Resilient Families: Communication Cultivates Adaptability Within Family Systems
Presenters: Karyl Elizabeth Sabbath, PhD, LAC, LIDC, ICCS

I'm curious your thoughts on building social capital via social media and highlighting that all of these skills are needed in the written/texted words since so many of us are communicating without visual social queues?
A: Consider the definition Coleman uses to connect our families, friends, and community members. See Below in bold. With that defining, I believe building social capital can definitely be built through our mediated communication channels! In turn, I think what you are asking is if all the communication skills are needed when bonding, bridging and linking through social mediated channels. The skills are: listening, speaking skills, self-disclosure, tracking & respect and regard. The listening skill still needs empathy and the attentiveness is assisted by mediated communication allowing a person to review the text and take in the information through multiple readings before responding. So, perhaps the listening is made easier but I would note that many might quickly read and respond, which can affect relational development and creating bridges for access to information and resources. I have found with online coaching, taking in the essence of the written message without hearing one's vocal changes and not having the face and body to reinforce the message meaning, decoding the written message can be a challenge. You would think speaking skills are not necessary but if you consider the meaning in this regard, the importance of clearly presenting statements from "this is what I am hearing," and "from my perspective" phrasing in this communication will need to be present. Self-disclosure and organized tracking is still needed to communicate clearly and with meaning. Lastly, respect & regard are important and if one has taken on a shortcut habit in their writing on social media, then bridges and links can be broken. Particularly, bonds can be broken through social media as we all have heard of families feuding over the posting of political positions or just a "like" or no response at all. There are definitely some nuances that are different but the skills remain important, from my perspective. Thanks for the great question!
Coleman explains social capital as direct and indirect resources that are a by-product of social networks and social support systems amongst family, friends or community members. Coleman, J. (1988) 'Social capital in the creation of human capital', American Journal of Sociology, 94(S1), pp. 95–120. Coleman, J. (1990) Foundations of Social Theory, Cambridge, Harvard University Press.

Where can minor children go for support when a parent is in treatment?
A: This is definitely an issue and one of the reasons I bring the issue of connecting family members within the treatment process. More needs to be done. Treatment facilities that provide programming on visit days can allow for identification of risk factors being shown by children. Family therapists integrated into the treatment planning can assist in bridging and linking family to community resources particular to the community. Due to denial, the family is prone to keep children silent or not promote pathways for them to receive support, attention, guidance, and learning of strategies. Wellness programs through schools, summer programs, and community action groups often provide opportunities for children to connect with peers and adults who offer strategies and activities for improved physical, mental & emotional health in general. The issues then become, are community programs connected with one another to assist in further serving and linking children with risk factors to additional resources. The mapping of integration across community services is a crucial element if we are going to build the social capital for children.

Are there any updated references on the communication skill set?
A: There are many references on building these skills, however I do not know of anyone who is making these connections currently for families and communities. I am hoping to continue this work. The connections you can find are related to organizational and community disasters, floods & hurricanes that bring devastation, for instance. These are the areas I am finding the best work done right now to construct models of building social capital and then applying to families in disruption due to environmental and internal pressures & stress, void the hurricane or flood. I know this doesn't provide much at the moment and you can contact me if you would like to have sources on building communication skills. I would be happy to help you further.

Does there need to be an equal to or greater than number of positive exchanges to out weigh the negative impact of trauma or stress?

A: No. The consistency and health of even one adult can offset multiple risk factors in a child's life. The building of belongingness and ability to bond in such a healthy relationship holds amazing strength!

Has the environmental change to constant use of technology change resiliency development and capacity?

A: Well, I think resiliency can be constructed through mediated communication channels. The issue is how is technology being used and is it interrupting and taking precedence over face to face and relational building with healthy bonds in one's life. If technology is an intervening factor that separates family members within the family system, than resilience will be difficult to build as a unit. Technology can provide connections & links to resources, which may be inaccessible because of transportation difficulties or remote locations. Supportive links can be developed and resilience built with an effective and appropriate use of technology. Anymore, technology serves as the entry way to resources. However, gaming or need for social affirmation through facebook, for two examples, can serve as negative blocks in the building of resilience within families.

