Promoting Psychological Well-Being in Children and Families

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Bruce Kirkcaldy

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Bruce Kirkcaldy
Director, International Centre for the Study of Occupational and Mental Health, Düsseldorf, Germany

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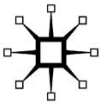

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Kathy Chan received her master's degree from the University of Regina and is completing her doctoral degree in clinical psychology at the University of Ottawa. She is passionate about her work with children and families, from both a research and clinical perspective, and has been studying and disseminating research on parenting for the past decade. Kathy is interested in helping families through the implementation of evidence-based practices, and currently, her doctoral work focuses on the Internet delivery of parenting interventions.

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Joseph Ciarrochi is a professor at the Institute for Positive Psychology and Education, Australian Catholic University. He has written over 90 scientific journal articles and many books, including the best selling *Get Out of Your Mind and Into Your Life Teens*, and the widely acclaimed *Mindfulness, Acceptance, and Positive Psychology: The Seven Foundations of Well-Being*. He has been honoured with over two million dollars in research funding. His work has been discussed on TV, and in magazines, newspaper articles, and radio.

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Megan L. Dolbin-MacNab is an associate professor in the Department of Human Development at Virginia Tech and a licensed marriage and family therapist. Her programme of research focuses on families in which grandparents are raising grandchildren. She has examined how factors within the family environment (e.g., parenting stress, caregiver coping) and the larger socio-economic context (e.g., parental involvement) influence the experiences and well-being of children being raised by grandparents. Her research has also examined the delivery of effective community-based services for grandparent-headed families. She is the author of many journal articles and book chapters, as well as publications for practitioners. She also consults with numerous local and state support programmes on delivering services to custodial grandparents and their grandchildren, and is a member of the editorial boards of *Family Relations* and the *Journal of Marital and Family Therapy*.

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1

Introduction – Enhancing Mental Health and Psychological Well-Being

Bruce Kirkcaldy

Over the last century (1900–2000), there have been significant improvements in medical health care. For the US and most European countries, the infant mortality rate has dropped from 140 deaths per 1000 to 5.8 deaths per 1000. Crude mortality rates have halved and people are living 30 years longer on average, for example, from 47 years in 1900 to 78 years in 2000 (Centers for Disease Control and Prevention (CDCP), 1999; Hicks & Allen, 1999). Several ailments no longer have potentially lethal consequences, for example, tuberculosis, gastroenteritis, and diphtheria. Looking back further, Blagosklonny (2010) reported that three centuries ago 'life expectancy was less than 16 years and 75% of people born in London in 1662 died before they reached the age of 26 (Graunt's life table)'. Causes of death among the young were less related to age diseases as they are today but rather occurred through starvation, violence, and epidemics (e.g., smallpox, cholera, tuberculosis).

What about psychological health? What are the rates of psychological disorders in the general population and what evidence, if any, is there that they have changed over the last decades? In a large cross-cultural survey of European nations (Alonso et al., 2004), the prevalence rate of a lifetime history of mood disorders was 14%, of anxiety disorders 13.6%, and alcohol disorders 5.2%. A meta-analysis a year later showed that 27% of adult Europeans are or will have been affected by at least one major mental disorder during the previous 12 months, with the most likely being anxiety, depressive, somatoform, and substance dependence disorders.

Christensen and coworkers (2012) estimated that one in ten children between the ages of 5 and 16 years has a clinically diagnosable mental health problem, one-half of which are conduct disorders, followed closely by anxiety, depression, and severe attention-deficit disorders. One-half of those with lifetime mental illness issues will display symptoms by the age of 14 years and three-quarters before their mid-20s. Moreover, self-harming behaviour among the young is fairly common (10–13% of 15–16-year-olds). Of children and adolescents between 11 and 16 years of age, those exhibiting an

emotional disorder are more likely to smoke, drink, and use drugs. Young persons in prison are 18 times more likely to commit suicide.

