RESOURCES for Caregivers

RESEARCH-INFORMED RESOURCES FOR CAREGIVERS

SERIES 1 · CONNECTION, SAFETY, AND BELONGING

Growing Through Recovery

A support-centered view of resilience that distinguishes ordinary frustration from adversity and places safety, access, and systems first.

CONNECTED CAREGIVER

Series 1 - Connection, Safety, and Belonging | 20-22 minutes

ABOUT THIS PUBLICATION

Resources for Caregivers publications provide general educational and informational material informed by research, professional literature, and caregiving practice. Every child, caregiver, family, and situation is different. The ideas are intended to support awareness, reflection, learning, and informed decision-making; they are not a substitute for individualized medical, developmental, mental-health, educational, therapeutic, legal, financial, or other professional advice.

Individual needs, circumstances, and responses vary. Examples, strategies, scripts, activities, and suggested approaches describe possibilities rather than predictions. Resources for Caregivers does not promise or guarantee any particular behavioral, developmental, emotional, educational, health, safety, relationship, caregiving, or other outcome.

Caregivers decide whether and how to use these ideas based on the individual needs, abilities, circumstances, and safety of the person in their care. Seek guidance from an appropriately qualified professional when individualized evaluation, advice, or support is needed.

AT A GLANCE

Estimated reading time: 20-22 minutes

Central idea: Resilience is not toughness, constant calm, or a child's ability to endure whatever happens. It is a dynamic process of adapting to significant challenge through interacting personal, relational, cultural, material, community, and institutional resources. Ordinary frustrations can offer supported practice, but adversity should never be manufactured, minimized, or left unaddressed in the name of resilience.

In this publication, you will explore how to:

1. Distinguish ordinary frustration from danger, trauma, overload, and unmet need.
2. Treat feelings as real experiences without assuming they deliver one clear message.
3. Offer co-regulation, access, protection, and choices from the Relationship Toolbox.
4. Use the Recovery Cycle flexibly before, during, or after a challenge.
5. Reflect without interrogation, shame, forced positivity, or pressure to “bounce back.”
6. Recognize when a family needs more support or a change in conditions.

This publication includes small actions and questions for reflection.

SAFETY COMES BEFORE A COPING LESSON

Do not use resilience language to excuse abuse, neglect, bullying, discrimination, unsafe contact, food or housing insecurity, medical risk, self-harm, suicidal thoughts, violence, coercion, or overwhelming stress. A child does not need to calm down, explain, forgive, return, or try a tool before an adult protects them. If anyone may be in immediate danger, contact the appropriate local emergency or crisis service. For persistent or serious distress, involve a qualified healthcare or mental-health professional and relevant school, disability, safeguarding, or community supports.

Resilience Begins with Support

Throughout these briefs, families have built a Relationship Toolbox. They have practiced noticing before reacting, asking rather than assuming, and expressing feelings in accessible ways. They have also practiced listening, setting boundaries, wondering together, trying another strategy, repairing relationships, and beginning again.

Sooner or later, those tools meet real life.

Plans change. A block tower falls. A friend is unavailable. Food runs out. A game ends differently than hoped. A toy breaks. Waiting takes longer. An adult makes a mistake.

Some of these moments are small frustrations. Others connect to grief, trauma, disability, illness, poverty, discrimination, instability, or danger. The response must fit the situation.

The question is not simply, **“How do we make the child more resilient?”** It is:

“What happened, what does this person need, what can change, and which supports belong around them?”

Big Idea: Resilience Is a Process, Not a Personality

Resilience is often described as “bouncing back.” That image can be too simple.

People do not always return to the same state after a challenge. They may adapt, grieve, need treatment, use new accommodations, revise a goal, seek justice, leave an unsafe setting, rely on others, or continue living with effects that do not disappear.

Contemporary research treats resilience as the capacity of a dynamic system to adapt to challenges that threaten functioning, survival, or development. For a child, that system includes far more than individual coping skills. Safe relationships, body and brain development, disability access, healthcare, food, housing, sleep, and financial resources all matter. Identity, language, culture, faith, peers, school, neighborhood, community, protection from violence and discrimination, and the policies and services that distribute opportunity and risk matter too.

A coping tool can help. It cannot replace safety, care, material support, treatment, accessibility, or structural change.

Do Not Create Hardship for Practice

Children encounter plenty of naturally occurring uncertainty and frustration. Adults do not need to create extra disappointment, withhold reasonable help, break promises, provoke distress, or allow preventable harm to teach recovery.

Supported practice can occur when a manageable challenge already arises and the child has enough safety and capacity to engage. Even then, “manageable” is specific to the person and the day.

