

Challenges and Strengths of Family and School with SCORE-15

Šejla BJELOPOLJAK

University of Bihać, Faculty of Pedagogy,
Bosnia and Herzegovina

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SUMMARY

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While a family faces a test of its own resilience on one side, the most vulnerable member – at the same time the strongest – often shows behavioral symptoms on the other side by sending distress signals that “somewhere” something is not working. If this is a child and a student, then they will surely not benefit from the linear approach of institutional support, in which they are labeled for their behavior as an individual who needs to change and adapt to the rules (of the school). The cause lies in the sub-layer of symptoms that the education staff, primarily an expert associate, understand with the help of other members of the family system. They will then try to intensify communication and mutual understanding of common goals. The aim of the research was to examine the challenges and strengths faced by families from the perspective of expert associates using descriptive, causal and assessment methods. Explication of the findings based on the SCORE-15 instrument, in this paper, we examine the quality of support from the perspective of expert associates who, observing the family, confirm the linearity of their own approach, but also the challenge of a family that does not accept changes, yet urgently needs help. The results confirm that in more than 50% of cases the observed families apply a pattern of behavior aimed at preserving traditional values (morphostasis) while resisting to accept change coming from younger generations (morphogenesis) and “without trust and family cohesion, have challenges in balancing functional relationships within the family system”. Also, that expert associates encounter difficulties in the application of the system paradigm and that the linear approach prevails in the work. As for institutional support, with an emphasis on the school system, the findings confirm linearly based actions in the direction of treating the

manifestations of the observed symptoms, but not the causes that had led to challenges in children's behavior, which ultimately leads to dissatisfaction with their own work as expert associates. Judging from the results which represent families that possess values such as nurturing truth, courage and personal resources they use to overcome problems, where protecting the youngest – children – is the number one priority, we can see there is room for establishing partnerships. The expert associates confirmed the systemic perspective when it comes to hoping that the family can cope with developmental challenges.

INTRODUCTORY CONSIDERATIONS

One of the biggest challenges of today's family is preserving its own values and focusing on change. The process of morphostasis and morphogenesis is directly related to stability and family change (Bronfenbrenner, 1979). Morphostasis refers to maintaining stability in the family, which includes maintaining routines, rules and customs that help protect the family from stress and crisis (for example values, traditions), while morphogenesis refers to changes in the family (coping with a new environment). Families that successfully balance these two processes are usually labeled functional. Homeostasis is achieved through balancing these processes, and refers to adaptations and changes in the environment in which it is located. However, often in stressful situations, they test their resilience, which confirms (dis)functionality. Some of the research highlights the challenges of environmental factors focused on morphogenesis, as well as ways that can help general stability, such as: Louv (2012) states that rapid technological progress, social pressure, financial pressure and various other forces pose a challenge for families who want to preserve their values and ways of life while Covey (1997) considers a proactive approach taking into account that separation, multiculturalism and technological progress are a challenge, but also that learning new skills and adapting to change are key elements in creating a successful family, and that it is important to develop habits that will help preserve values and align with change.

Bronfenbrenner's environmental theory recognizes different layers or systems that influence a child's development, including the microsystem (the closest child's environment), mesosystem (connections between microsystems), exosystem (social institutions that affect micro and mesosystems), and macrosystem (cultural and social influences). In accordance with this theory, every member of society has a role and responsibility to the child, whether it be parents, teachers, health workers, social workers or other members of the community. Parents, as the closest microsystem, have the greatest responsibility towards the child in terms of caring for their health, safety, education and emotional well-being. However, other members of society also play important roles in supporting the child's development. For example, teachers have a role to play in educating and fostering the academic development of the child, while healthcare professionals have a role to play in ensuring health care and disease prevention. Social workers can also provide support in cases of abuse,

neglect or other problems that may affect a child's development, and the role of the media is manifested through political, cultural and other social attitudes (Bronfenbrenner and Morris, 1998).

