





CHALLENGES IN CONCEPTUALISATION AND OPERATIONALISATION OF FAMILY RESILIENCE

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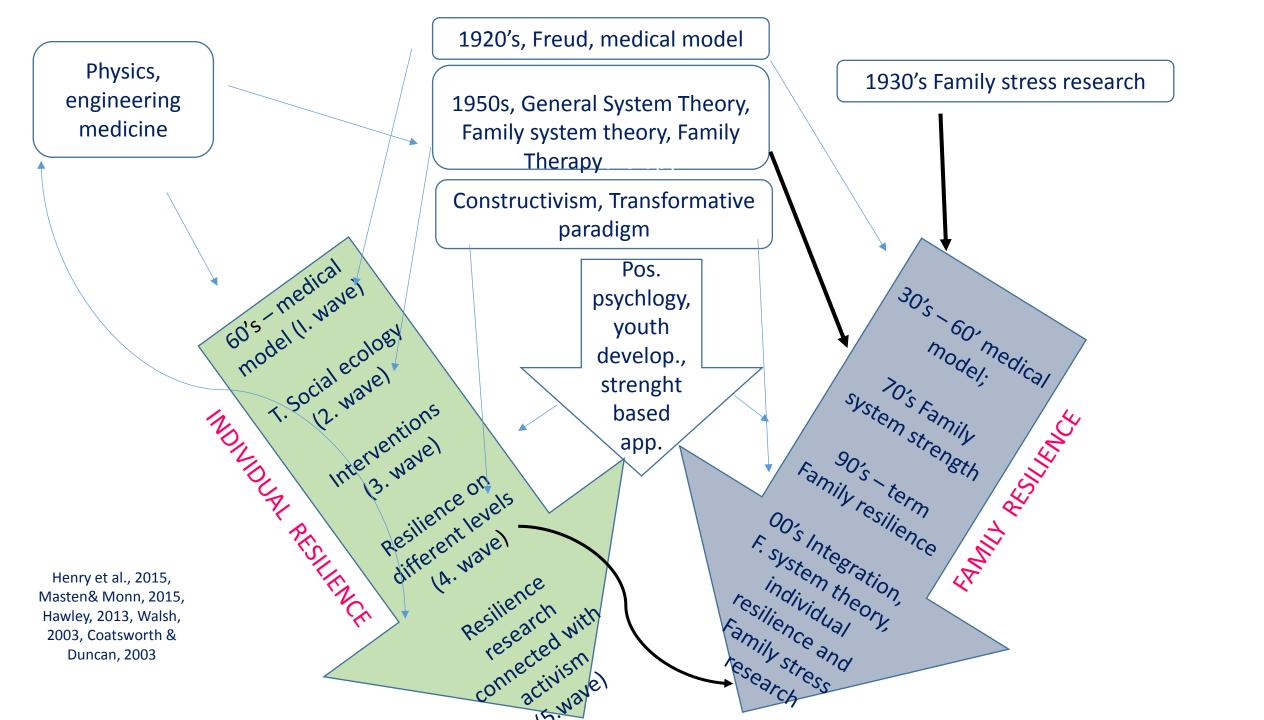
Content