A canceled outing may be mildly disappointing to one child and destabilizing to another because of anxiety, autism, trauma history, exhaustion, or the importance of predictability. A missing food may be trivial in one household and connected to food insecurity or a limited safe-food repertoire in another.

Begin with context, not a generic lesson.

Help Without Taking Over

Caregivers are sometimes cautioned against rescuing children from every ordinary disappointment. The useful distinction is not **rescue versus no rescue**. It is between help that builds safety and participation and help that unnecessarily removes a workable opportunity to practice.

Try a support ladder:

1. **Protect:** Address danger, health, basic needs, and rights immediately.
2. **Connect:** Offer steady presence or space according to the child's preference and safety.
3. **Understand:** Notice context, capacity, access, and what the child communicates.
4. **Scaffold:** Make the next step smaller, clearer, or more supported.
5. **Share control:** Offer real choices where choices exist.
6. **Step back:** Reduce help only when the child is ready and the consequence is safe.
7. **Return:** Stay available and revise the plan if the challenge exceeds capacity.

Doing something together is not failure. Some people regulate and solve problems collaboratively throughout life.

Feelings Are Experiences Worth Noticing

Feelings are sometimes called “messengers.” That metaphor can invite curiosity, but feelings do not always deliver one accurate or singular message.

Sadness may relate to loss, fatigue, empathy, hormonal change, memory, depression, or something difficult to name. Anger may involve injustice, fear, sensory overload, pain, shame, a blocked goal, or several experiences at once. Anxiety can warn of danger, misread safety, or do both.

Feelings are real experiences. They are not commands, moral verdicts, or proof that an interpretation is factually correct.

Instead of insisting, **“What is the feeling trying to tell you?”** offer options:

- “Do you know what this might be about?”
- “Would you rather notice your body, name a feeling, draw, move, or not talk?”
- “Could this be hunger, pain, noise, worry, disappointment, or something else?”
- “We do not have to understand it immediately.”

Sometimes a feeling does signal an emergency. Take statements about self-harm, suicide, abuse, threats, unsafe touch, violence, or inability to stay safe seriously.

Open the Relationship Toolbox

There is rarely one universally effective tool. Organize possibilities by purpose.

Safety and protection

- leave or secure an unsafe place;
- involve a trusted adult;
- obtain medical care;
- follow a safety or crisis plan;
- report harm through the appropriate process; or
- reduce demands and stimulation.

Co-regulation and connection

- stay nearby;
- offer quiet company;
- speak less;
- listen without fixing;
- contact a trusted person; or
- offer touch only with consent.

Body and sensory support

- drink water or eat available food;
- use medication as prescribed;
- rest, move, rock, pace, stretch, or use pressure safely;
- lower lights or sound;
- use a comfort item, headphones, or adapted space; or
- breathe in a way that feels helpful.

Deep breathing helps some people and intensifies distress for others. It is an option, not a requirement.

Expression and meaning

- use words, signs, pictures, a communication device, music, play, or writing;
- name one part of the experience;
- say “I don't know”; or
- wait until later.

Problem-solving and advocacy

- replace or repair what can be repaired;
- ask for information;
- change the plan;
- request an accommodation;
- break the task into steps;
- make restitution after causing harm; or

- seek outside expertise or material help.

Time and recovery

- pause;
- sleep;
- grieve;
- return gradually;
- choose a different goal; or
- decide that no immediate lesson is needed.

The toolbox includes people, resources, environments, and systems - not only things a child does inside their own body.

Model Without Making the Child Responsible

An adult might say:

> *"I'm disappointed the park is closed. I need a minute to adjust. I'll check the weather and think about our options."*

This models naming, pacing, and problem-solving. It does not ask the child to reassure the adult.

Avoid narrating intense adult distress in a way that makes a child monitor, soothe, or protect you. Adults can seek adult support and return when they are able to respond safely.

What Adults Learn Too

Resilience is not a demand that children become tougher. It is a reason for adults and systems to strengthen protection, access, responsive relationships, and practical resources.

Children do not have to recover alone. Asking for help, accepting support, and changing an unworkable condition are adaptive responses.

ONE SMALL CHANGE

When a manageable frustration arises, ask yourself:

"Does this child need protection, presence, practical help, a smaller step, more time, or space?"

PAUSE AND REFLECT

- Is this an ordinary frustration, overload, unmet need, injustice, or danger?
- Am I withholding useful help to create a lesson?
- Which supports exist outside the child's individual coping?
- Does the offered tool fit this body, culture, disability, and moment?
- Who can support the adult so the child does not carry that role?