Bronfenbrenner's theory emphasizes that it is important for all members of society to cooperate in supporting the child's development, without focusing only on one aspect of the child's life. In this sense, responsibility towards the child *should be shared and divided between all members of society, which implies that no one is free of responsibility, even when it comes to consequences*. Achieving immunization and homeostasis within a family requires cooperation and responsibility of all members of society, including parents, health institutions and the wider community. Through a partnership that includes education, support and proper planning and organization, it is possible to achieve immunization and homeostasis in the child's environment. Also, this paradigm implies the challenges faced by any member in the (non)intermediate environment of the child. In test life situations, he or she may feel helpless, but also from the aspect of the paradigm of responsibility within the child's system, the child can act more proactively from a position of responsibility with all other members.

OPERATIONALIZATION OF TERMS: COMPLETENESS/ INCOMPLETENESS ARE NOT SYNONYMOUS WITH FUNCTIONALITY/ DYSFUNCTIONALITY

Families labeled as "incomplete" in the literature, such as single parents or single-parent families, are not confirmed as dysfunctional, just as families with all present biologically related members have no guarantee on the functionality attribute. In one research studying the impact of family structure and functionality on symptoms of depression in children and adolescents, it was concluded that incomplete families are not necessarily dysfunctional, but that various factors of family functionality are more significant for the mental health of children and adolescents (Walsh, 2016). Family integrity implies functionality as a complex construction of various factors, including the family's ability to adapt to different life events and stressors. When it comes to these adjustments, we can understand them through the concept of homeostasis, i.e. establishing a balance between preserving the family values of previous generations while raising new ones that were born in a changed or new en-

vironment. For example: a family made up of parents born in an age when there was no information technology, demographic change and specific global trends, can remember different values such as social, cultural or spiritual (traditions, customs, rituals, moral principles, organization of social work and environment) compared to their descendants who are only familiar with the environment unknown to their parents. In this example, the challenge can be reflected in the way that a closed family system rejects new values dictated by the environment from the outside, and through the youngest family members, and especially if they do not have agreed ways of responding when there is a case of testing the resilience of the family system. It implies that families that respond to challenges at different stages of life are functional, while, on the contrary, those who do not fulfill this task – are dysfunctional. One of the more useful ways to change the paradigm is to test the functionality of families by looking at their ability to adapt to different developmental stages, both vertical and horizontal. Vertical development includes changes in the life cycle of an individual and family, such as birth of children, adolescence, adulthood and aging, while horizontal development includes changes in relationships within the family, such as marriage, divorce, death of a family member or change of employment. Vertical and horizontal axes are important concepts in the study of family development. The vertical represents the developmental phase of the individual family member, while the horizontal axis represents the interaction and dynamics of the relationship between family members. This approach is supported by the Family Development Phases Theory developed by Murray Bowen. The theory assumes that families develop through various stages, including stages of formation, growth, maturation, disappearance and destruction. Each stage brings new challenges and opportunities for the family, and successfully overcoming these challenges helps the family adapt and progress (Bowen, 1966). Figure 1 presents the idea of understanding the developmental stages of the family over time and the inevitable stressors that come from the environment, which can shake up the family system if members do not have stable family communication. Figure 1 also gives an example of the action of predictable events, unresolved and accumulated stresses earlier in the family system (marked as “family with a school child” where – while transitioning to the “family with adolescent” phase – a child in school or some other system can show sudden changes in behavior, in an acceptable or socially unacceptable way, which would send “signals” for help).