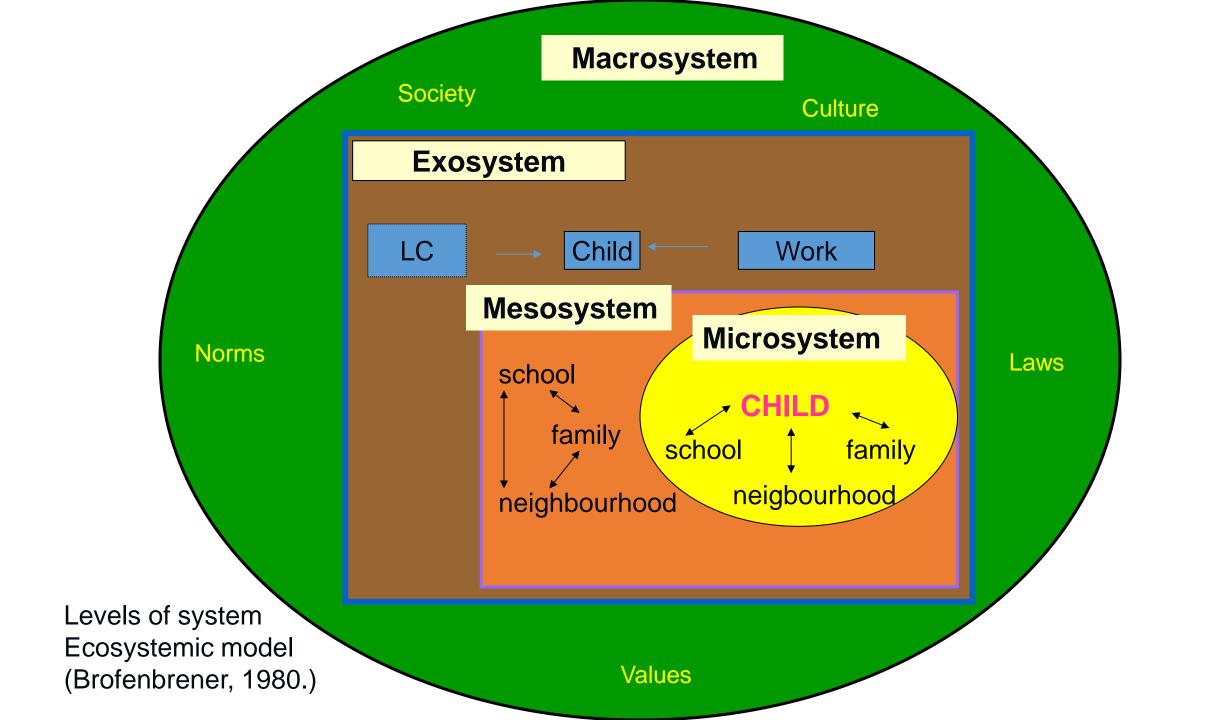
- Starting definition
- Development of family resilience concept
- Challenges in researching family resilience
 - Challenges in researching families
 - Challenges in researching resilience (family)
- Example of family resilience research (project FamResPlan, University of Zagreb, Croatia)

"Starting definition"

- Numerious definitions of resilience in the literature. Howerver, majority of them include two criterion for resilience: high risk, good outcome
 - dynamic process encompassing the attainment of positive adaptation (good outcome) despite of adversity (high risk) (Luthar, Cichetti, Becker, 2000)

Development of family resilience concept





Challanges in researching family resilience

- Challanges in researching family system
- Challanges in researching resilience (family)

Challanges in researching family system

Who is family?

- Traditional definition of family as a nuclear family not comprehensive enough
- Postmodern families (pluralisation of families) hard or impossible to define family (Daly, 2003;
 Neill, 2007; Charles, Davies i Harris, 2008)
- Some types of families: family with biological mother, father, child/ren, adoptive families, foster families, one parent birth parent, reconstructed families (new marriage), single parent families, homosexual families, "calendar families" etc.... (Maleš, 2012)
- Marshall, Matthews i Rosenthal (1993) while theoretising on families in the research context stress "elusiveness of family life"
- Mixed message in the literature:
 - For serious scientific research it is important to take into account differences in families style and not to try to put them under the same definition in an effort of equalisation (Bernardes, 1997)
 - When conducting research, it is important to have clear criteria about sample and sample has to share similarities

- This problem is solved differently in different research:
 - Some researcher use practical approach they focus on what is easy/possible to explore (parent/child), leaving one "whole world unexplored" – mostly quantitative researcher
 - Others use qualitative methods in order to explore family as a whole; they
 explore what is family and the meaning of the family during the research

How to measure family as a system and not sum of individuals?

- Model of aggregation average result of all family members
- Pathogenic model- result for a family is a "worst" result of a family member
- Salutogenic model result for a family is a "best" result of a family member
- Consensus model family members agree upon result (Van Breda, 2001)

Ethical questions

- where to do research
- how to ask questions some of them can be offensive
- risk of secundary traumatisation
- themes from the domain of family relationships rarely and hardly shared with any outside person,
- family members can have many issues considered family matters,
- it is necessary to negotiate about the role of researchers in the family environment (therapist/researcher)
- what to do with unexpected findings (victimization, planned criminal conduct ...)

Challanges of researching resilience (familiy)

What is family resilience?

