicate that the role of support manager be kept in the family to promote self-sufficiency within the family system. However, it is suggested that families receive assistance and training to manage resources (Sousa & Rodrigues, 2009). Although, families utilize different approaches to cope with crisis situations, the need for the family to be in control of the process seems central to the overall success of crisis resolution and contributes to the development of necessary family characteristics required to resolve future family crises as well (Greeff & van der Merwe, 2004).

Some families that have been successful dealing with a stressful family crisis reported utilizing the strategy of passive appraisal (Greeff & van der Merwe, 2004). Passive appraisal is defined as the family’s tendency to do nothing regarding the crisis situation. Passive appraisal usually indicates a defective coping response. However, some families have found passive appraisal to be a source of internal strength, as the members dealt with the crisis without externally observable actions to overcome the crisis (Greeff & van der Merwe, 2004).

**Treatment Strategies for Parents: Successful Crisis Resolutions**

Greeff and van der Merwe (2004) found that parents with the coping skills to reformulate the problems created by the family crisis, to one of growth, were among the group that successfully moved beyond the crisis situation. This was accomplished by utilizing both a short-term intervention and a long-term treatment plan. One such treatment plan outlined two effective interventions that utilized either a brief intervention or a more intensive intervention.

The brief intervention involved the clients meeting with a primary health provider once and given a self-help manual. During this intervention it was important that the primary health provider display empathy and that the client felt that the provider connected with them (Orford et
al., 2007). Building the long-term intensive treatment plan included: meeting with the primary health provider for five sessions, as well as receiving a self-help manual. Both approaches gave the parents the tools needed to gain a greater understanding of the situation, knowledge of ways of coping, and increasing social support, obtaining information on the specific problematic issues, as well as having a non-judgmental professional listen to their concerns. Offering encouragement is an effective Adlerian therapeutic technique that is used to build a relationship and to foster client change, by supporting clients in changing beliefs and behaviors (Ansbacher & Ansbacher, 1979). Parents benefited when practitioners had the necessary skills and expertise and mastered a variety of professional strategies for building and enhancing supportive networks. In summary, primary health providers can be effective when they are creative in their approach and help families utilize all available supports in order to maintain the changes that they achieved during the crisis treatment intervention (Escuderos et al., 2009).

Addressing religious beliefs with clients, creating connections to the faith community, and offering services compatible with religious beliefs has also been found to be an important element in the treatment of those parents that identify spirituality as a means of coping with a crisis (Desai, Dodd, Graham-Pole, & Pollock, 2009). Parents can utilize their spiritual strengths to facilitate their own and their children’s’ processing skills of the crisis situation by utilizing their skills related to the Adlerian faith life task (Bitter & Sonstegard, 2004). According to Desai et al., one possible explanation of the success is that parents have greater spiritual well being because they are more spiritually developed than their children (2009). It is also critical that the helping professional maintain an awareness of his or her own beliefs and the effects of those beliefs on relationships with clients for an effective treatment to occur (Anderson-Meger, 2011).
Treatment Strategies for Children: Successful Crisis Resolutions

Children that have the coping skills to reformulate problems created by the family crisis to one of growth were also among the group that successfully moved beyond the crisis situation (Greeff & van der Merwe, 2004).

Developing social skills of children in crisis is also important. Social skills allow children to learn how to get support and to stimulate their creativity and problem solving activity. These activities facilitate the children to better adopt models of socially acceptable behavior. According to Motiejūnaitė and Žadeikaitė, when the rules of group activity are clearly defined, children become aware of improper and proper behavior models (2010).

Social skills development for children in crisis, specifically self-creation, has been found to be important in the development of functional process and social skill sets that enable children to recreate their environment and be comfortable in their new reality (Motiejūnaitė, & Žadeikaitė, 2010). The process of developing a treatment strategy to facilitate social skills development needs to be individualized; taking into consider the social situation of each child, as well as his or her needs and abilities (Motiejūnaitė, & Žadeikaitė, 2010).