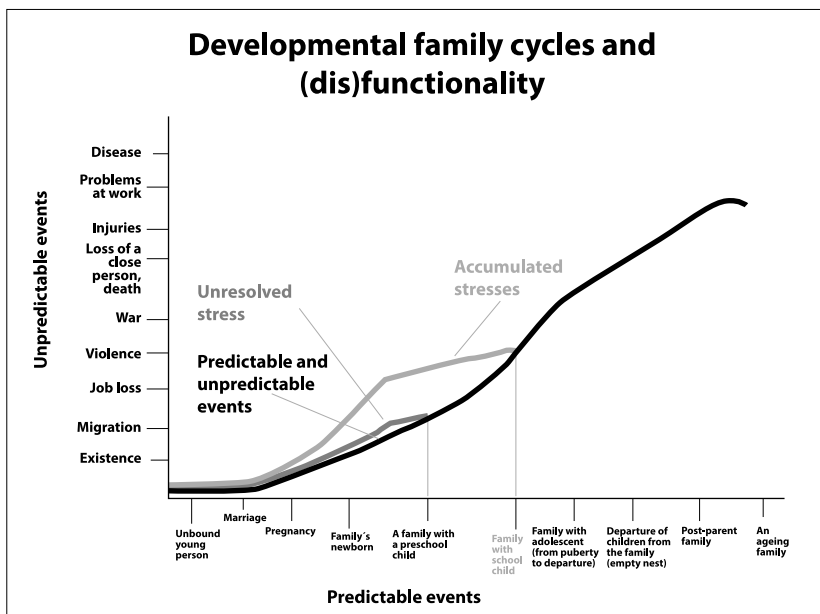


FIGURE 1 An example of symptoms of the behavior of a school child and the cause of the earlier family stages

The accumulated stresses of a family that have not been resolved earlier can shake up the family system and imbalance relationships. It is to be expected that then the most vulnerable member would show a behavioral symptom (if that member is a child, very likely a student) or dissatisfaction “that somewhere someone or something is not functioning”.

Events that test the functionality of a family are unpredictable and different stressors such as illness, job loss or death of a family member, but also positive events such as weddings, a birth of a child or achievement of business goals. One example of research dealing with family functionality in the context of developmental stages has shown that quality relationships between parents and adolescents are associated with greater *parental support and authoritative behavior*, and that the quality of relationships changes in accordance with the different stages of family development (Walsh, 2016). These results emphasize the importance of adapting family relationships to different stages of family development to maintain family functionality, but implicitly also show that it would be wrong to generalize that a “functional family” is a complete process, especially since its dynamic and functional system are defined over time.

PREVIOUS RESEARCH TO SUPPORT THE FUNCTIONING OF THE FAMILY

Functional families are characterized by good relations between members, open communication, mutual respect, support and shared values. These outcomes are achieved through family patterns that allow them to achieve the family goals that the family sets for itself. By contrast, family patterns that do not fulfill the task lead to symptoms of dissatisfaction, most often in the most vulnerable member of the family system and then we can talk about family dysfunction.

In addition, functional families are characterized by certain habits and practices that are associated with better outcomes for family members. Studies confirming the functionality of families directly related to the relationship of members do not emphasize the number of members of the family system (such as: Feinberg and Khan, 2008; Brody and associates, 2005; Davis-Kean, 2005). The results show that functional families are associated with better mental health of adolescents. Families with good communication, collaborative activities and time flexibility were found to be associated with a lower risk of depression and anxiety in adolescents, and families with emotional *warmth and mutual support* were associated with a lower risk of behavioral problems in children and adolescents (Feinberg and Khan, 2008). It was also found that families with clear communication and rules were associated with a lower risk of drug and alcohol problems in adolescents, and that functional families were associated with better educational outcomes in children (Brody and associates, 2005). It was found that children from functional families had better academic scores and fewer behavioral problems in school. These studies point to the importance of developing healthy habits and practices that promote *good relationships, open communication and mutual respect* within the family. In addition, the importance of support and emotional warmth within the family to reduce the risk of mental health and behavioral problems in children and adolescents is emphasized (Davis-Kean, 2005).