Recovery Can Include Rest, Repair, and Change

Recovery Does Not Have One Look

Recovery may involve a body settling enough to think. It may also mean reaching safety, receiving care, communicating a boundary, using an accommodation, restoring a routine, grieving, repairing harm, accepting a lasting change, or finding a new direction.

Do not confuse recovery with quietness, eye contact, obedience, the end of visible movement, a quick return, forgiveness, gratitude, masked distress, or behavior that makes an adult more comfortable.

A child can look calm and remain unsafe. A child can move, cry, stim, speak loudly, or need distance while recovering safely.

Use the Recovery Cycle Flexibly

A memorable rhythm is:

Notice → Wonder → Choose → Recover → Reflect → Grow

It is a guide, not a compliance sequence. Steps may overlap, repeat, happen out of order, or be skipped.

1. Notice

Ask first:

- Is anyone unsafe?
- What happened, without judgment?
- What is the body or behavior communicating?
- What context or earlier stress matters?

The adult may need to notice for the child without requiring an answer.

2. Wonder

Curiosity can stay inside the adult's mind:

“Could this be pain, fear, sensory overload, disappointment, confusion, exhaustion, injustice, or a missing skill?”

Do not pepper a distressed child with questions. “I don't know,” silence, and “stop asking” are information.

3. Choose

Offer no more choices than the child can use:

- “Space or company?”
- “Words, pictures, or later?”
- “Do you want me to do the first step, do it with you, or pause?”

Sometimes the adult must choose a protective action. Explain what is happening as clearly as possible.

4. Recover

Try one support, observe its effect, and adjust. The purpose is not instant happiness. It is enough safety, care, access, or capacity for the next necessary step.

If the tool does not help, that is information - not refusal or failure.

5. Reflect

Reflection belongs later, if and when the person is ready. Ask permission:

“Would it help to talk about what happened, or should we leave it for now?”

Keep reflection brief and relevant. A child does not owe a post-event analysis.

6. Grow

Growth may mean learning a skill, adding an accommodation, changing an adult response, repairing a relationship, or reducing a demand. It may require replacing an unsafe caregiver, seeking treatment, securing material support, addressing bullying or discrimination, or deciding that an experience should not be repeated.

The child is not always the part of the system that needs to change.

Reflect for Learning, Not a Verdict

When reflection is welcome, try one or two questions:

- What did you notice?
- Was anything painful, confusing, scary, or unfair?
- What helped even a little?
- What made things harder?
- Did you want something different from me?
- Is there a tool or support worth trying next time?
- Does the plan or environment need to change?

Do not use reflection to secure agreement with the adult's version, force an apology, prove that a technique worked, or turn distress into gratitude.

If another person was harmed, reflection should lead to accountability and protection. The harmed person does not need to join a shared recovery ritual.

Confidence Is Possible, Not Guaranteed

Successful support can help a child learn that their signals matter, that they can ask for help, and that some tools help sometimes. It can also show them that adults can change the plan, that a mistake does not erase their dignity, and that they can return when they are ready.

Avoid scripts such as **“I can do hard things”** when they are used to override pain, consent, disability, or a reasonable boundary. Sometimes the adaptive statement is:

- “I do not have to do this alone.”
- “This is too much right now.”
- “I need an accommodation.”
- “I am allowed to stop.”
- “This should not be happening.”

Confidence includes knowing when and how to seek support.

Create a Relationship Toolbox Check-In

A predictable check-in can help some families. Keep it optional and brief:

1. **Notice:** What needs attention?
2. **Wonder:** Do we understand enough, or can uncertainty remain?
3. **Choose:** What support fits now?
4. **Recover:** Try it and adjust.
5. **Reflect:** Later, what helped or did not?
6. **Grow:** What should we practice or change?

The check-in might use pictures, objects, gestures, a written menu, a communication device, or no words. It may happen with a teacher, therapist, coach, relative, or another trusted adult - not only a parent.

Do not make the ritual compulsory after every difficult moment. Repetition can create familiarity, but mandatory debriefing can feel intrusive or punishing.

Repair Is Part of Recovery

If an adult yelled, threatened, dismissed a need, broke a promise, or used an inaccessible plan, the child's coping is not the main issue.

The adult can:

1. stop the harmful action;
2. restore safety and access;

3. acknowledge what they did without excuses;
4. listen to impact without demanding reassurance;
5. make restitution where possible;
6. state what will change; and
7. obtain help to prevent repetition.

An apology does not require immediate forgiveness, affection, or trust.

Know When More Support Is Needed

Consider professional or coordinated support when distress is intense, persistent, worsening, repeatedly disrupts sleep, eating, school, relationships, healthcare, or daily functioning, or follows trauma, loss, injury, violence, or a major transition.