Some researchers suggested that, over the last decades, a marked increase has been observed in the incidence of mental illnesses. For example, there has been a reported fourfold increase in suicides in the years after the economic crisis in 2007, with 10,000 more suicides being observed in North America and Europe. Others have argued that the observation of higher rates of mental ill-health in the population may simply be a product of better screening and identification methods.

A third intriguing explanation is that the construct of mental illness/health changes over time and, depending on its definition, more or fewer individuals will be 'inflicted'. Psychiatric diagnosis has been a 'guild monopoly' of the American Psychiatric Association, although psychiatrists constitute only 7% of all mental health clinicians and 'experts in clinical care, epidemiology, health economics, forensics and public health' (Frances, 2013, p. 219) have been ignored. Frances (2013) used the term diagnosis inflation to refer to the substantial increase in the number of children being diagnosed as suffering from attention-deficit disorder, bipolar disorder, and autism. He argued that the over-diagnosis coupled with overenthusiastic drug company marketing strategies implies that significant numbers of the population will be wrongly prescribed medications (e.g., antidepressants, anxiolytics, sleeping pills, analgesics), leading to 'a society of pill poppers'. He reported that expenditures on antipsychotics tripled and on antidepressants quadrupled from 1988 to 2008, with 80% prescribed by primary care physicians.

Contemporary research (e.g., Heitler, 2012) indicated that psychotherapy is effective and that the average effect sizes are larger than those of medication for ameliorating adverse negative affect such as anxiety, depression, and anger. Psychotherapy has also been found to reduce physical and emotional disability, death rates, and psychiatric hospitalizations, as well as to improve functioning at work. The American Psychological Association (Nordal, 2010) observed that the percentage of persons in outpatient mental health care had remained approximately the same over the last decade (3.2–3.4%) but the pattern of care had changed. Yet, there has been a decrease in the use of psychotherapy alone or indeed psychotherapy combined with medication, but a dramatic increase in medication alone. In 2008, 57.4% received solely medication. More particularly, there was a marked increase in the prescription of psychotropic medications (e.g., antipsychotics) among children and adolescents. Further, research has seriously questioned the appropriateness of widespread use of antidepressants for children and youth.

There has been a paradigm shift in mental illness treatment, with dramatic improvements with the application of cognitive behavioural therapy, and developments in acceptance and commitment therapy and mindfulness training. Added to this has been the recognition of emotional intelligence

and social skills training in the educational context to promote psychological wellbeing. This edited volume is an attempt to address these issues. The constituent chapters of the book offer insightful and creative approaches to the treatment of families, children, and adolescents in promoting a culture of improved psychological wellbeing and mental health relying on the empirically demonstrable psychotherapeutic tools available. This collection of essays is an attempt to bridge theoretical and research concepts and findings with clinical practice, adopting interdisciplinary and cross-cultural perspectives. It reveals determinants and other factors that are implicated in the effectiveness of health promotion and therapeutic interventions as well as in the identification of reliable diagnostic and health programmes and/or the enhancement of learning and teaching programmes. Over the last few decades, we have witnessed advancement in psychological models of health – incorporating biological, psychological, and sociocultural factors – which stand in contrast to the traditional medical model of illness, which we address in this book.

The opening chapter (2) by Adrian Furnham and Bruce Kirkcaldy focuses on personal, lay ideas, models, and theories of health as opposed to formal scientific models. There is not necessarily any clear consensus with respect to the scientific model: A *biomedical* approach in medicine assumes that ill-health and disease are directly and exclusively caused by physical and biological diseases and their specific pathological processes. Wade and Halligan (2004) claim that biomedical models of illness that have dominated medicine for the last century seem deficient in explaining both psychological and physical disorders, as they stem 'partly from three assumptions: all illness has a single underlying cause, disease (pathology) is always the single cause, and removal or attenuation of the disease will result in a return to health' (p. 1398). Overall, the evidence for the medical model is sorely lacking. The *biopsychosocial* approach, on the other hand, suggests we best understand chronic conditions by also considering the patient, his or her physical condition, the social context of both, *and* the health care system.

