

Stories of Successful Reunification: A Narrative Study of Family Resilience in Child Welfare

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Family resilience literature discusses the strengths helpful to families when overcoming adversity. This study looks at the resilience of 15 families whose children were removed due to child maltreatment, but who achieved reunification and maintained improved functioning over time. Qualitative methods guided by the narrative tradition were used to elicit stories of successful reunification. Findings uncovered 10 strengths evaluated by these families as highly influential in their ability to achieve reunification, remain intact, and maintain healthy functioning. Although extensive literature exists regarding barriers to reunification, this research provides understanding regarding successful outcomes from the perspectives of parents. The study also lends support to the applicability of the construct of resilience for families involved in child welfare services.

IMPLICATIONS FOR PRACTICE

- Research participants reported that strengths such as the giving and receiving of social support, spirituality, insight, and commitment helped their family achieve child welfare reunification.

According to recent data from the Children's Bureau, an estimated 510,000 children were in foster care in 2006 (U.S. Department of Health and Human Services, 2009). Although reunification is not appropriate in all cases, child protective services (CPS) seeks to return these children to their homes whenever possible (Wulczyn, 2004). The goal of keeping families together fits the principles of family-centered practice along with federal policy highlighting reunification as the first priority (Alpert, 2005; Coleman & Collins, 1997; Dumbrill, 2006).

Despite the general consensus that returning children home should remain the goal whenever possible, a myriad of factors pose challenges to successful reunifications (Miller, Fisher, Fetrow, & Jordan, 2006). Furthermore, even when reunification occurs, reentry into care is not uncommon. Longitudinal data from the Multistate Foster Care Data Archive indicate that 28% of children entering care in 1990 reentered during the following 10-year period, and a majority of these returned to care within one year (Wulczyn, 2004). Research conducted in Oklahoma found that 20% of children returned to their homes experienced reentry (Brook & McDonald, 2007), and a study in Texas found 37% reentered the system with higher rates based on abuse type, prior involvement with CPS, substance abuse, race, and criminal history (Terling, 1999).

Not surprisingly, previous research regarding reunification focused primarily on the risk factors that impede a child's return home (Thomas, Chenot, & Reifel, 2005). For example, in existing literature substance abuse is a prevalent factor predicting reunification rates (Brook & McDonald, 2007; Miller et al., 2006; Smith, 2003). Drug abuse co-occurring with problems in parenting skills, mental health, criminal activity, and domestic violence have also been found to reduce the likelihood of reunification (Choi & Ryan, 2007; Maluccio & Ainsworth, 2003; Marsh, Ryan, Choi, & Testa, 2006; Miller et al.). Additionally, poverty appears to be related to whether reunification is successful (Jones, 1998; Miller et al.).

In contrast to a focus on risks and deficits, the strengths perspec-

tive seeks to uncover and mobilize the protective factors, assets, and capabilities a family possesses to improve functioning (DeFraim & Asay, 2007; Dunst & Trivette, 2009; Early & GlenMaye, 2000; Saleebey, 2006). Thomas et al. (2005) assert that "reentry and the prevention of reentry have not been studied from a resilience perspective" (p. 235). Awareness of variables that impede stable reunifications should be balanced with an understanding of the factors that help families remain intact. Additionally, research that seeks to raise family voice is needed, because gathering information directly from families may lead to richer, more meaningful data (Kauffman, 2007). Furthermore, giving voice to families embodies values of family-centered practice demonstrating collaboration and empowerment (Alpert, 2005; Coleman & Collins, 1997; Dumbrill, 2006).

The construct of resilience can be used to frame research questions seeking to understand more about the ways some individuals are able to overcome adversity. Specifically, research regarding resilience suggests that people can overcome and become strengthened through the challenges they face (Early & GlenMaye, 2000; McMillen, 1999; Werner & Smith, 1992; Wolin & Wolin, 1993). In addition to looking at an individual's ability to rebound, the construct of resilience can be applied to family systems by examining the ways in which families face difficulties and grow stronger as collective units (Allison et al., 2003; Lietz, 2006, 2007; Patterson, 2002; Thomas et al., 2005; Walsh, 2002). Resilience is more than simply managing or withstanding negative conditions. It encompasses survival as well as the emergence of positive change, growth, and resourcefulness in response to highly stressful events or experiences (McMillen; Walsh).