FAMILY CHARACTERISTIC

- Initial family resilience research;
- influenced by strenght based approach (Henry, 2013)
- higher levels of protective factors= higher resilience
- practicioners more use this approach (for them, family resilience is synonymous with family strengths

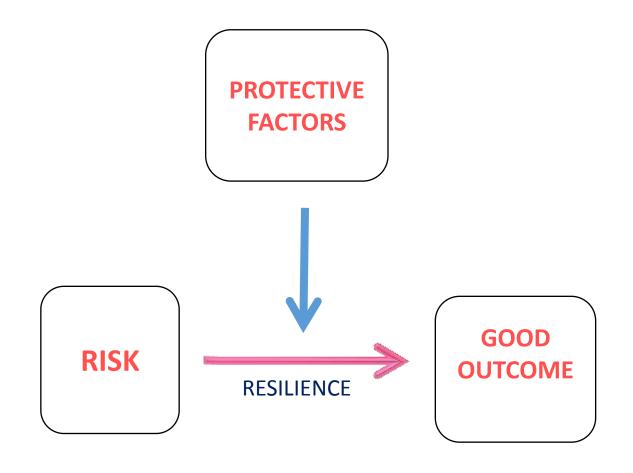
Family resilience: "characteristics, dimensions and properties of families which help families to be resistant to disruption in the face of change and adaptive in the face of crisis situations" (McCubbin& McCubbin, 1988, p. 247)

PROCESS

- dynamic process that starts with risk and ends with good outcome
- includes the dimension of time (Hawley, 2013)

Family resilience: "a path the family follows as it adapts and prospers in the face of stress, both in the presence and over time. Resilient families positively respond to these conditions in the unique way, depending on the context, developmental level, the interactive combination of risk and the protective factors, and the family's shared outlook" (Hawley & De Haan, 1996, p. 293)

Family resilience as a process



What are indicators of risk and how to assess them?

- Risk experience which significantly increase the probability of negative outcomes (Windle, 2011)
- Masten & Coatsworth (1998), significant risk:
 - 1. high risk status caused by continuous, chronic exposure to negative social conditions, such as poverty
 - 2. exposure to traumatic events, such as war
 - 3. combination of a high risk status and traumatic experiences
- But! Research has documented low correlations (.20 to .30) of those with developmental outcomes (Barret & Huebeck, 2000)
- Daily hassles (small stressors) important too
- Cumulative effects of risk risk s are not distributed normally in the population (Rutter, 1999)
- Duration of risk exposure
- Life cycle of a family

RISK

What are indicators of risk and how to assess them?

- Literature review (Oh & Chang, 2014):
 - Most article as a risk included health problems of a family member, mostly child
 - Some added some family factors (economic hardship, divorce, migration etc.)
 - Some added additional risk (daily hassles)
- How to assess them : self-assessment; other assessment

RISK

What are indicators of protective factors and how to assess them?

- Moderators of relationship of risk and good outcomes (reduce the impact of a risk)
- Various factors at individual, family and community levels
- Key objective of the resilience research is the identification of protective factors which can modify negative effects of risk on outcome (Luthar, 2006)
- Different authors stress importance of different protective factors (different instruments) that is one of a big critique to the concept
- Luthar et al. (2000) argue that maintaining variability in our approaches to researching resilience will enable an expanded understanding of its components and their dynamic interaction.

	BASICS	BELONGING	LEARNING	COPING	CORE SELF
	Safe and clean to live	Place to belong	We try our best to achieve as much as possible when completing obligation	We have rules for in and out of home and keep to them	We understand how other people feel
	Enough money	Good, supportive friends	We can ask for help and advice in order to learn	We are brave when we need to be	We understand how we work as a family
CHES	Safe in home and outside	Each member have friendship that last for a long time	We know what we want to do in our lives	We cam recognise problem and deal with them before they get worst	We understand each other
: APPROACHES	Use of transport	We can speak to each other and friends when we need to	We have a plan as a family for our future	We solve problems as a family without blame	We know each other's interests and talents
SPECIFIC	Free from prejudice and discrimination	We help each other	We are organized as a family	We focus on a good things in a bad situation	We each know our responsibility in the family
	Healthy diet	We meet up with friends and family we can relay on	We highlight each other's achievements as a family	We start and continue activities that we enjoy doing	We create opportunities to do the things we enjoy
	Enough exercise and fresh air	We all have our responsibilities	We are open to learning new things	We calm ourselves down and relax when we need to	We know there are services around us that can help us and support