Also seek help when a child:

- talks about self-harm, suicide, abuse, or inability to stay safe;
- has panic, dissociation, severe withdrawal, or aggression that creates risk;
- loses previously established abilities;
- experiences persistent pain or physical symptoms;
- cannot access school or necessary care; or
- relies on coping that causes harm.

This is not a diagnostic checklist. It is a reminder that a family tool cannot substitute for assessment, treatment, safeguarding, accommodations, or material assistance.

What Adults Learn Too

Adults may need their own Recovery Cycle. Their tools can include pausing, handing responsibility to another safe adult, therapy, medical care, peer support, workplace accommodation, financial help, or a safety plan.

Children benefit when adults model help-seeking without making the child responsible for the outcome.

> **ONE SMALL CHANGE**
>
> Add one systems question after a recurring challenge:
>
> **“What support, environment, adult behavior, or resource needs to change?”**

PAUSE AND REFLECT

- Am I measuring recovery by safety and access or by quiet compliance?
- Did I ask permission before reflecting?
- Which tools helped, harmed, or had no effect?
- Does someone need repair from an adult rather than another coping strategy?
- Is this beyond what a family ritual can safely address?

Practice the Cycle Without Performing Resilience

Family Activity: Notice the Recovery Cycle

For two weeks, notice naturally occurring, manageable challenges. Do not select one challenge per day, engineer frustration, or require a family member to participate.

When useful, move through any part of the cycle:

Notice

- What needs attention?
- Is anyone unsafe or overloaded?

Wonder

- What might be contributing?
- Do we need an answer now?

Choose

- Which person, resource, accommodation, boundary, or tool might help?

Recover

- Try one support.
- Observe and adjust without judging.

Reflect

- Later and with permission, what helped or made it harder?

Grow

- What can a person practice?
- What must an adult or system change?

Some days, the entire cycle is **Notice** → **Protect** → **Rest**. That counts.

Big Words, Clear Meanings

Resilience

Resilience is a dynamic process through which people and systems adapt to challenges that threaten well-being, functioning, survival, or development.

It depends on resources and relationships as well as individual skills. A person can show adaptation in one area and continue struggling in another.

For a young child, try:

“Resilience means getting support and finding ways to keep going or change direction after something hard.”

Recover

Recover means moving toward enough safety, care, access, steadiness, or support for what comes next.

Recovery may be quick, slow, partial, repeated, or different from returning to how things were before.

For a young child, try:

“Recover means getting what helps after something hard.”

Storybook Connection

After the Fall (How Humpty Dumpty Got Back Up Again) by Dan Santat begins after Humpty Dumpty's famous fall. Humpty has been physically repaired, but fear keeps him from places and activities he once enjoyed. The story follows his gradual return to a meaningful goal.

As you read, ask without turning the story into a demand for exposure:

- What changed for Humpty after the fall?
- What seems to make daily life harder?
- What does he do before approaching the wall again?
- Who or what might have supported him?
- Could an accommodation help him enjoy birds without climbing?
- Is returning to the wall the only valid ending?
- How can courage include waiting, asking for help, or choosing another path?

The story offers one hopeful arc. Real recovery may involve treatment, disability, lasting fear, grief, accommodations, justice, or deciding not to return to the place of harm. A child should not be pressured to confront a fear because a fictional character does.

What We Hope You Will Discover

Families may notice that recovery is already happening in small, uneven ways:

- someone asks for help;

- an adult lowers a demand;
- a child tries a different communication method;
- a plan becomes accessible;
- a repair is accepted slowly;
- a boundary prevents repeated harm;
- a friend, teacher, clinician, or community member joins the support network; or
- the family rests instead of turning the moment into a lesson.

These moments need not prove that anyone is “a resilient person.” They can simply show what support made more adaptation possible today.

The Connected Caregiver Principle

Resilience Grows Through Relationships, Resources, and Responsive Systems.

Safe, committed relationships can be powerful protective factors. So can culture, community, healthcare, disability support, education, stable housing, food, financial resources, safe environments, and effective public services.

Caregivers contribute by noticing, listening, protecting, adapting, modeling, repairing, and mobilizing support. They do not create resilience by making children face hardship alone.

Try This for Two Weeks

On days when a natural recovery moment occurs, record one sentence privately:

- what happened;
- what support was offered;
- what the person communicated;
- what helped, did not help, or remains unknown; and
- what a person or system might change.

Include adults. Include outside support. Include days when rest was the appropriate response.