In young children, the response to a crisis situation has been significantly linked to the maternal psychological functioning, particularly anxiety, and not to the actual event (Schechter & Davis, 2007). Adlerian therapy states that parents’ positive beliefs can be transferred to their children by role modeling positive patterns of behavior and by demonstrating that parent believes that feelings are important (Dinkmeyer, Dinkmeyer, Dinkmeyer, McKay, & McKay, 1997). A child-parent relationship focused intervention, is an important component of any treatment plan because both the child and parent have developed coping skills and specific ways of relating as well as not-relating to each other to adapt to the crisis facing the family (Schechter & Davis, 2007).
Summary of Treatment Strategies that Promote Successful Crisis Resolutions

The most important factor in family intervention is to improve the social support resources perceived by family members. Therefore having a treatment strategy that addresses the need of receiving social support is essential. An effective treatment plan to achieve this is to have an advocate assist the families in connecting with support groups and thus increasing their social skill set.

When developing treatment strategies for parents the plan needs to be flexible to meet the needs of the parents learning style and their schedule commitments. Either the short term intervention or the long term intervention have similar results, as long as each intervention gives the parents the tools to gain a greater understanding of their crisis situation by learning coping skills, learning the process of increasing social support, obtaining information on the specific problematic issues and having a non-judgmental professional listen to their concerns.

Children have an innate ability to connect with one another and according to the research this is a strength for the majority of children. An important Adlerian treatment strategy is to teach children how to utilize their social skills. This involves encouraging parents to take an active role by observing their children’s’ interactions with their friends and to have the ability to identify useless and useful behavior models in the group and role model the proper behavior for their children (Dinkmeyer, Dinkmeyer, Dinkmeyer, McKay, & McKay, 1997).

Resilience Factor of Families

Resilience is defined by the family’s ability to resolve crisis situations caused by the multiple stressors over time that they have experienced, and their successful resolution of other crisis’s as they arise. Families that learn from past experiences, understand their how those experiences affect their present situations, and use those lessons to help them in their decision process and their choices for their future (Landau, 2007). Families and communities are
inherently competent and resilient, and with appropriate support and encouragement, they can utilize their combined strengths that will enable them to successfully resolve crisis situations as they arise (Ungar, 2010). This ability can be developed by helping people gain a sense of connectedness with one another, and focus on the long-term outlook. When families identify the characteristic factors that enable them to resolve crisis situations, they have identified the resources they need to develop resiliency within their families.

**Resilience Factor of Parents**

Several family factors that have been shown to increase the likelihood of adaptive outcomes in the presence of adversity include family member intra-communication, family time, routines and rituals, and support networks. When the family has the developed the insight and have a perspective that they have the ability to overcome difficulties they are able to utilize common sense and according to Adler act on the useful side of life and the family resiliency increases (Fergusson, 1984). Family members describe the factors needed for resilience when they describe the ability of the family to act as cohesive units, and how they often turn to each other for support in times of stress (Bitter & Sonstegard, 2004). The resilience of the family and its members depends just as much on the resilience of its community as the individuals who live in the community, because the community institutionalizes resiliency (Kärkkäinen, Räty, & Kasanen, 2009).

**Resilience Factor of Children**

Children’s ability to develop resilience is related to the way in which resources are provided to them, whether their parent has expectations for positive growth and their access to needed services reflects this ability. If children can negotiate effectively when resolving social and/or community crisis situations it will have an influence on the values that the child develops. Children’s potential for resilience when exposed to adversity may be increased or decreased
depending on their family and community’s values (Kärkkäinen, Räty, & Kasanen, 2009).