	BASICS	BELONGING	LEARNING	COPING	CORE SELF			
SPECIFIC APPROACHES	Enough sleep	We focus on and remember good time and places together	We teach each other new skills	We give others support as a family				
	Time together as a family	We all know our family history and where we came from		We all have a lough together				
	We can ourselves clean and tidy	We all think positively about new situation/person						
		We make friends with people and mix/go out with them						
		We belong to a group						
	NODI E TOUTUE							

NOBLE TRUTHS

		TOBLE THOTHS		
ACCEPTING	CONSERVING	COMMITMENT		ENLISTING

Family resilience framework adapted from Hart & Blincow with Thomas (2007), developed by Adams, Bales, Brown, Henderson with the support of the participants of the Newport Mind Community of Practice

What are indicators of good outcome/s and how to assess them?

Three challenges:

1. Who has a "mandate" to determine good outcomes for individual/family?

Normality is a social construct and is contextually and culturally dependent (Walsh, 2013), determined in large part by those groups in society that hold the power to decide what is normal (Foccoult, 1977 in Ungar, 2004). Applying what is defined as a positive outcome within mainstream contexts to disadvantaged and marginalized groups may be inappropriate, and may lead to further exclusion (Hart et al., 2016)

2. How to differentiate between outcomes on individual and family level?

Family system is more then the sum of its members (Janković, 208) – it is not justified to define family outcomes as a sum of outcomes at the individual level

3. How to differentiate between outcomes and protective family factors/mechanisms?

Indicators of a good outcomes can be seen also as a protective factors (for example, family cohesion)

GOOD OUTCOME/S

- Literature review (Oh & Chang, 2014), 5 five most common outcomes in published studies
 - 1. acceptance of the situation -being assertive in maintaining the family life
 - 2. changed life perspective reflected in the shift of family priorities
 - 3. enhanced relationship qualities such as increased bonding commitment and compassion
 - 4. reinforced resilient properties (sense of mastery and collective efficacy)
 - 5. improved health related outcomes (increased involvement in health related behaviours and reduced health deteriorating behaviours).

- Patterson (2002) suggest family adjustment as a outcome
 - 1. family capacity to promote the development of family members
 - 2. readiness for maintaining family integrity





EXAMPLE:

Specific characteristics of families at risk: contribution to complex interventions planning, Croatian science foundation (2015-2018)

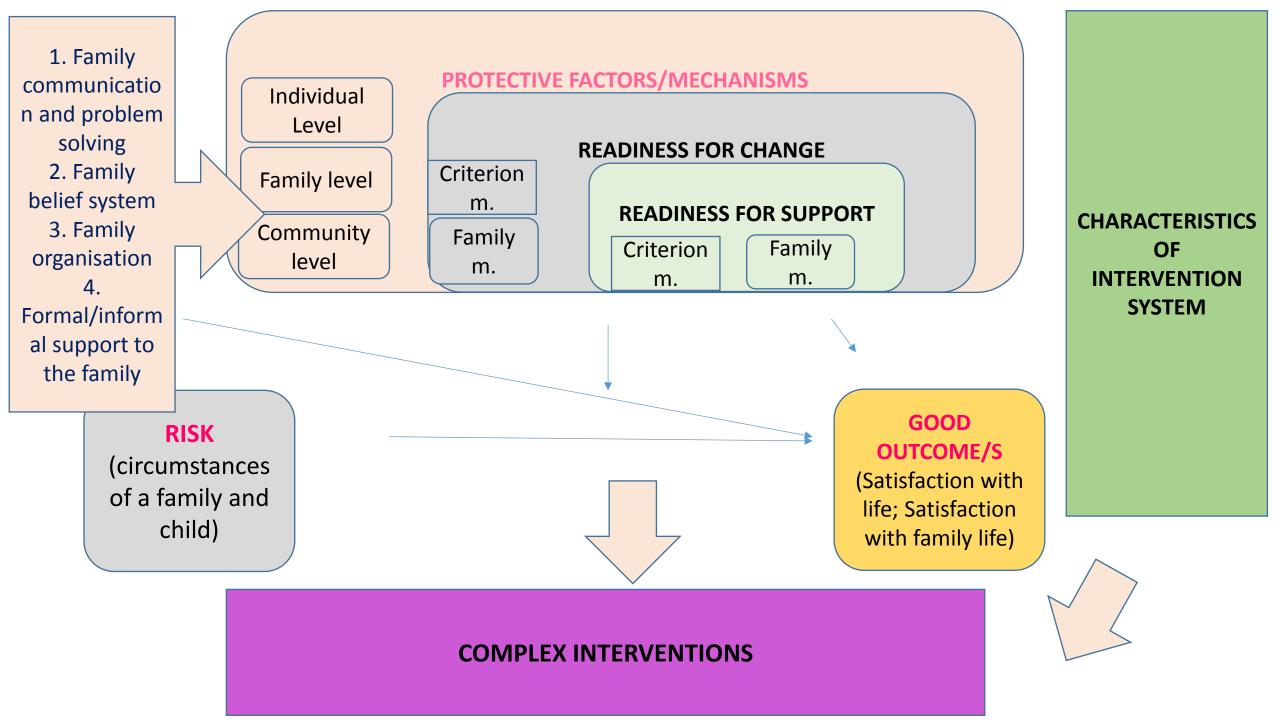
Project rationale

- Intervention system for people with behavior problems in Croatia medical model:
 - oriented at person at risk
 - pathology seeking
 - families at risk called multiproblem families
 - interventions oriented at one person, not systems around
 - lot's of uncoordinated and unsuccessful interventions

Purpose of the project

• to inform intervention system (social welfare, mental health, justice, education) with the positive aspects of families at risk and to give guidelines for complex interventions planning

 Families at risk- families in which at least one member is, due to behavioral problems, a beneficiary of interventions in the area of education, social welfare, mental health and/or justice.



Objectives

Overall objective: to identify characteristics of of families at risk, their protective factors, readiness for change, readiness for intervention; and life satisfaction, as a set of new, under-researched processes which could be of importance for complex family interventions planning

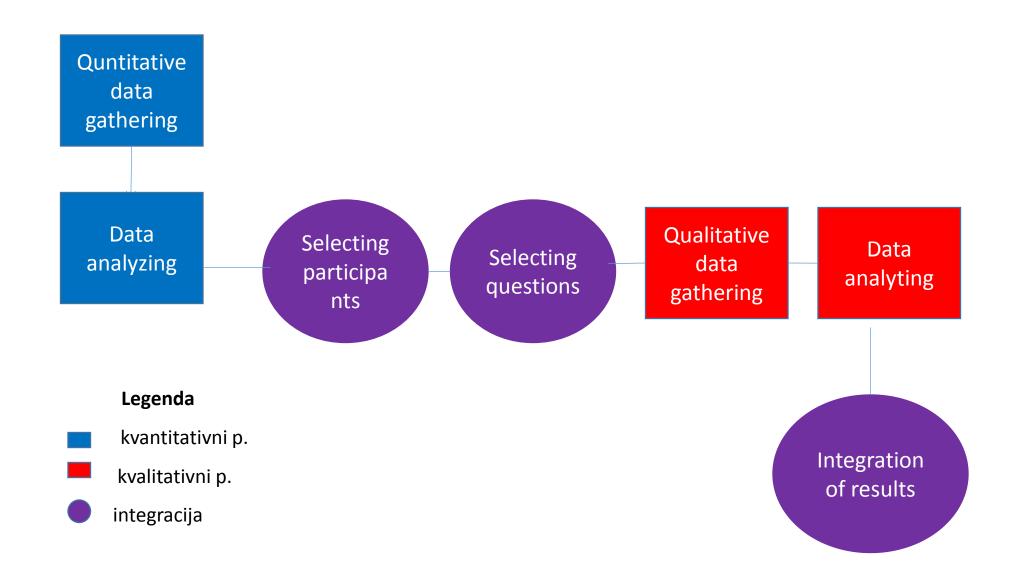
Specific objectives:

- To develop specific approaches in the framework of qualitative, quantitative and "mix-method" methodology of researching families for the purpose of planning complex interventions.
- To explore and define family resiliece from the perception of families at risk
- To examine the contribution of risk factors, protective factors, readiness for change and readiness for intervention in the interpretation of life satisfaction perception of different groups of families at risk.
- Define the guidelines for planning (complex) interventions for families at risk which are based on the beneficiary perspective and disseminate the results of the study and the guidelines.

Definitions of family resilience

• Process of effectively negotiating, adapting to, or managing significant sources of stress or trauma (risk). Assets and resources within the individual, famlily, their life and environment (protective factors/mechanisms) facilitate this capacity for adaptation in the face of adversity (good outcome). Across the life course, the experience of resilience will vary (adopted from Windle, 2011)

Methodology: mix method, sequential explanatory design (Creswell & Plano Clark, 2003)



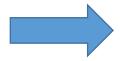
Sample

Quantitative

- 400 families with one or more members included in some of the interventions carried out in the area of education, health care, social welfare and the judiciary, aimed at persons with behavioural problems.
 - 200 of them with a child beneficiary
 - 200 with a parent beneficiary
- families from the City of Zagreb and the Zagreb County

Qualitative

- 20 families
- 10 that are assessed by quantitative data as being in the high risk and having good outcomes (family life satisfaction, individual life satisfaction)
- 10 that are assessed by quantitative data as being in the high risk and having bad outcomes (family life satisfaction, individual life satisfaction)
- 4 case studies



Who is family? Who will participate in the study?

Definition of family

Quantitative part

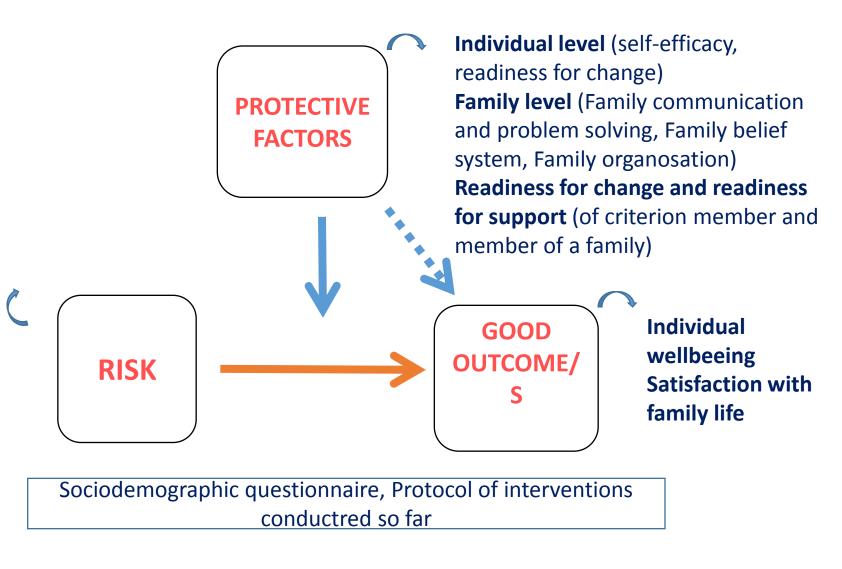
- When the beneficiary is child him and primary caregiver (assessing houshold)
- When beneficiary is adult him and:
 - 1) life partner or
 - 2) parent or
 - 3)brother-sisster or
 - 4)child older then 12

Qualitative part

 Everyone who is defined as a family by family members (and that can participate in the interview)

Operationalisation of risk, protective factors and good outcomes in the research (quantitative part)

- Involvment in the state intervention
- Risk factors of a family (poverty, mental illness, luck of social support, unapropriate life style of a parent/s, violence, manipulation with the child etc. (21 items)
- Risk factor of a child (Internalising and externalising behavior problems, developmental difficulties)



Research questions (qualitative)

- How family members define family?
- What family members recognise as the risk of a family?
- How did family cope with risks?
- How family members describe interventions they were involved in?
- How family members perceive good outcomes for their family?
- What helps family acieve that good outcomes?
- What characteristic of family members and family as a whole contribute to resilience?
- Which aspects of environment (formal and informal support, available resources is contributing to family resilience?)

Limitations of the study...

- Family perspecitve- not taken into account enough
- Quantitative part mostly positivistis paradigm + environment system not taken into account enough
- Qualitative part opportunity for transformative paradigm (how environment support vulnerabilities of these families, to research availability of resources, Accessibility of resources, good outcomes from the perception of at risk families
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Thank you for your attention!

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