At the end of a week, ask optionally:

“What helped our family or support network recover this week?”

Do not celebrate visible recovery in a way that pressures someone to minimize ongoing pain. Appreciation can focus on support and honesty:

- “You told me the noise was too much.”
- “We stopped and changed the plan.”
- “You asked for company.”
- “That tool did not help, and we listened.”

- “We contacted someone who knew more.”

ONE SMALL CHANGE

Add one new category to the Relationship Toolbox:

“People and systems we can ask for help.”

PAUSE AND REFLECT

- Did we notice recovery without demanding a performance?
- Which resources made adaptation possible?
- Whose support is missing or inaccessible?
- What should not happen again?
- What is one realistic change that would reduce the load next time?

WHERE THESE IDEAS FIT

Creating Predictable Days That Support Emotional Safety develops regulation, emotional language, and reconnection in ordinary moments. *The Big Step* applies preparation and partnership to major transitions. *Learning Through Practice* explores how instruction, rest, accommodation, feedback, and repair can support continued growth. Read together, this package provides broader context and helps caregivers choose where to explore a particular idea more deeply.

Key Takeaway

Resilience is not the absence of pain, the speed of returning to normal, or the ability to endure without complaint. It is a changing process of adaptation within relationships, bodies, cultures, environments, resources, communities, and institutions.

Use the Recovery Cycle flexibly:

Notice → Wonder → Choose → Recover → Reflect → Grow

Protect before teaching. Offer co-regulation without requiring closeness. Treat feelings as experiences, not commands or perfect evidence. Make tools accessible and optional. Reflect later and with permission. Repair adult harm. Change the environment when the environment is the problem. Seek professional, material, community, or crisis support when the challenge exceeds the family's tools.

Children do not need adults to manufacture hard things. They need adults and systems that reduce preventable harm, stay responsive during the hard things that occur, and help create safer conditions for whatever comes next.

Learn · Connect · Grow

LEARN

What is one idea from this publication that you want to remember?

CONNECT

What did this publication help you notice or reconsider about the person in your care, your relationship, or your circumstances?

GROW

What is one small, safe, manageable action you may try, practice, or pay attention to next?

Research Foundations and Further Reading

1. Masten, A. S., Lucke, C. M., Nelson, K. M., & Stallworthy, I. C. (2021). Resilience in development and psychopathology: Multisystem perspectives. *Annual Review of Clinical Psychology, 17*, 521-549. This review defines resilience as successful adaptation through multisystem processes, moving beyond a narrow focus on personal toughness or traits.
2. Verhagen, C., Boekhorst, M. G. B. M., Kupper, N., van Bakel, H., & Duijndam, S. (2024). Coregulation between parents and elementary school-aged children in response to challenge and in association with child outcomes: A systematic review. *Developmental Psychology*. The review links parent-child co-regulation with socioemotional outcomes while emphasizing that context affects how co-regulation operates and is understood.
3. National Scientific Council on the Developing Child. (2015). Supportive relationships and active skill-building strengthen the foundations of resilience. Working Paper No. 13. The paper identifies supportive adult relationships, adaptive skill development, perceived control, and cultural sources of hope as protective factors while distinguishing manageable stress from excessive or prolonged adversity.
4. Dweck, C. S. (2006). *Mindset: The New Psychology of Success*. Random House. A widely used account of beliefs about ability and learning. Subsequent meta-analyses have found small, variable, and context-dependent links with achievement, so “growth mindset” should not be used to promise outcomes, praise effort indiscriminately, or ignore structural barriers and unattainable goals.
5. Siegel, D. J., & Bryson, T. P. (2011). *The Whole-Brain Child: 12 Revolutionary Strategies to Nurture Your Child's Developing Mind*. Delacorte Press. A practical, relationship-centered framework for discussing emotion and development; its metaphors are educational tools rather than a comprehensive clinical model.
6. Brown, B. (2015). *Rising Strong*. Spiegel & Grau. An adult-focused popular framework for reflecting on setbacks, vulnerability, and personal stories. It is not a child-development intervention or a substitute for trauma treatment, safeguarding, or material support.
7. Santat, D. (2017). *After the Fall (How Humpty Dumpty Got Back Up Again)*. Roaring Brook Press. A picture book about fear and returning to a meaningful pursuit after injury; use it as one recovery story, not a required model for confronting fear.

A FINAL REMINDER

Choose and adapt any idea, reflection prompt, activity, or suggested response based on the individual needs, abilities, circumstances, and safety of the person in your care. Seek guidance from an appropriately qualified professional when a situation calls for individualized support. If anyone may be in immediate danger, contact the appropriate local emergency or crisis service.