The biomedical approach represents an essentially *reductionist* and sometimes *exclusionist concept*. It underlines a biological *rather* than a clinical approach, which is more inter-disciplinary and promotes wholeness. Such a biopsychosocial model emphasizes the indissoluble nature of the mind–body link in contrast to clinical practice, which is nearly always dualistic. We know that somato-psychic and psychosomatic illness calls for drugs and counselling. According to the biopsychosocial model, the healthy process occurs for three reasons: the *self-healing properties* of the body; the *patient–doctor relationships*; and the *medicines and treatments* prescribed. Subsequently, medical health professionals generally offer cognitive, emotional, and pharmaceutical care.

Consistent with the idea of elaborating on a paradigm shift in mental health, Ahmed Hankir and Dinesh Bhugra provide a brief introduction to

the traditional medical model concept of symptom reduction as central to psychiatry and go on to explore disease versus illness and explanatory models. The authors suggest a broader focus than what traditional psychiatry has pursued, shifting from the focus of symptom removal (elimination of symptoms, diagnosis, and classification) towards concepts associated with improved social functioning. They emphasize the need for medical health professionals to familiarize themselves with sociology and anthropology to gain a better understanding of the social context from which our patients originate. This chapter offers succinct and creative openings for mental health care in the future and identifies challenges and possible solutions.

There then follows a contribution from Carmel Cefai and Valeria Cavioni, which underlines the value of educational psychology's contribution to emotional and social skill training within the school setting. The rapid global social, economic, and technological changes taking place in the adult world today are exposing children to unprecedented pressures and challenges at a young and vulnerable age. As many as 20% of schoolchildren experience mental health problems during the course of any given year and may need the use of mental health services; this may increase to 50% among children coming from socially disadvantaged areas such as urban regions (Adelman & Taylor, 2010). According to the 2001 US Surgeon General's Report on Mental Health, 11% of children have significant functional impairment and 5% have extreme impairment, constituting a significant economic burden on the country's resources, including health and social services.

The current interest in positive education and resilience education underlines the shift towards a broad-based, holistic conceptualization of child development and education, a proactive approach to the promotion of growth, health, and wellbeing. It is making us rethink the objectives of education and the role of schools as primary settings for health promotion. While one may argue that schools are not therapeutic centres and that teachers are not psychologists or mental health workers, Chapter 4 will describe the role schools may have in promoting the mental health and wellbeing of children and youth. It presents a mental health promotion framework for schools, depathologizing mental health and positioning the classroom teacher as an effective and caring educator in both academic and social and emotional learning. It focuses on prevention and universal interventions for all schoolchildren in mental health and wellbeing, while providing targeted interventions for children at risk of, or experiencing, mental health problems. This perspective is clearly different from interventions simply targeting students experiencing social, emotional, and behaviour difficulties, though the latter are not excluded. Besides promoting health and wellbeing, universal interventions often lead to a reduction in multiple problem areas in children, particularly at a time when their personality is still developing and serious behaviour problems are not yet manifest. At the same time, they

are accompanied by complementary targeted interventions, thus having an additive, reinforcing effect.

A final contribution in this first section ('Understanding Mental Health. A Shift in Paradigm') of the book is Peter Breggin's personal contribution titled 'Shame, Guilt, and Anxiety' drawn on a long career in psychiatry. He removes the clouds that surround the origins of guilt, shame, and anxiety to show how these processes developed during our biological evolution as nature's way of inhibiting wilfulness and violence in close relationships. For millions of years, humans have evolved as both the most violent and the most sociable creatures on Earth. Human survival depended on its unique combination of ferocity and cooperation, enabling small bands to bring down and butcher creatures much larger than modern elephants.