Application of the construct of resilience to family systems remains an emerging area (Hawley & DeHaan, 1996; Walsh, 1996). Patterson (2002) looked at successful coping of family units and suggested that family resilience builds on family stress and coping theory (McCubbin & Patterson, 1982). Although the systems perspective is critical, many researchers continue to focus on how families influence functioning for an individual child rather than examining family-level outcomes, which suggests that more work is needed in this area (Hawley, 2000; Patterson).

Although more research is needed from a systems perspective, a review of existing literature reveals some common factors found to foster family resilience, including *appraisal*, or the meaning families attach to the difficulties they face; *spirituality*, or a belief system that

cal to their willingness to accept the removal and make the changes necessary to facilitate reunification. Commitment referred to each family's undeniable desire to keep their family together and strong. Other studies exploring family resilience also identified commitment as an important family strength (DeFrain & Asay, 2007; Patterson, 2002; Walsh, 2002). Therefore, incorporating commitment into the typology was supported by these findings and previous research. The process of family resilience has been updated in Figure 1, based on the findings of this current study.

Implications

These findings have important implications for practice. The relevance of the construct of family resilience for this sample supports the application of this theoretical material within family-centered practice. Seeing resilience as a process can help child welfare practitioners to understand that different strengths may have varied degrees of importance at different times. The dual findings of this study that positive outcomes develop over time and even families who initially respond negatively to child welfare involvement can make and sustain positive change suggest that continued efforts to engage families remains important.

Additionally, knowledge of these 10 family strengths can help sensitize child welfare practitioners to the internal and external resources that may help families achieve success. While looking at risk, child welfare counselors and case managers should also work to identify the resources present within children, families, and their communities (Thomas et al., 2005). Practitioners can also collaborate with families by capacity building (Dunst & Trivette, 2009) to develop new strengths to support families in the change process. For example, insight was highlighted as important to 14 of these families. Resiliency-based clinical practice may help to prompt new ways of thinking for families involved in child welfare, potentially leading to positive outcomes (Walsh, 2002). In addition, all 15 families identified social support stemming from child welfare services as critical to their success. This finding lends support to the value of case management, counseling, and other support services that are responsive, challenging, and framed within positive relationships with child welfare workers (de Boer & Cody, 2006).

Furthermore, this study supports the implementation of policies, tools, and practices that promote the identification of family strengths. As assessment tools commonly seek to identify risk, these findings support the continued identification and development of strengths. For example, the findings support the idea of conducting assessments from a strengths perspective (Early, 2001) such as seeking to identify spiritual assets (Hodge, 2005) or to assess levels of social support (Dunst, Jenkins, & Trivette, 1984). Knowledge of the protective factors that may bring about successful reunification may lead to more effective case planning. Acknowledging strengths may also lend hope to families involved in the child welfare system as well as the professionals devoted to helping them. In addition to assessment and case planning, practices such as family involvement in decision making (Pennell & Burford, 2000) and the use of parent mentors or advocates may empower families currently and previously involved in child welfare to foster resilience, potentially leading to positive outcomes.

In addition to practice, this study also has implications for theory and future research. Adding the family strength of commitment to the process of family resilience represents an important contribution to this typology. In addition, understanding that family resilience is

relevant for families facing the type and degree of difficulties seen in child welfare also seems important. Finally, despite the relevance of these findings, future research is needed. There are limitations to this study. The use of purposive sampling limits generalizability to a larger population, and internal validity cannot be established through qualitative methodology. The findings do not suggest that all or even most families will experience resilience in this way. However, understanding that some families reported these experiences can sensitize practitioners to the potential that these strengths and this process may be relevant for some families.

Despite these limitations, it is important to note that one of the aims of this study was to examine families' perceptions regarding their experiences in greater depth. These stories of success add to the literature base and help to fill current gaps. Few studies have been conducted regarding successful reunification practices. In addition, more studies are needed that explore outcomes from the family's perspective (Alpert, 2005; Coleman & Collins, 1997; Dumbrill, 2006; Kauffman, 2007). Finally, the in-depth nature of this study helps to illuminate important details not present in many of the studies regarding reunification (Alpert).

The words of one participant help to summarize these findings: "I think the answer is identifying strengths and believing in me before I believed in myself. That's what can help the family; celebrating their little successes, because the little things add up to big things." Future research is needed to raise family voice, to balance research focused on risk with studies that examine positive outcomes, and to explore the experiences of families in greater depth.

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