Do you think that recovery capitol is declining with the increasing movement away from traditional 12 step-facilitation which includes spirituality, social support, life meaning, ect. and toward more cognitive/behavioral approaches?

A: I believe 12 step-facilitation provides community within community and access to multiple resources through the bridging occurring through the internal community building, which can transcend to outreach and access to the larger community with deeper and expanding resources. Therefore, there are additional demands on treatment facilities and behavioral health professionals to sway away from silos of working with clients and their families, needing to develop their own bridging and linking with community resources to have pathways for practical and on the ground development of sub-cultures within communities. You ask an important question and I am suggesting cognitive/behavioral approaches are important for moving toward wellness but need to be supplemented with action and activities in one's community or the separateness and aloneness, rather than a belongingness with purpose will be felt. The dilemma strikes the cord for sustainability of recovery and the dilemma you raise is salient for day to day living in wellness. Many communities have program offerings that will assist belongingness and recovery sustainability but if the recovering individuals does not know about the programs or does not have access to the programs, they are of little worth. Networking, it seems, is an important aspect to treatment and aftercare for integrating clients and their families into sustainable recovery practices for day to day coping and thriving.

With an adult in treatment, how important is it to include family in recovery when there is increased stress?

A: Are you speaking of increased stress occurring because family is involved? Or, are you focusing on added stress in families when an adult member is in treatment? For the first, the behavioral health professionals involved with the adult in treatment will need to flush out the emotions that may be felt by their client and refer integrative involvement of a family therapist or treatment specialist who understands substance abuse disorders for an individual and their families. I really believe competence in referrals is important in addressing core concerns to get at the truth of the family system. Many times family members will need to work on their own work in recovery separately and hopefully come together, as well. However, family dynamics, systemic patterns of communication and behavior over generations often lead to the coming apart of families when treatment interrupts the cycles of toxicity. The bridging and linking of resources and support, through building strategies of communication skills allow certain members a choice for staying together or separating, due to wellness and sustainability of recovery. In the other scenario, stress of having a family member in treatment also calls for support from well-informed professionals and support groups, community programs, and overall bridging and linking with those who are able to offer programming and various lenses to consider their present and future truths for wellness. Belongingness for every member of the family is optimal and that means a variety of connections to allow members of the family system to feel heard & connected. I hope I have addressed your question.

What role does culture play in resiliency? Also, did you consider different demographics and population in how resiliency manifest?

A: Oh, this is so important. Diversity of one's cultural norms, one's cultural teachings and being othered all have serious impact on resiliency. Populations who are most impacted by risk factors are individuals who are othered or experience

micro-aggressions on a regular day to day basis. Crenshaw's work in intersectionality provides a clear picture of the layering effect that occurs for female, Black, Latinx, LGBTQ, Jewish, Islamic, immigrant individuals, to name a few, bringing substantial stress to many residents of the United States. Cultural identity impacts resiliency, particularly when you are a member of a minority or a member of a subculture disenfranchised or othered. White Christian straight males are still assumed to be the non-other or individuals who have earned and deserve privilege. Of course, not all buy into this rhetoric or intrastructure but the case holds for cultural opportunities and privilege in our nation. Thus, our reality is that risk factors are more prevalent for some individuals and therefore, belongingness and communication skills to bond, bridge and link family members with community resources are necessary for sustaining recovery for individuals who face more challenges and less privilege. I do consider demographics and populations in the manifestation of resiliency because cultural diversity is a salient and core aspect in how building resiliency through belonginess is crucial. Thank you for this focus!

Beside communication, is there any effective way to build resilience in a family?
A: I would say, effective ways to build resilience in a family will always include communication but there are many additional strategies for creating resilience; such as, meditation, physical exercise, prayer, journaling, and more. Those methods listed, are individual practices that can impact wellness and coping. However, the simple sitting down for family meals has statistical backing for improved mental health and wellness of children. This simple idea operationalizes communication within the family system. The connection between building brain activity, gene expression and development, and human voice, touch, and face to face interaction is essential in the stimulation of a sense of belongingness and building of social connections that impact our abilities to adapt in the face of stress. There is no replacement for human communication to our improved and sustained health and wellbeing.