Structural changes that affect the manifestation of the child’s inner resources remain critical to conceptualizations of resilience (Ungar, 2010). Resilience in its most basic definition is inner strength, If society invests in our children by providing them the a proactive family and community environment that provides the necessary support they need to develop resiliency the community as a whole will benefit as a result of social interest (Dinkmeyer, Dinkmeyer, & Sperry, 1987). Resilience is the capacity of individuals to access resources that improve their wellbeing, and the ability of their physical and social environment to make those resources available in meaningful ways (Ungar, 2010).

**Summary of Resiliency Factors that Promote Successful Crisis Resolutions**

When families display resilience factors they are using the skills they have acquired as they resolved crisis situations caused by the various stressors over time that they have experienced, and these skills lead to their successful resolution of other crisis’s as they arise. Parents learn these skills from their families and the community in which they live and they pass this knowledge and skill set onto their children. Some families and communities are more successful at utilizing these skills. These successful environments should be studied and used as a role model for families and communities to assist future family crisis from multiplying and creating multi-crisis family structure.

**Collaborative Plans for the Project**

The information from this paper was utilized to create a public presentation to educate human service workers who provide services to families that are in a crisis situation. Specifically Multi County Human Services Agencies who provide mental health, career and skills counseling to low-income families. The people who are served by these agencies are in crisis, some for the first time. I believe this strategy will promote the use of Adlerian Therapy to
the common people who could most benefit from its healing effects. The first contact, human services professionals who attended had various cultural heritage, including professionals from the Hmong and Somali communities. The families they work with frequently have experienced trauma. The families and their respective communities in general have limited knowledge regarding mental health. Because they work with families that encounter family crisis they are positioned to be able to help build characteristics that will enable the family unit and the individual members to move beyond the crisis and become resilient against future crises. They are situated in a unique position that allows them to effectively intervene, thus minimizing the damaging affects to both the family unit and the individual members. The presentation identified Adlerian therapy interventions that the first contact human services helpers can utilize to facilitate these families on their journey to move beyond their current crisis and be resilient to future crises.

After the presentation I was asked permission to allow the power point to be translated into the Hmong language, I am currently working to complete the translation with members of their community. The Hmong professionals will present the presentation and an interpreter will work with me to answer questions related to the presentation. The professionals from the Somali community requested that I provide therapy services to their community and provide education specifically on the Adlerian techniques related to how families can foster a healing environment for family members suffering with mental health issues.

At the completions of the presentation there was an interactive discussion with this presenter and the attendees. The main focus of the discussion was how each of the attendees could utilize the information in the presentation to benefit their clients and communities. They also requested more detailed explanation of how to facilitate individuals and families change
their perceptions of their world, their private logic, and gave input as to methods that they were currently utilizing to facilitate change within their communities. I received phone calls from two of the attendees who are therapist asking for resource related to utilizing Adlerian technic with their clients. Evaluations were given to all attendees utilizing a scale of 1 Strongly Disagree to 10 Strongly Agree. Rating the accumulation of the questions asked of all attendees utilizing a mean averaged rating was 8.7 out of a possible 10.

1. Enhanced my understanding of why some families are able to overcome crises. (8.4)
2. Enhanced my understanding of how professionals can facilitate families to successfully resolve crises. (8.4)
3. Enhanced my understanding of Adlerian Therapy. (8.8)
4. Adlerian Therapy is a good choice for treating mental illness. (9.2)
5. Enhanced my understanding of how clients’ perceptions affect their ability to resolve a crisis. (8.8)
6. Effectively outlined how Life skills can be utilized to establish goals related to overcoming a family crisis. (8.4)
7. The information was presented in a clear manner. (8.4)
8. The information was well organized. (8.8)
9. The information provided will be helpful and a good resource for future use. (8.6)
10. Jean was effective in delivering the information. (8.8)
References


Lee, T., Kwong, W., Cheung, C., Ungar, M. & Cheung, M. Y.. (2009, October 13). Children's resilience-related beliefs as a predictor of positive child development in the face of


Vandsburger, E., Harrigan, M., & Biggerstaff, M. (2008, May). In spite of all we make it:
