Enhancing Family Resilience through Family Narrative Co-Construction

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Abstract

We draw upon family resilience and narrative theory to describe an evidence-based method for intervening with military families who are impacted by multiple wartime deployments and psychological, stress-related, or physical parental injuries. Conceptual models of familial resilience provide a guide for understanding the mechanics of how families respond and recover from exposure to extreme events, and underscore the role of specific family processes and interaction patterns in promoting resilient capabilities. Leading family theorists propose that the family's ability to make meaning of stressful and traumatic events and nurture protective beliefs are critical aspects of resilient adaptation. We first review general theoretical and empirical research contributions to understanding family resilience, giving special attention to the circumstances, challenges, needs, and strengths of American military families. Therapeutic narrative studies illustrate the processes through which family members acquire meaning-making capacities, and point to the essential role of parents’ capacity to facilitate discussions of stressful experiences and co-construct coherent and meaningful narratives in developing children’s emotional regulation and coping skills. Family-based narrative approaches provide a structured opportunity to elicit parents’ and children’s individual narratives, assemble divergent storylines into a shared family narrative, and thereby enhance members’ capacity to make meaning of stressful experiences and adopt beliefs that support adaptation and growth. We discuss how family narratives can help to bridge intra-familial estrangements and re-engage communication and support processes that have been undermined by stress, trauma, or loss. We conclude by describing a family-based narrative intervention currently in use with thousands of military children and families across the U.S.

Keywords: military family, resilience, family therapy, narrative therapy, traumatic stress, loss
Introduction

The central fact of modern military life that may have the greatest impact on children and families is the repeated exit and re-entry of a primary caregiver within a context of sustained worry and fear (Chandra, Sandaluz, Jaycox, Tanielian, et al., 2010; DOD, 2010; Riggs & Riggs, 2011). This impact is heightened when either or both parents sustain a psychological, stress-related or physical injury. For the wars in Afghanistan and Iraq, the most common injuries range from post-traumatic stress, anxiety and mood disorders, to traumatic brain injury and losses of limb (Ramchand, Karney, Osilla, Burns, & Caldarone, 2008; Cozza, Chun, & Polo, 2005). A family resilience perspective provides a useful vantage point to understand how these changes can impact the ability of a family to adapt and recover and to successfully carry out it's daily tasks in service of the nurturing and successful development of it's members.

There is growing evidence that specific characteristics of family functioning may act as a protective shield in mitigating the adverse effects of stressors on families and family members (Saltzman, Lester, Beardslee, Layne, Woodward, & Nash, 2011; Gewirtz, Forgatch, & Wieling, 2008; Wadsworth & Riggs, 2011; Wiens, 2006). Researchers and theoreticians have broadly organized these characteristics into dimensions of family communication, family organization, and family belief structures (Luthar, 2006; Walsh, 2006). Over the past decade of U.S. involvement in Afghanistan and Iraq, studies conducted with children, families, and married couples have significantly advanced our collective understanding of specific ways in which wartime parental deployment can undermine or compromise these critical resilience-enhancing processes. For example, repeated prolonged parental separations, in combination with psychological distress in either parent including posttraumatic stress symptoms (e.g., emotional numbing, avoidance, and heightened irritability), depression, or anxiety, can undermine family communication, impede coordinated and effective parenting, and interfere with consistent care routines and clear family roles and boundaries that form the basis for resilient family organization (Saltzman, et al., 2011; Lester, Mogil, Saltzman, Woodward, Nash, et al., 2011; Warner, Appenzeller, Warner, Grieper, 2009). Young families may have an incomplete understanding of the impact of wartime deployment on children and families—a knowledge deficit that may cause them to either over- or under-react to emotional and behavioral difficulties (MacNulty, 2010). Further, families who experience the unrelenting wear and tear of back-to-back deployments may experience feelings of isolation, hopelessness, and a waning belief in 'the mission' (Palmer, 2008). Taken together, prolonged and/or repeated deployments can undermine military families’ ability to maintain adaptive functioning (see
This article is divided into three sections: In Section I, we present a model of family resilience that articulates specific ways that families maintain their balance in the face of normative and even traumatic stressors. This model helps to organize our understanding of the strategies available to military families. Most important, in this model, are efforts to increase family coping capabilities and resources, increase family capacities to "make meaning" out of stressful and destabilizing experiences, and adopt beliefs that are protective in that they preserve a family's sense of agency and optimism. In Section II, we present theory and research that outlines how parents help children make meaning and integrate protective beliefs by co-constructing a coherent and affectively organizing narrative about stressful experiences. This section also details factors that undermine parents' ability to scaffold coherent narratives along with guiding information on how parents may be trained in this critical skill. In Section III, a family resilience enhancement program is described that has been implemented with thousands of military families in recent years. The centerpiece of this program involves eliciting individual narratives from each family member and training parents to productively co-construct a shared family narrative of stressful and traumatic experiences that integrate protective and positive beliefs. This section includes a session guide along with clinical examples of how family narratives and interpretations evolve in a positive fashion over the course of the eight session treatment.

SECTION I - Resilience in Action: Understanding How Families Restore Balance After Crises

A pragmatic tool for understanding how families successfully respond to normative as well as more extreme stressors, is the Family Adjustment and Adaptation Response Model (FAAR) developed by Patterson (2002a; 2002b). This model offers the metaphor of a balance board to characterize the specific ways that a family balances family demands with family capabilities as these interact with family meanings to arrive at a level of family adjustment or adaptation (see Figure 1). Family Demands refer to the range of stressors encountered by families including discrete events, ongoing strains, and daily hassles. Family Capabilities include tangible and psychosocial resources (what the family possesses or has access to) and coping behaviors (what the family does). Family capabilities are theorized to act as protective factors. Located at the balancing point, and functioning as a mediator of the dynamic tension between family demands versus family capabilities, are Family Meanings. The FAAR Model emphasizes three levels of family meanings: (1) situational meanings (a family's appraisal of current demands versus capabilities and the extent to which they match up), (2) family identity (a family's shared beliefs and
how they see themselves as a unit), and (3) *family world view* (how a family sees themselves in relationship to systems outside of the family) (Patterson, 2002b; Patterson & Garwick, 1994). Families juggle demands and existing capabilities on a daily basis in an ongoing process of *adjustment*. However, when family demands persist in greatly exceeding family capabilities, families experience *crisis*. The ensuing disorganization and systemic distress can be a defining experience for families, often requiring major changes in family structure and functioning. A key point to make here is that the juggling and balancing process described by the FAAR model applies well to military families who need to continually adjust and adapt to a range of normative and, often, extreme stressors (Flake, Davis, Johnson, & Middleton, 2009; Palmer, 2008).

The FAAR Model proposes that families in crisis change in three basic ways to achieve the necessary "adaptation". These include (1) reducing demands (e.g. quit a stressful job, reduce exposure to stressful reminders), (2) increasing family capabilities (e.g. learn new coping strategies or skills), or (3) changing family meanings or interpretations of important experiences (e.g. challenge negatively skewed perceptions of family demands and capabilities). Family resilience is thus conceptualized as the power to achieve positive adaptation following a crisis by employing one or more of these methods (Patterson, 2002a). Because of the structure and mandatory demands of military life, it is sometimes impossible for either the service member or family members to reduce demands. For example, you cannot simply quit being a soldier or take yourself out of a combat or deployment situation. This highlights the importance of the two remaining options of increasing family capabilities and changing family meanings for military families.

**Restoring Balance by Increasing Family Capabilities**

Of particular import to the development of prevention and intervention programs, the family stress and coping literature conceptualizes family crisis as a window of opportunity for positive family change, including the acquisition of new capabilities and skills that strengthen familial resilience (Patterson, 2002a; Patterson, 2002b; Walsh, 2006). This is especially relevant for military families who are often more open to skill-based or training interventions than psychotherapy (Beardslee, Lester, Klosinski, Saltzman, Woodward, et al., 2011). For example, families can become more cohesive and flexible as a result of more effective and coordinated parental leadership, role clarity, and establishment of appropriate boundaries within the family and between the family and the outside world (Walsh, 2007). Such changes can be conceptualized as improvements in family organizational resilient characteristics. Further, families facing crises can develop improved communication skills including better affective
communication (e.g., greater tolerance and more open expression of emotions), better instrumental communication (clearer and more effective messaging), a greater capacity for perspective-taking and appreciation of individual differences across the family, and more developmentally-attuned ways of communicating with children of different ages (Beardslee, 2002; Saltzman, Babayan, Lester, Beardslee & Pynoos, 2009). Moreover, families in crisis can develop collaborative skills including the ability to anticipate difficulties, problem solve as a family, or use interpersonal cues to monitor and regulate emotion (Saltzman, Bartoletti, Lester, & Beardslee, in press). For example, families can obtain and appropriately share important medical, diagnostic, or psychological information about changes in a family member's behavior or functioning following physical or psychological injury (Cozza et al., 2005). Such adjustments can decrease distorted interpretations or self-blame that may arise from a parent's irritability or withdrawal secondary to post-traumatic stress or depression, as well as clarify the expected course of recovery and ways in which family members can provide assistance (Beardslee, 2002; Beardslee & Knitzer, 2003).

Collectively, these efforts to adapt contribute to the "family capabilities" side of the FAAR balance board. To date, a number of interventions designed specifically for military families to increase their capabilities in the manner described above, have already been implemented with very positive results (Lester, Saltzman, Woodward, Glover, Leskin, Bursch, et al., 2012; Lester, Stein, Saltzman, Woodward, Wadsworth, et al., 2013; Gewirtz et al., 2008).

**Restoring Balance Through Meaning-Making and Belief Structures**

The third category of family resilience-promoting processes, *family belief structures*, refers to specific values and beliefs that support a family's ability to respond adaptively and "bounce back" from adverse circumstances. These belief structures may include a family's sense of hope and optimism, trust in one other, and shared beliefs or transcendent values (Walsh, 2006, 2007). The FAAR model emphasizes the centrality of belief structures and meaning making to a family's adaptation to traumatic stress and loss. The capacity to derive meaning or alter interpretations and meaning is placed at the fulcrum of the family's balancing act when responding to crisis. In this regard, Patterson (2002a & 2002b) emphasizes the fact that what is most important to a family's adaptation is not so much the actual extent of demands and capabilities but the perceived levels. For example, a family under stress may have an exaggerated sense of the demands placed on its members and view the potential consequences thereof as extreme or even catastrophic. Family members may also underestimate their strengths and resources for dealing with a given demand. Shifting the family's "situational appraisal" in a more realistic and optimistic direction, by calling attention to past successes and current areas of competence, may support a more proactive and
empowered family response to stressful or traumatic events while increasing perceptions of collective self-efficacy. In fact, this sense of personal and family agency and competence often emerges as families rise to the occasion brought on by challenges and traumatic set-backs. Indeed, it is through dealing with adversity that family members often develop or access previously untapped strengths (Walsh, 2003) as is the case with the military spouse who must learn to deal singlehandedly with all of the responsibilities on the home front when the service member partner is deployed, or the passive and self-involved teen who must shoulder new responsibilities at home, adopting a more mature and guiding role with younger siblings when a parent returns from war injured or incapacitated.

Whether emergent or native to the family and its members, this "mastery orientation" is considered the cornerstone of a resilient individual and family identity (Oppenheim, 2006) and works hand in hand with a world view that stressful events can be understood and managed. This foundational belief also aligns with what multiple researchers have come to define as a general "sense of coherence" in which individuals feel that they can make sense of and influence events in their life, have trust in their own capacity to overcome obstacles, and embrace change as an exciting challenge to further development (Antonovsky, 1988, 1998; Werner, 2003). In particular, researchers have noted an optimistic bias among resilient children that enables them to latch on to "any excuse for hope and faith in recovery" (Murphy, 1987, pg 103-104; Walsh, 2006). Seligman's exploration of learned helplessness and its adverse sequelae, in contrast to the correlates and sequelae of learned optimism, further informs our collective understanding of a core bulwark of protective beliefs (Forgeard & Seligman, 2012; Patterson, 2002b). As noted by Walsh (2006) these attitudinal and assumptive characteristics are key aspects of a resilient family identity and have a great bearing on how a family approaches stressful or traumatic situations.

**Identifying Protective Family Beliefs**

Studies of families contending with acute and chronic child illness have helped to specify beliefs that support and promote positive adaptation. In many of these families there was a tendency to shift their focus from negative to positive aspects of their situation. For example, parents of chronically ill children highlighted positive characteristics of their child (e.g. strong, never gives up), themselves (e.g. powerful advocates), and their family (e.g. close and loving), and what they have learned or gained from often harrowing experiences (e.g. this has brought us closer together as a family) (Patterson, 1993; Steinglass, Reiss & Howe, 1993). Other protective family beliefs or values noted by researchers include an attitude that distress and difficulty are expected given the stressful circumstances; that a crisis should be approached as a shared family challenge; that the family should avoid focusing
on blame, shame and guilt, and that a hopeful future is possible. These beliefs support a family orientation in which members understand that "we have been through hard times before and we can get through this together." In contrast, other types of beliefs or interpretations may undermine a family's capacity to respond to crisis and change. These include the tendency to perceive themselves as helpless victims of circumstance; focusing on the culpability of individual family members and issues of blame and guilt; discounting positives and past successes; or harboring unfounded catastrophic expectations or distorted and extreme views of themselves, others, and the world (Walsh, 2006; Patterson, 2002b).

Taken together, these findings from the family coping and resilience literature point to three conclusions. First, families adapt to stressful or traumatic circumstances in specific ways, including striving to reduce demands and stressful exposure, to increase family coping capabilities and resources, and to make meaning of the stressful experience (e.g., shifting appraisals). Second, a family's capacity to productively make meaning of stressful experiences stems from the fundamental belief that adverse events can be understood and managed (termed a mastery orientation). Third, specific beliefs and skills that motivate and enable individuals to make sense of and proactively respond to stressful situations in resilient ways are learned—especially within the context of the family. Accordingly, given the aim of intervening with military families to strengthen processes that promote resilience, the pressing question arises: How do families acquire and sustain a mastery orientation and the capacity to make meaning of stressful experiences in ways that reduce harmful distortions, promote positive adjustment, and foster growth? We address this question in the next Section II.

SECTION II - How Parents Support Family Meaning Making Through Co-Constructed Narratives

It is commonly observed that we are meaning-making creatures who strive to organize our experiences in ongoing ways to make sense of the events in our lives (e.g., Emde, 2003). The need to actively organize and make sense of life experiences is manifest in even very young children and infants in the form of social referencing (Sorce, Emde, Campos & Klinnert, 1985). Specifically, children strive to make sense of ambiguous and potentially threatening situations by attending to the voice, face, and gestures of a caregiver. Their subsequent emotional experience and behavior may then be powerfully influenced by these perceived signals (Peterson & McCabe, 2004). More generally, evidence suggests that children rely on important others to make sense of situations and to assist in organizing their feelings and reactions in a dialogic process of caregiver-child communication (Howard, 1991). This
process, termed *co-construction of meaning*, may be seen at work in the simplest and most casual exchanges between a caregiver and child, ranging from emotionally attuned (vs. mismatched) responses of caregivers to an infant's smile, to an organizing (vs. dysregulating) discussion between a parent and child about a problem at school (Oppenheim, 2006; Beebe, 2000; Koren-Karie, Oppenheim, Haimovich, & Etzon-Carasso, 2003). Early preverbal forms of dialogic meaning-making give way to later verbal forms that explicitly draw upon the co-construction of a narrative. Bruner (1986) proposes that it is by constructing a narrative that we make an experience knowable, integrate it into our conscious life, and then access it as a memory. The narrative or storied form provides a structure for understanding not only *what* happened, but also a means of evaluating *which aspects* are important or unusual, and "situates the self within the matrix of important people and events" (Wolf, 2003, pg. 31). This ongoing process results in the elaboration of internal representations or "working models" (Bowlby, 1988) of self, others, and the world that enable us to interpret our interactions with others, predict consequences, and respond in adaptive ways (Bowlby, 1982).

Of special relevance to helping families facing crises precipitated by traumatic experiences, past stressful or traumatic experiences and memories are amenable to change and re-interpretation through a co-constructive process (Oppenheim, 2006; Alexander, Quas, & Goodman, 2002). This phenomenon of "extended encoding" underscores the value of post-event parent-child discussions as a tool for helping children construct coherent and organizing narratives of past overwhelming or upsetting experiences (Fivush, Haden, & Reese, 1996). Extended encoding also provides the parent or caregiver with the means to shape the child's interpretations and beliefs about the self, others, and the world that will accrue in memory. Studies of parent-child reminiscing discussions about past stressful experiences have shown that caregiver-facilitated interaction and style of structuring the dialogue exerts a pronounced influence on the resulting child recollection and narrative (Oppenheim, Nir, Warren & Emde, 1997). For example, children of parents who were more elaborative and evaluative in their discussion produced narratives with greater detail about the stressful event and more indications of resolution in relation to its stressful components (Oppenheim & Salatas-Waters, 1995).

The process through which young children learn to develop coherent narratives of their experience that serve to organize their understanding of external events, as well as their interior affective responses, has come to be called *scaffolding*. Derived originally from the developmental theories of Vygotsky (1978), scaffolding refers to a range of scenarios in which a more competent person collaborates with a child to succeed at a developmental task
that the child could not accomplish alone (Oppenheim, 2006). Children are theorized to incorporate what they learn from adults by "internalizing the interaction" so that the context of the scaffolded interaction, its emotional tone, qualities of safety or danger, and modeled characteristics of the caregiver, each form part of what is internalized (Fivuh & Sales, 2006; Vygotsky, 1978). As such, the quality of the parent-child relationship in terms of attunement, emotional expression, and provision of safety becomes relevant, as does the parent's modeling of appropriate emotion regulation and problem solving (Sales, 2009).

The importance of caregiver scaffolding is supported by over a decade of research involving the detailed analysis of children's autobiographical memories and narratives of a range of stressful or traumatic events and their links to posttraumatic adaptation and functioning (Fivush & Sales, 2003; Oppenheim, et al., 1997). It is clear that children's memories of emotionally charged events are powerfully influenced by the dialogue between the mother and child (Fivush, Bohanek, Robertson & Dile, 2004). Children of caregivers who engage in supportive discussions of stressful events in which they attempt to help the child elaborate and better understand these experiences have better recall of the event and better short- and long-term adaptation than children who lack such a caregiver (Fivush, et al., 1996). Of particular import, a consistent marker of children who do well after a stressful or traumatic experience is the ability to generate a coherent and meaningful account of the experience (Fivush & Sales, 2006). The converse is also true; children exposed to stressful events (e.g., witnessing parental domestic violence) who experienced difficulty in developing coherent narratives of the experience also tended to exhibit more behavioral and social-emotional problems than children who were able to develop coherent narratives (Oppenheim, 2006). In summary, caregiver-child dialogue that facilitates co-construction of a coherent and affectively organizing narrative about stressful experiences is theorized to serve as the basis for successful adaptation—a process that may either mediate or moderate (for good or ill) links between stressors and subsequent development of a chronic stress response and comorbid psychological conditions (Fivush et al. 2004, Oppenheim, 2006).

Differences in Parents’ Ability to Scaffold Coherent Narratives

In responding to complex, affectively charged events, memories, and thoughts, parents and family can be instrumental in providing children with a secure base from which to explore emotions, create scaffolding dialogues, and thereby co-construct a coherent narrative that helps to organize and orient the child (Bowlby, 1988, Bretherton, 1990; Oppenheim, 2006). These organizing interactions can take place during or after the stressful event. A significant research literature is devoted to understanding the conditions under which coherent narratives of negative
experiences are best formed. Below, we describe findings of special relevance to developing interventions for children and families confronting major stressors while adding an important caveat: Namely, the process of co-construction of a coherent narrative of a distressing event is not the work of a single conversation. Instead, this process emerges as the result of on-going encounters with caregivers and family members in which children repeatedly “get a reading” on an event’s threat value and are helped to make sense of their experiences (Howard, 1991). Throughout this process, children are also socialized according to family and culture-specific customs and mores concerning how to understand the experience, situate themselves in relation to the event, and appropriately respond (McGoldrick, Giordano, & Garcia-Preto, 2005).

Ideally, scaffolding takes place in the context of a secure and trusting relationship with a caregiver who is accepting towards the child and supports the open expression and exploration of thoughts, feelings, and evocative situations (Sales, Fivush & Peterson, 2003). This secure base invites detailed discussion and elaboration of the "worst moments", or portions of the experience in which the child may have felt most threatened and helpless (Gewirtz, Forgatch & Wieling, 2008; Pynoos, Steinberg, Piacentini, 1999). Part of the trust this process engenders in the child is the confidence that, with the caregiver present, the child will be protected from becoming overstimulated or overwhelmed, and that talking about these events will help the child to make sense of what happened and have a positive outcome (Koren-Karie, Oppenheim, Haimovich, & Etzion-Carasso, 2003).

A select number of parenting skills have been identified as effective facilitators of caregiver-child scaffolding. These include the ability to control one’s own reactivity and emotional expressions, thereby avoiding being either under-reactive (i.e., disinterested) or over-reactive (i.e., overwhelming) (Oppenheim, 2006). Other skills include the abilities to engage the child in developmentally appropriate language, to elicit two-way interaction that avoids lecturing, to emotionally track the child, and to use open and closed questions, prompts, and cues to invite a rich and detailed retelling (Van IJzendoorn, 1995). Of special interest, effective co-constructed narratives contain rich amounts of "active coping language" (Sales, 2009) characterized by emotional language (e.g., sad, mad, excited) as well as causal and explanatory language (because, so that, understand) that serve to create the expectation that one will acknowledge, share, and effectively manage one’s, feelings, as well as proactively understand and constructively cope with challenging circumstances. Such skills are best used in conjunction with parental recognition and praising of child competence and demonstrations of past mastery (Sales & Fivush, 2005; Sales, 2009).
Factors That Undermine Parents' Ability to Co-Construct Narratives

An analysis of factors that contribute to successful scaffolding of a co-constructed narrative points to the conclusion that although scaffolding is a natural process, there are also many ways in which it can go awry. Parents and other caregivers also differ widely in their ability to scaffold effectively. For example, some parents have difficulty with guiding discussions with their children around emotionally charged topics, even to the extent that they collude with the child to avoid these encounters (Oppenheim, 2006). Moreover, if they do engage with the child, the resulting dialog may be shallow and avoid the most sensitive or stressful aspects of the experience—the parts of the experience in greatest need of parental guidance and integration (Oppenheim & Salatas-Waters, 1995).

Alternatively, the experience may act as an evocative stimulus to the parent, evoking distress and discomfort based upon similar past experiences that have not been adequately integrated or resolved. Unable to separate the child's experience from his or her own, a parent may become less able to focus on the child's experience due to the parent’s own reactivity, overwhelming the child with the parent’s own emotions and issues (Oppenheim, 2006; Oppenheim & Salatas-Waters, 1995).

In the case of military families, parents who suffer from post-traumatic stress, an affective disorder, or traumatic brain injury may be ashamed of their disorder or its associated behavioral difficulties, including fatigue, sadness, irritability, and becoming easily overwhelmed with everyday family and social situations (Galavoski & Lyons, 2004). Such parents may be unwilling or unable to talk about their difficulties with their spouses and children and instead shut down or withdraw, leaving the child to develop his or her own idiosyncratic and frequently self-blaming theories about why a parent is disengaged or frequently angry. This pattern can lead to incoherent narratives with problematic internalized beliefs that foster feelings of guilt, shame, defectiveness, or unloveability (Focht & Beardslee, 1996).

Efforts to strengthen parents’ capacity to respond appropriately in the aftermath of trauma or loss to their children should reflect the fact that parents themselves have a high likelihood of being traumatized, whether from the same event or in response to their child's distress (Lieberman, 2004). In such cases, the parent's emotional availability and capacity to co-construct an affectively organizing narrative may be compromised, as well as the capacity to function as an emotionally attuned and secure base for the child (Peterson & McCabe, 2004; Shapiro, Howell & Kaplow, in press). Such circumstances, rather than supporting the co-construction of a coherent and organizing narrative of the upsetting experience, may instead leave the child to do this work alone in an unguided...
fashion, or leave the child feeling more disorganized because of the parent's mismatched or emotionally spiked exchanges and internalized distorted or unhelpful beliefs. This pattern, if continued, may lead to missed developmental opportunities to acquire effective meaning-making skills, leaving the child ill-equipped to cope with future stressful and/or life-changing events (Sales, 2009).

In addressing the question, how does the parent's traumatic history impact the parent's ability to facilitate coherent narration with a child? Oppenheim's team (2006) found that mothers with higher levels of trauma resolution were able to guide the development of a joint narrative with their child on a range of emotional topics in ways that were "appropriately structuring, attuned and sensitive" (Getzler-Yosef, 2005; Koren-Karie et al., 2004). On the other hand, the authors reported that lower levels of maternal trauma resolution were associated with greater difficulty in constructing coherent narratives of their own experience, and were linked to dialogues with their children that were characterized by "over or under-structuring, rigid and inflexible interaction, lack of attunement and empathy, and emotional dysrgulation." (Oppenheim, p. 784, 2006).

These links between parents' lack of trauma resolution and an impaired capacity to facilitate their children’s coherent narratives of stressful experiences parallel other findings that parental attachment is a significant predictor of parents' ability to both construct a coherent narrative of their own stressful experiences and to scaffold coherent narratives with their children (Fivush & Sales, 2003, 2006). These findings are built on the groundbreaking work of Mary Main (Main, Kaplan & Cassidy, 1985; Main, 2000) who developed the Adult Attachment Interview (AAI) which is a systematic means of eliciting and analyzing adult narratives about their childhood experiences designed to categorize adult attachment styles into secure or insecure groups a la Bowlby's typology (1982, 1988).

Briefly, Bowlby's early study of maternal deprivation among homeless and orphaned children after World War II, led to a theory that highlighted the importance of consistent and responsive interactions between an infant and primary caregivers in order for development to proceed optimally. Infants become "attached" to these individuals who support key dependency needs and provide a "secure base" from which the infant can explore the world and seek safety and support (1982; 1988). In the 1960's and 70's, Mary Ainsworth refined this model by studying patterns of parent-child interactions that could be categorized into different attachment patterns: secure attachment, avoidant attachment, anxious attachment and disorganized attachment. In the 1980s, the theory was extended to adults via the work of Mary Main and others who concluded that early attachment patterns may persist into adulthood and influence peer relationships, romantic and sexual attraction, and an adult's capacity to, in turn, be
responsive and provide a secure base for his or her own children. Subsequent research has, in fact, supported the multi-generation influence and persistence of attachment patterns (Oppenheim, 2006).

In studies of adult narratives obtained through the Adult Attachment Interview, Main suggested that what is most significant is not so much the adult's memories of events as positive or negative but their current state of mind and reactivity with regard to childhood reminiscences. In particular, she noted that a parent's "autonomy" and free exploration of a wide range of memories and emotional experiences was most telling and that this quality could be indexed by the coherence of the narrative (Main, 2000). Numerous studies using the AAI have supported the utility of adult attachment classifications in predicting a parents' capacity to function as a secure base for a child and develop a secure parent-child attachment (Van IJzendoorn, 1995; Oppenheim, 2006). These findings, in turn, have prompted researchers to view assessments of parental narrative coherence and attachment status as a marker for a range of parental relational capacities that are relevant to the act of scaffolding coherent narratives with their children (Pennebaker, 1997; Fivush & Sales, 2006). For example, Alexander et al. (2002) found that children of insecurely attached parents also tend to recall less information about stressful events and are more prone to memory errors, distortions, and suggestibility. In contrast, children whose parents are more securely attached and proactive in coping with everyday stressors tend to scaffold more elaborative, coherent, emotionally rich, and explanatory mother-child narratives pertaining to common everyday stressors (Sales, 2009).

SECTION III: Enhancing Family Resilience through Family-Based Training in Narrative Co-Construction

In the preceding section, we explained how models of family resilience highlight theorized mechanisms and processes through which stressful situations reach crisis levels for families, and how families adapt by reducing demands, increasing capabilities, or making meaning of the experience through shifting their appraisals and beliefs about themselves, others, and the world. Given our emphasis on enhancing military family resilience, we now shift our focus to ways in which extreme stressors can strain intra-familial relationships, compromise supportive exchanges, create interpersonal estrangements, and erode the resilience of the military family system. We will explore potentially corrosive effects of theorized risk factors on family resilience, including disparities between family members’ experiences of the traumatic event itself, discrepancies among members’ reactions to the event, misattributions among family members, and differences in individual members’ psychosocial histories including prior trauma and losses. We will describe how a narrative therapeutic approach that elicits family members’
individual narratives and assembles the divergent storylines into a shared family narrative can help military families to bridge interpersonal estrangements, rebuild communication processes, and promote supportive exchanges. We will also discuss how the therapeutic processes of constructing and sharing personal narratives, clarifying differences in individual members’ personal experiences and idiosyncratic interpretations of events, and resolving family members’ misunderstandings and misattributions can help members to acquire resilience-enhancing skills. These include emotion regulation skills, employing perspective-taking to appreciate one another’s individual experiences, challenging and replacing inaccurate or unhelpful beliefs, empathic listening, and respectful cueing and prompting. We conclude the section by discussing ways in which family members can craft consensual beliefs, values, and plans of action that support the well being and healthy development of each member.

**Development and Dissemination of the FOCUS Family Resilience Enhancement Program**

The FOCUS Family Resilience Enhancement Program (Saltzman, Lester, Pynoos, & Beardslee, 2006; Lester, Saltzman, et al. 2012) is based on the family resilience and narrative models described previously. The central therapeutic activity of FOCUS is a family narrative co-construction exercise. Developed by family preventionists from the UCLA and Harvard Medical Schools, FOCUS has been implemented with families facing a broad range of types of trauma and loss including medical trauma, community violence, disasters, and the death of a family member (Saltzman et al., 2009). FOCUS has been implemented primarily with military families since 2008, when it was selected as a large-scale demonstration project by the US Navy Bureau of Medicine and Surgery. Currently, full-time teams of FOCUS Resiliency Trainers are located at 21 Marine, Navy, and Navy SEAL installations through the support of the Office of Military Community and Family Policy (Lester, Peterson, Reeves, Knauss, Glover, Mogil, Duan et al., 2010; Beardslee et al 2011). Evaluation from this service program has demonstrated effectiveness across a range of child and parent psychological health and family adjustment measures in longitudinal follow up (Lester, et al., 2012), as well as documenting pathways of positive change through key resilience processes such as emotional relatedness and communication within the family system (Lester, et al., 2013). The FOCUS Program has also been implemented across Los Angeles County with the Department of Mental Health, through the USC Building Capacity in Military Connected School Program, and is slated for dissemination at selected service sites nationally through the SAMHSA National Child Traumatic Stress Network and the Veteran’s Administration. Randomized controlled studies of adaptations for combat injured families and community dwelling veteran families are currently ongoing.
Description of Narrative Component of Focus Intervention

The FOCUS Program manual provides detailed guidelines for conducting approximately eight sessions with each family, the objectives of which are to enhance the family’s resilient capacities using strategies that are flexibly tailored to address the family’s specific needs, strengths, and circumstances. The therapeutic process is guided by an in-session assessment conducted during the first session. FOCUS employs structured within-session and at-home exercises, keyed to the developmental level and capacities of parents and children, to strengthen family resilience-enhancing processes. FOCUS sessions are clustered into preparatory parent and then child sessions, followed by a series of family sessions (see Figure 2). Below, we describe each cluster of sessions while highlighting the narrative components therein. We accompany these descriptions with vignettes of military families who have participated in FOCUS. These vignettes illustrate examples of shifts during the course of narrative work in the ways that family members interpret the meaning of their experiences.

Narrative Activities in the Parent Sessions

The initial parent sessions (sessions 1-2) are designed to elicit the concerns and priorities of individual parents. Intervention objectives for these sessions center on eliciting and clarifying the family’s pragmatic goals relating to the program, typically covering such themes as improving family communication, increasing family closeness, and helping the family organization to adapt to its current needs, strengths, and circumstances. The FOCUS resiliency trainer (RT) then invites the parent(s) to construct a narrative, one at a time, of their experiences during key family periods, including the most recent month. This exercise includes constructing a “timeline” of each parent’s experience (see Figure 3) in which vertical elevations of their intertwining storylines correspond to relative levels of stress associated with a particular experience. The color-coded "feeling thermometer" used for the vertical axis includes four zones: green denoting minimal stress and often positive experiences, yellow, orange and red zones denoting increasing levels of distress. The RT facilitates the narrative sharing, helping each parent to identify key events and experiences, associated levels of stress, and specific thoughts and feelings that may be pertinent to the subsequent discussion of the commonalities and differences of their individual experiences. The RT begins by normalizing the fact that couples usually have very different experiences as manifest by their diverging timelines for the same events. The RT emphasizes that inter-couple divergences are especially likely to emerge during highly stressful experiences, and that differences in couples’ reactions and interpretations of self and others often become points of misunderstanding or contention that can contribute to ongoing estrangements between spouses or other
family members. After each parent draws his or her timeline, one overlaid over the other, the RT summarizes each narrative and then leads a discussion about the points of convergence and divergence.

The goal of this activity is to provide a safe and structured way for parents to share their experiences with each other, and to move from insular individual narratives to a shared understanding of what they and their family have been through. This activity also creates an opportunity to address and correct points of misinformation or misattribution between spouses. Beyond the immediate goal of bridging and clarifying communication and understanding between parents, this narrative exercise is also designed to model and provide practice in key family scaffolding and other resilience-enhancing skills. These skills include appropriate gating of emotional reactivity while listening to a spouse share his or her experiences, respectful turn-taking, the ability to track emotions and skillfully elicit another's story, becoming more open and tolerant to the expression of emotions, and adopting a non-defensive and collaborative means of discussing differences. The goal is to increase family members’ appreciation and understanding of differences across the family. The RT also invites parents to extend this perspective-taking ability to their children by asking them at key junctures to comment on their children's reactions to important events in their narratives using such queries as: "What do you think that was like for your son?" "What did you sense was your daughter's reaction? How could you tell?" or "What might they remember about that?" These queries create yet another story overlay to the family’s collective narrative and help to orient the parents’ attention to their children's experience in ways that build empathic understanding, soften angry positions, and increase expressions of support.

Finally, the narrative sharing activity creates an opportunity for parents who have had traumatic or loss experiences to share their personal stories in a safe and accepting setting while receiving support and understanding from their partner. Many military parents disclose that their sharing in these sessions was the first time they had ever spoken about these experiences to anyone. Many describe it as a profoundly moving and important experience for their personal healing that helped to shift sentiment and support within their primary relationship. Further, even though the type of narratives elicited in FOCUS are not full exposure trauma narratives with the requisite detailed telling and retelling of the most distressing parts (Saltzman et al., 2009), the process of engaging spouses in co-constructing a shared and coherent narrative in service of bridging their communication shows promise for reducing distortions and misattributions, increasing understanding, and opening the way towards more coordinated parenting.

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1 Prolonged or narrative forms of exposure treatment for trauma generally involve repeated sharing of a trauma narrative with the intention of confronting the patient with the memories of the traumatic event in order to reduce emotional responses and post-traumatic symptoms.
Saltzman et al., 2011). Based on the premise that unresolved trauma histories or insecure attachment can undermine parent's ability to scaffold their child's narratives, this brief experience of supported sharing and attuned response is theorized to help spouses to better gate their reactivity and skillfully participate in subsequent narrative co-constructive tasks.

**Shifts In Meaning In Parent Narratives**

**Example 1 (Based on family portrayed in Figures 3 & 4)**
In processing the divergent points on the husband and wife's narrative timelines, the husband was surprised that his wife rated their move from the East Coast to the West as very distressing. He thought that moving to California was a "win-win" for the whole family given the promotion that came with the relocation. In discussion, his wife shared that she was hurt that he made the decision without talking with her, especially since this involved moving away from her family. She often felt lonely at the new base and missed her mother and sisters. The husband's first high stress point ("in the red zone") was at the family goodbye for his first deployment. Because his son would not look at him or talk to him, he thought the boy was angry or hated him for leaving. His wife was completely unaware that her husband felt this way. The next elevation involved the husband's decision to extend his first deployment in Iraq by a month. His wife explained how worried she was at first because she didn't find out about the delayed homecoming till the last minute. Worry turned to anger when she learned it was a voluntary extension. In the session, her husband helped to reduce her negative feelings by describing how this was a very painful decision in which he felt torn between returning home and not wanting to leave the men in his unit who were staying on. The wife was then surprised by her husband's elevated level of stress during his second deployment which he described as due to feeling "helpless and depressed" after her calls in which she talked about how badly the kids were doing at home and school. It was reassuring to her that he shared her concerns and wished he could be back home to help.

**Example 2 (Additional family case): "I'll hold you in a different way."**
The soldier's arm was useless. Because of a combat injury, the arm would not move and it had to be strapped up. He wanted it amputated so that he could get a more functional prosthetic but his pregnant wife would not agree to this. In her narrative she had shared that if he amputated the arm "he would never be able to hold (me) in his arms... he would never be able to hold (our) baby." In processing her narrative, she was able to express her fears and beliefs regarding what the loss of his physical arm would mean to her and their life together. The structure of the session helped him to hear her feelings without over-reacting. She also was helped to hear and appreciate his experience and point of view: that the arm hanging from his shoulder was a reminder of the traumatic event that caused his injury and that he would feel much more capable with a new-generation prosthesis in its place. Through the mutual empathy engendered by the structured sharing and the safety built within their relationship, she was then more open to a shift in her personal belief structure, such that she could now hear him when he said "Honey, I will hold you and our baby, just in a different way."

**Narrative Activities in the Child Sessions**

The child sessions (sessions 3-4) involve engaging the child(ren) in an age-appropriate, playful, and respectful manner to orient them to the program and learn about their concerns and questions and wishes for family change. As in the parent sessions, these are distilled into specific goals for participating in the program. Either individually or together (depending on their age spread), children are then guided in constructing narratives of their experiences. Older or more mature children can use the same timeline format as their parents, whereas younger children use a "time-map" format which, instead of a graph, offers a hand-drawn path comprised of blank stepping stones similar to the graphic paths used on children's game-boards (see Figure 4). The RT facilitates the child's
narrative by having him or her fill in the spaces on the path with what they see as important events, and color in the spaces (using the green-yellow-orange-red code described earlier) to denote levels of stress or discomfort connected to those experiences. Children are invited to talk about or draw pictures of the selected experiences while the RT takes note of associated thoughts and feelings (see Figure 3).

The objective of this procedure is to construct a coherent narrative of the child’s experiences that includes all events that the child deems important or memorable that includes the Deployment and Reintegration Periods up until and including the past month. The procedure provides an opportunity for children to organize their memories and develop skills for identifying and calibrating emotionally-charged experiences, as well as to disclose and work through what these mean to them. Although this process has value in and of itself to the child, the primary goal is to elicit the child's unique story, questions, and concerns to bring to the family sessions with the full knowledge and prior consent of the child or teen.

**Shifts In Meaning In A Child Narrative**

**Example 1 (Based on family portrayed in Figures 3 & 4)**
In filling out his "time map," the ten-year-old son talked about how hard it was for him to say goodbye to his father the first time he went to war. He remembered not being able to look at him for fear he would start to cry and that his Dad would get mad at him. He also spoke about being very worried since his Dad came back the second time. He seemed to get mad at him a lot and didn't spend much time with him. He also overheard his parents arguing at night and he sometimes thought that they might get divorced. The RT first acknowledged how difficult these experiences must have been for the boy and then started to further explore his thoughts, feelings and questions, while weaving in psycho-education about the impact of wartime deployment on parents. For example, he explained that many service members are irritable and have difficulties getting back into family life when they first come home, and that parents' arguing does not necessarily mean that they are considering divorce. He supported the son to share his time-map, experiences and concerns at the upcoming family session. After some discussion, the boy agreed.

**Example 2 (Additional family case): "I miss my Mom ... even when she's here."**
A 13 year-old daughter shared that as far back as she could remember, either her Mom or her Dad was deployed to Iraq or Afghanistan. "We always had just one of them home." She related how she and her Mom often got into fights and that she always felt angry at her. Her timeline showed that when her Dad left she often felt "yellow- or orange-zone sad", but when her Mom left, it was always "red zone angry". She remembered once when she was about 8 years old that "my Mom left without saying goodbye." In the ensuing discussion, she recounted that her Mom was supposed to leave in the afternoon but didn't leave until midnight, and by then it was too late for her to say goodbye. On thinking it over she said "I guess she didn't do it on purpose." She said that all of her friend's moms were around all of the time and did things with them. They had fun together. And her Mom could be a lot of fun too. In fact, she looked up to her Mom more than anyone, but her Mom always had so much to do and then she was gone. After a long silence in which she seemed to be staring into space she said: "I guess I just really miss my Mom...even when she's here." The RT said softly that this might be something very important to say to her Mom in the family meeting.

**Narrative Activities in the Parent Preparatory Session**

The parent preparatory session (Session 5) is devoted to making sure the parents have the requisite skills and knowledge to make the family sessions successful. Parents differ widely in their ability to "scaffold" these
conversations, which may involve highly sensitive and emotionally charged issues. Notably, some families require little preparation beyond a simple review of the format for the family session and a review of the children's basic content and questions derived from the child sessions. In contrast, other families require multiple sessions involving modeling, role-played practice, and coaching, so that parents can skillfully respond to their children's stories and questions and productively engage in the process of co-constructing a family narrative that is informed by both the child's storyline and appropriate portions of the parent's narratives. Family sessions can be very challenging for parents due to the extremity of the circumstances endured by the family or the degree to which their communication has been sequestered. For example, families participating in FOCUS have had to prepare for such child questions as: "Are you and mom going to get divorced?", "Why did you let them send us to a foster home?" or as brought up by the twelve year old child of a mother with cancer: "Is Mom going to die?" In each case, the parents are guided in preparing responses that are developmentally-appropriate and as accurate as possible, and they are coached on ways of interacting that will optimally scaffold the family discussion.

**Shift In Meaning In A Parent Prep Discussion**

**Example 1 (Based on family portrayed in Figures 3 & 4)**

During session five which is designed to prepare the parents for the family sessions, The RT shared key parts of the child's content so that the parents could plan or practice helpful responses. Some of the issues covered included a discussion of the father's interpretation of his son not speaking to him when he left for the first deployment that is at odds with the son's experience (rather than angry at his father, he was simply afraid to show his emotions or to cry). The RT then went on to discuss his son's experience of his father as irritable and not wanting to spend time with him. Part of the guidance provided by the RT was to find a way for the parents to more openly talk about the father's PTSD, highlighting the fact that even when the father acts grumpy or distracted, that this is usually not because of anything the boy has done. The father was initially hesitant because he didn't want to scare his son or make him think that his Dad was "crazy." The RT and the parents then worked out, and practiced, a way of talking about the father's reactivity that felt appropriate. In regard to the son's worry about the parent's possible divorce, the parents made plans for how they could answer his concerns honestly and provided realistic assurances about their intentions to stay together and work things out. Finally, the parents were coached in how to facilitate a collaborative family discussion on how to plan for fun activities and schedule time together.

**Example 2 (Additional family case) : "Now I get to see my Daddy every day"**

A recurrent theme in the parent narratives was how much they had lived through over the past few years, with back-to-back deployments resulting in the father's absence for almost three of the past four years. The chief stressor was the father's amputation of both legs as a result of his vehicle detonating an IED (Improvised Explosive Device) during his last deployment in Iraq. Now medically discharged and living at home with his wife and seven year old son, the father was despondent about all the things that he could no longer do, especially with his young son. A key moment came during the parent preparatory session in which the RT showed the parents the drawings their son had created as part of his narrative. The son had drawn a picture of him sitting on his Dad's lap on his wheelchair racing down the street. The RT reported that during this past week's session his son was excited to talk about how he gets to spend a lot of time with his Dad now, that he comes to all of his T-ball games (he never could before) and "goes really fast" with him in his chair. Instead of focusing on things he couldn't do with his Dad, the son spoke mostly about the things he was now able to do with him now that they had the time together. This brought a smile to the father's face and appeared to help him look for additional positive options in his difficult current circumstances.
Narrative Activities in the Family Sessions

The objectives of the family sessions (Sessions 6-8) include sharing child and parent narratives, in which parents practice scaffolding the discussion to render a co-constructed family narrative and elaboration of the meaning of the family's experience; and learning and practicing specific family-based skills designed to help the family accomplish their particular goals. The narrative-sharing family sessions start with a review of the ground rules, and then proceed to an invitation for children to share their timelines or timemaps while the parents provide appropriate backstory from their own narratives. As much as possible, parents use this session to practice their scaffolding skills in eliciting and responding to the child narratives, and to helping them to share their thoughts and feelings. The family narrative proceeds chronologically, with the parents adding appropriate portions of their narratives to further contextualize and clarify the story and to answer specific questions or points of confusion indicated by the children. Areas of conflict or disagreement are discussed in a structured manner. Frequently, points of contention are tracked back to breakdowns in communication, misinformation, or cognitive distortions of various kinds, and are resolved through open sharing. At times, conflicts and disagreements are not amenable to resolution. An acknowledgement of this fact also becomes part of the overall family narrative.

The final portions of the narrative-sharing sessions are devoted to summarizing key aspects of the combined family story and to arriving at a consensual understanding of what these experiences have meant to family members and how they continue to exert influence over the family. The family is also guided to reevaluate and, as appropriate, to revise their family goals and to choose how they want to spend their remaining sessions in terms of which types of additional skill training they would find most useful. Options include further training in individual and family-level emotion regulation, anticipating and coping with trauma or loss reminders, structured goal setting and problem solving, and family fun and cohesion-building activities. The final session is dedicated to reviewing the family’s progress towards their goals, offering praise, and making plans for continuing to strengthen their resilience.

Shifts In Meaning In Family Narratives

Example 1 (Based on family portrayed in Figures 3 & 4)
During the first of three family sessions, the parents and child spoke about key issues and areas of misunderstanding or gaps in knowledge that emerged in their separate narratives. One topic involved father and son talking about how they both had come away with very different bad feelings about their goodbye when Dad embarked on his first deployment. The father acknowledged how difficult it must have been for his son and how sad it was for him to say goodbye. Another important topic was the father's ongoing irritability and difficulty adjusting to life back at home. The parents spoke in an age-appropriate way about how the father's post-traumatic stress impacted the way he interacted with the family. They also explored ways that the family could work together to anticipate and manage...
situations that triggered Dad’s reactivity. They then acknowledged their own arguing in recent weeks and, while affirming difficulties, made it clear that they were not planning on divorce. With the RT’s help, they recounted the many challenging situations they had been through as a family and how they had always come through by working together. The message that was delivered by their highlighting past family successes and their current stance as parents committed to each other and their family, was that, "We are a strong family, we love each other, and we are going to make it through, by working together."

Example 2 (Additional family case) : "I did not know..."
The recently divorced Marine Dad explained in his first FOCUS session that "I don't know how to take care of kids." But given his ex-wife's drug addiction, he felt there was no choice but to take full custody of his 11 year-old son and 15 year-old daughter. In the parent prep session, the RT shared portions of his son's timeline in which he spoke about feeling guilty and responsible for his parents break-up. The son also indicated that he felt abandoned by his Dad and had thoughts of hurting himself. The father was surprised by this information though he noted that there was not much talk at home ("Everyone spends a lot of time in their rooms.") In the family session that was only attended by the father and the son (the daughter refused to participate), the father was able to provide developmentally appropriate and truthful information about the reasons he and his wife had divorced and that it had nothing to do with the son. He also provided his own backstory on how sad he was to have been away from his children for so many years during multiple deployments, and that he wanted to have another chance to be close to him and his sister. The father then began asking interested questions about his son's life and they made plans to do some activities together. During the ensuing weeks, the daughter, noticing the change in her Dad and brother, asked if she could come to the final family session.

Conclusion and Next Steps

The family resilience and narrative literature highlights the importance of familial meaning-making processes in service of child and parent adaptation following experiences of prolonged stress, trauma or loss. The cornerstone for the meaning making enterprise is a trust in the know-ability and coherence of experience that leads to a sense of confidence in the ability to understand and manage stressful and even traumatic circumstances. This "mastery orientation" is a part of an individual's and a family's identity. It is nurtured in the child by repeated experiences with a loving and attentive caregiver who helps to scaffold her understanding of confusing, threatening and potentially overwhelming situations and experiences. Through a process of co-constructing a coherent narrative with a caregiver, a child is helped to organize her internal affective experience and structure her appraisal of external events in a realistic and non-distorted fashion so that the resulting response can be adaptive and effective. The capacity to do this (ultimately) without the parent, is based on the accrual of internalized representations of the process, skills, and beliefs employed in successfully navigating stressful encounters. This set of internalized skills and their associated belief structures comprise an important part of what we refer to as resilience.

Given the aim of developing interventions that enhance individual and family resilience for specific populations (like military families) who are contending with a defined range of adverse experiences, models that shed light on the constituent components and processes that contribute to resilient functioning carry great promise.
for advancing the field. The models proposed by adherents within the family resilience community help to advance the field by identifying a short list of family mechanisms and processes that characterize resilient families and specifying ways in which families restore balance in the face of crisis, and thereby function in a resilient fashion. These insights, in turn, provide a guide for the design of family resilience enhancement interventions.

The FOCUS Program is an example of a family resilience enhancement program designed specifically to intervene preventively with families experiencing a range of challenges (demands) and who differ greatly with regard to the resources and coping skills available to them (capabilities). Its aim is to provide a brief intervention that can quickly evaluate a family's demands and capabilities and then customize in-session activities and home assignments to build on existing strengths and develop new coping skills and resources that may serve to increase a family's resilient functioning. The central activity for accomplishing many of these goals is the process of eliciting individual narratives from family members, and then co-constructing a shared family narrative. Each step of this collaborative process, conducted first with the parents, then the children, and then with the family as a whole, is designed to impart an experience that moves the family towards greater cohesion and flexibility with improved communication and support, while also providing training and practice in parent scaffolding skills that enable the family to sustain its gains and deal with future challenges.

In order to build on current resilience and narrative theory and advances in conducting narrative-centered interventions with families, research and practice efforts can extend our understanding of the relationship between parent and child narratives regarding stressful or traumatic experiences. From a theory development standpoint, systematic analyses of parent and child narratives may provide a unique window into the ways in which stress, anxiety and mood-related disorders are passed from one generation to the next. From a treatment standpoint, use of current sophisticated methods for analyzing parent and child narratives in terms of organization / coherence, themes and representations, and narrative behavior can provide essential input into the design of customized interventions for individual families. And finally, our understanding of the core components and criteria for successful parent scaffolding of coherent and adaptive child narratives can guide us in refining family-based treatments so that they may offer training experiences designed to foster this pivotal capacity.
References


Fivush, R. Bohanek, J., Robertson, R., & Dile (2004). Family narratives and the development of children's well-being. In M.W.Pratt & B.H. Fiese (Eds.), Family stories and the life course: Across time and generations (pp. 55-


Patterson, J.M. (1993). The role of family meaning in adaptation to chronic illness and disability. In A.P. Turnbull, J.M. Patterson, S.K., Behr, D.L., Murphy, J.G., Marquis, & MJ., Blue-Banning (Eds.), *Cognitive coping research and developmental disabilities* (pp. 221-238. Baltimore: Brookes.


Enhancing Family Resilience Through Family Narrative Co-Construction


Wiens TW, Boss P. Maintaining Family Resiliency Before, During, and After Military Separation. 2006

Figure 1: Family Adjustment and Adaptation (FAAR) Model (Patterson, 2002).
Figure 2: Sequence of Sessions for FOCUS Family Training (Saltzman et al., 2011).
Figure 3: FOCUS Parental Timeline Example

The overlapping timelines of husband and wife in this example reflect their individual responses to key events over the husband's deployment history, including their experiences during the past month. Key events include their relocation across the country to a new duty station, the husband's first deployment to Iraq that included a painful goodbye with his family and the death of a buddy in his unit, his voluntary extension of his deployment which resulted in a delayed homecoming, and increasing levels of distress during his second deployment, with heightened levels of conflict even after his return.
Figure 4: FOCUS Child Time Map Example

The 10 year-old son's time map shows the events most notable to him. A first step in identifying important experiences is to have the boy develop a personal "feeling thermometer" (upper left) that shows more stressful events as being higher and more pleasurable events as lower on the thermometer. Experiences that he wished to include on his time map include his "sad goodbye" with his father when he first went to war, his trip to Disneyland upon his return, a second deployment, and then overhearing his parents arguing at night and worrying that they might get divorced.