However, if humans routinely unleashed violence when frustrated in their close personal relations, the human branch of evolution would have been short-lived. Natural selection came to the rescue by favouring the survival and propagation of individuals born with emotional inhibitions against unleashing violence in their closest relationships. This is the origin and function of our negative legacy emotions of guilt, shame, and anxiety, namely, to protect ourselves from each other within the family and also the clan or tribe. Negative legacy emotions are *primitive* in that they developed during biological evolution before the advent of culture and because they are triggered in early childhood before mature judgement or ethics. They are *prehistoric* in that they developed before recorded history and were triggered before we can remember in early childhood. Even if we can recall some of the early events associated with the development of our guilt, shame, and anxiety, it is but the tip of the iceberg of biological evolution and childhood.

Understanding the source of negative legacy emotions allows us to identify them and to reject them as guidelines for our conduct. It also helps us realize that, while we may feel guilty, ashamed or anxious, it has nothing to do with our real value or with the actual merit of our thoughts or actions. This realization enables us to let go of these self-defeating emotions while we learn to guide our adult lives with reason, sound principles, and love.

The second section of the volume ('Children and Adolescents') makes a transition to applying some of these ideas into work with children and adolescents. Mark Holder and Robyn Weninger, Canadian psychologists, examining many areas of research from psychology, education, and medicine, have emphasized identifying and treating deficits and dysfunction. Although this approach has proved valuable, it does not exhaust the range of the human experiences and behaviours that researchers should investigate. In addition to deficits and dysfunction, it is important to understand human strengths and what contributes to humans' thriving. The past two decades have witnessed the active development of a complementary approach to cataloguing and correcting illness. This approach, now referred to as positive psychology, is focused on wellbeing instead of on ill-being.

New studies are reporting the correlates of happiness, hope, and life satisfaction. This research has identified some of the factors associated with children's wellbeing (e.g., friends, spirituality, physical activity). This identification represents only the initial stage of understanding children's positive wellbeing, including their happiness. The next and critical stage of research is to use the recent research findings to develop and assess strategies and interventions to encourage enduring enhancements of children's positive wellbeing. The present chapter first reviews some of the relevant research on children's wellbeing. The authors then suggest several possible interventions based on these research findings, which investigators need to replicate in terms of their potential efficacy in enhancing children's positive wellbeing.

Over the last decade, the third wave of behavioural therapy, acceptance and commitment therapy (ACT), has stimulated much interest both in clinical practice and in research endeavours. Two of the pioneers in this area are the Australian psychologists, Louise Hayes and Joseph Ciarrochi, who use contextual behavioural processes to promote vitality among children and adolescents. They argue that young people are on a social and emotional journey of discovery, perhaps one of the most profound journeys of human life. ACT is a revolutionary approach that can promote wellbeing and fulfilment on this journey. Numerous published studies have shown that ACT is useful in treating clinical problems such as anxiety, depression, eating disorders, and addiction. As a broad science of human psychology, ACT is also effective for dealing with school-based teaching issues such as education, managing stress, promoting wellbeing, thriving, health, and performance. ACT is founded on a comprehensive model of human adaptation and change called contextual behavioural science. This model views the challenges of young people functionally, by seeing them as adaptations to context rather than deviations from the norm. ACT brings to light how the traps of language, culture, and social norms influence our suffering and, in this way, we approach these struggles from a paradigm of normality rather than deficit. ACT helps young people to overcome unhelpful mental habits and self-doubt, live more fully in the present moment, and make choices that help them to reach their potential. This chapter provides an overview of this practical theory using a flexible intervention model that can harness young people's energy in multiple settings. ACT can bring vitality into a young person's life, promote growth, compassion, and connection, and help young people develop resilience.

There then follows a German contribution (Chapter 8) from Axel Schölmerich and his colleagues Birgit Leyendecker and Alexandru Agache. Child wellbeing indicators as used in international comparisons (UNICEF, OECD) are highly aggregated measures. Typically, the proportions of cohorts with certain characteristics are reported (e.g., teenage pregnancies, smoking, children living in poverty). Much less attention is given to positive development, for example, the 5C model (competence, character, confidence,

connection, and caring) measurable through the assessment of developmental achievements (e.g., language development, social–emotional maturity). With existing large-scale data sets (e.g., SOEP 'German Socioeconomic Panel', and FID 'Familien in Deutschland' in Germany), such indicators can be obtained, which offer a window on individual development. If relationships between such indicators are studied longitudinally and/or the influence of contextual variables is of interest, the measurement model is of particular relevance. Measurement equivalence of combined indicators at the configural, metric, and scalar levels needs to be estimated. This chapter summarizes research with existing indicators from international comparisons and reports age-appropriate indicators based on SOEP and FID data. The authors go on to suggest several important take-home messages for mental health professionals.

Kathleen Ares, Lisa Kuhns, Nisha Dogra, and Niranjan Karnik next examine child mental health and risk behaviour over time. The authors begin by exploring the normative role of risk-taking in the development of children establishing peer relationships. They then consider the ways that aetiological factors increase risk due to trauma, environment, and individual characteristics. In the course of examining aetiological patterns, they specifically explore family breakdown, substance misuse, and mental health, as well as community violence and risk, as components of this complex environmental influence. Next the authors explore the counter force of resiliency and the ways that special talents, family and peers, and early interventions may mitigate risk behaviours. They close by outlining specific pathways for risk development including substance use, self-harm/borderline personality, sexual risk, and criminality/anti-sociality.

Alexander Antoniou, Eftyhia Mitsopoulou, and George Chrousos, Greek psychologists, next provide a comprehensive examination of the research literature on psychosocial factors related to suicidal behaviour in adolescents. Suicide rates are the second most common cause of death in young people globally. Psychiatric, psychological, social, and cultural factors, as well as genetic vulnerability, play an important role in suicide and self-harm in general. The rates of suicidal ideation and suicide attempts increase dramatically during adolescence, making it a critical period when potential aetiological factors such as chronic stress should be investigated. Both life event stress and chronic stress significantly predict suicidal ideation and suicide attempts. Evidence exists linking high levels of stress and poor problem-solving skills with high levels of suicidal ideation among inpatient adolescents. Moreover, studies confirm an increased link between suicidal behaviours (thoughts, plans, acts) and posttraumatic stress disorder (PTSD). Psychological factors, particularly psychological distress, are among the most important factors in suicidal ideation. The higher the psychological distress, the greater the risk of suicidal ideation, especially among vulnerable groups such as homeless youth. The links between negative experiences,

such as physical and psychological abuse and suicidal ideation, are significantly mediated by psychological distress. As far as family environmental variables are concerned, adolescents who have experienced suicide attempts or suicide deaths show high levels of at-risk behaviours in the family.

This section ends with Chapter 11 on online mental health and parenting interventions supporting children and their families. The Canadian psychologists Nicole Pugh, Kathy Chan, and Christine Korol claim that parents traditionally refer their children to primary care physicians when concerned about their mental health. However, parents are increasingly turning to online communities, smart phone applications, and Internet searches to help understand and even diagnose and treat their children's mental health concerns. According to the Pew Research Center, approximately 53% of Americans search for health-related information online. The challenge with searching for information in this way is that many rely on symptom lists to self-diagnose their children's physical and mental health concerns, while ignoring base rates or the probability that they might have a particular condition. While it is understandable to want to be a caring parent and informed consumer of health-related research, it can be difficult for parents critically and objectively to evaluate their children's needs, and the acquired online information may, in turn, exacerbate parental anxiety from erroneous self-diagnosis.

Timely access to the right support, which is easily accessible to children and their families, is critical and may even prevent more serious concerns from developing. Psychological interventions are particularly well suited to online presentation. In particular, therapist-assisted online cognitive behavioural therapy (TAI-CBT) is a growing model of service delivery. In this model, consumers of mental health information complete online courses that explore common mental health and family issues, such as postpartum depression, anxiety, child behaviour problems, and sleep. A therapist is assigned to the parent or child and provides support and guidance as he or she works through the course. The materials are often interactive, appealing to both adults and children, and are aimed at increasing the understanding of motivation as well as encouraging a strength-based approach to physical and mental health.

The third and final section of this volume focuses on family relationships including children, parents, and grandparents. The British psychologist Rudi Dallos suggests that one of the cornerstones of systemic family therapy is the concept of triangulation whereby children become entangled in the distress and conflict among key attachment figures in their lives. The chapter explores how such processes play an extremely powerful role in producing distress and mental health problems for children. It considers that often the child in the family who attempts to be loyal with both conflicted parents experiences the most severe difficulties. The chapter draws on clinical case examples as well as Dallos' contemporary research exploring children's

reactions to photographic depictions of conflictual triadic scenarios, such as the parents arguing, separating, or reacting negatively to the child's actions. Both clinical and empirical evidence suggests that children experience considerable distress and attachment anxiety in reaction to these situations. The effects can be even more severe than to dyadic attachment threats, such as separations from one or the other parent and a sense of being powerlessly caught between the parents. Triadic conflict can also engender a sense that the whole family, the child's secure base, is disintegrating. Findings also suggest that, in cases for example where parents have separated but continue to be in conflict, the children feel themselves to be emotionally 'invisible'. At these times, the parents may be so preoccupied with their own needs, anger, and anxieties that they are less capable of understanding and responding to their children's needs. Clinical implications for therapy and intervention are addressed.

Peter Nenninger and Mathias Mejeh investigate the impact of special education in the complex institutional environment of health care. Recently, special education has become a highly discussed issue all over the world in debates about alternative inclusive education. Despite the fact that these discussions have been characterized by vague ideas and misunderstandings of countries' educational systems, it has become increasingly clear that issues of special education must be discussed in a broader framework encompassing the fields of social work and health care. Moreover, the diversity of arguments proposed relates to specific practices and difficulties encountered during adaptations and transformations of educational systems. On the basis of a framework embracing current theories in educational, social, and health psychology, education, and sociology, the authors provide an overview of existent institutional systems for special education and related fields, then elaborate a typology based on institutional characteristics and properties of effective execution of action, and finally reveal – on the basis of empirical research and examples of attempts at inclusive education – a number of factors related to the success or failure of special education implementations particularly as they, in turn, affect the fields of social work and health care.

Over several decades, the concepts of parental bonding, acceptance, and rejection have been influential not only in clinical research but also in psychological health practice. Abdul Khaleque explores the influence of parental acceptance on the psychological wellbeing of children and adolescents. The chapter includes a brief description of parental acceptance and rejection theory. The basic assumptions of this theory are discussed, especially those concerning parental acceptance and children's psychological adjustment and healthy development cross-culturally, and an evidence-based theory of socialization and lifespan development of children and adults universally is described. The theory aims to predict and explain major causes, consequences, and other correlates of parental acceptance and rejection worldwide. Parental acceptance refers to warmth, affection,

love, care, comfort, support, or nurturance that parents can feel or express towards their children. Parental rejection refers to the absence or withdrawal of warmth, affection, or love by parents towards their children. Parental acceptance and rejection theory assumes that parental acceptance is likely to lead to the development of psychological adjustment and positive personality dispositions and parental rejection to the development of psychological maladjustment and negative personality dispositions in children. Parental acceptance and rejection personality theory postulates that children who perceive themselves to be accepted by their parents are likely to develop (1) low hostility and aggression, (2) independence, (3) positive self-esteem, (4) positive self-adequacy, (5) emotional stability, (6) emotional responsiveness, and (7) a positive worldview. About 500 studies, including nine meta-analyses conducted globally, support the postulates of this theory. Consistent with the other chapters, the author provides an array of practical tools for clinicians and educationalists working with family and children.

An innovative contribution by Daniel Wiener applies 'Rehearsals for Growth' (RfG), an application of theatre improvisation techniques to psychotherapy for relationships, principally family relationships. These methods promote attentiveness and mutual validation among family members and explore alternatives to unproductive recurrent patterns of family interaction and increases in emotional expressiveness. By establishing a playful atmosphere and fully including children in therapy sessions, families are empowered to explore alternative choices and to co-create solutions to their problems. Following a review of RfG conceptual foundations (family systems theory, social constructivism, embodied psychotherapy, dramatic enactment), a brief family case example is presented. Italicized commentary interspersed throughout this section offers the rationale for both generic principles in the practice of this therapy and specific choices made by the therapist working with the case family. A concluding section instructs clinicians seeking to practise RfG therapy.

Holistic/systems-developmental theory (HSDT), an extension of Werner's (1957) classic organismic-developmental theory, offers many innovative ideas for treating trauma in individuals and the family. One of the pioneers in HSDT and in its application to traumatic events is Jack Demick. Although much research strongly claims that stress, adversity, and trauma create negative and pathological experiences, a gap exists in the literature regarding the potential development that can occur following difficult life events. As a recent exception, the positive psychology movement attempts to shift the focus towards strengths at the personal, interpersonal, and systems levels. In line with this, Demick's chapter also addresses the possible development that can occur following traumatic life events, but is not based on a new theoretical movement but rather on a grand developmental theory with a long and distinguished history within the field of psychology. Based on Gestalt theory and its laws of perceptual organization (e.g., 'the

whole is greater than the sum of its parts' and 'one can see the glass as half full or half empty'), HSDT – with its organismic aspect advocating holistic analysis of the thinking, feeling, striving individual and its developmental aspect suggesting changes towards differentiation and integration to analyse not only age changes but also any person–environment transaction – has employed the *person-in-environment system* (with the biological, psychological, and sociocultural levels of the person mutually defining the physical, inter-organismic, and sociocultural levels of the environment) as the unit of analysis in its paradigmatic study of critical transitions across the lifespan.

Within this framework, Demick and his associates have conducted empirical studies on the effects of traumatic life events, complementing quantitative (to establish cause–effect relationships) and qualitative (to describe human experience and action) methodologies. Towards demonstrating this approach, the chapter describes studies relevant to the experience of traumatic events (e.g., adolescent girls' adaptation to maternal loss, family adaptation to infant and child adoption, older adults' entry into the nursing home), which focus on positive aspects of these experiences. Additional studies have also conducted on the controversial nature of resilience, which aim to assess exactly what this construct entails and how it impacts one's experience of trauma. However, most importantly, the chapter concludes with a discussion of the ways in which HSDT informs clinical practice in terms of both existent techniques and the generation of newer ones.

A frequently underexplored topic in child and family studies is transgenerational family patterns, which include grandparents and occasionally great-grandparents. The American psychologist Bert Hayslip has invested his academic life researching the influence of grandparents on their grandchildren. His chapter begins by examining the nature of the grandparenting role and its evolving nature, emphasizing its developmental aspects and taking into consideration changes over time in a variety of aspects related to both grandparents and their grandchildren. Hayslip et al. then explores the intergenerational aspects of grandparenting, stressing its dyadic nature. As the family structure and the nature of parenting have changed significantly over the last few decades (e.g., highlighted by the growth in the ageing population and increased longevity), it is clear that cultural and historical changes have impacted both the meaning and style of grandparenting. In this regard, he discusses such issues as follows: The meaning an individual assigns to being a grandparent gives rise to the idiosyncratic style he or she assumes in carrying out the role. Further, both meaning and style are actively constructed by the grandparent and are likely subject to differences in communication content and style between grandmothers and grandfathers. He then examines spheres of grandparents' influence on their grandchildren in both positive and negative ways, as embodied in