One close person, such as a friend or family member, can be an important protective factor for a person's mental health. This factor can manifest itself in the form of support, understanding and assistance in difficult situations. The research that examined the role of close relationships in mental health care is a study by Gayl and associates. The study looked at more than 1,500 adults in

the United States and examined the role of close relationships in predicting depressive symptoms. The results of the study showed that close relationships, such as friendships and relationships with family members, were associated with a lower likelihood of depressive symptoms in the subjects. Also, it was found that *the quality of relationships is more important than quantity, i.e. that better relationships were stronger predictors of protection against depressive symptoms*. This study points to the importance of close relationships as a protective factor for mental health, which is important to keep in mind in the context of prevention and treatment of mental disabilities (Gayle and associates, 2018). Analogously, when we talk about the stages of family dysfunction, systems such as school – if they foster close relationships and friendships between peers (and strive towards that goal) – provide a child or young person with a space in which they will find their strength to cope with their own challenges, even when they are provoked by family relationships. As for working with the family context, examples of achieving the quality of work with children / young people are given below, but also with families in order to partner with them and to support mutual functional relationships.

INSTITUTIONAL SUPPORT FOR FAMILIES

Institutional support for families includes all forms of assistance and support that institutions and organizations provide to families in order to improve their lives and solve the problems they face. This support can be varied, including educational programs, counseling, psychosocial support, financial assistance, health care, kindergartens, parenting training, legal protection, safety and protection from violence.

Institutional support for families plays an important role in preserving family relationships, improving family functioning and preventing various problems families face. In this regard, there are many studies that point to positive results of institutional support for families (such as Gomby and associates, 1999; Lundahl and associates, 2006). For example, research conducted in the United States showed that the support provided by a program for parents and children improves parents' mental health, reduces their stress, and improves the quality of family relationships (Gomby and associates, 1999). In addition, institutional support for families is important for preventing and reducing the number of

cases of various problems families face. For example, programs that provide parents with counseling and training can help prevent problems such as child abuse, drug addiction, school failure, etc. (Lundahl and associates, 2006). One of the programs was implemented in Bosnia and Herzegovina with the support of UNICEF and Genesis organization, and concerns intervention work in educational institutions with students, families or employees. Intervention is a structured process of conducting conversations with a group in order to support and find ideas for solving the presented problems. Intervention involves a structured process of counseling and support, in which participants discuss issues from professional practice, following a set of predetermined steps, with clearly distributed roles (Tietze, 2010; according to Staempfli and Fairtlough, 2019). The number and frequency of meetings is adjusted to the needs and capabilities of the participants, with the optimal number of participants between six and eight. An important difference between intervention and supervision is that intervention takes place without an external expert, i.e. supervisor. Instead of a supervisor, the role of a moderator is introduced. The role of a moderator can be pre-arranged or alternately taken over by all members of the group, which means that the interviewer does not have to be just one person in the team, and initially it can be the person who has experience in providing psychosocial support, such as an expert associate (Zečević and associates, 2023).

In addition to the present context of counseling work and overall psychosocial support, the quality of work, which is most often based on the approach, is very important. Numerous studies confirm that a linear approach in counseling with families can have limitations and lead to misunderstanding of the problem. A traditional linear approach that focuses only on the individual problems of family members can lead to ineffective counseling work and insufficient resolution of real problems in the family. On the other hand, a systematic approach that focuses on the interaction and dynamics of the whole family can lead to better results in counseling work. This approach is based on the system-based theory and supports the idea that a systemic approach can help understand family dynamics and provide adequate support in addressing the causes of the problem (according to Bauman and associates, 2016). Given that the teaching population during the initial education learns about the context of the systemic, developmental – ecological theory of Bronfenbrenner not only for the purpose of understanding, but also its application in future work, the expectation that school systems should use the acquired resources

in everyday work seems justified. As a small expectation, this implies advisory work especially of expert associates (this is their primary work task) based on a systemic paradigm, rather than a linear one, when approaching solving challenges related to children's behaviors. In this context, counselling conversations with children and parents could move in the direction of support that is a response to the real needs of families and real mutual partnerships, and in cases where family problems go beyond the competencies of the school system, the additional, purposefully included, cross-sectoral cooperation would better support the family (for example, centers for social work, mental health centers, psychotherapeutic support and similar services).

METHODOLOGICAL FRAMEWORK OF THE WORK

Problem / subject of research

Counseling work with families is based on psychosocial support and is most commonly applied in cases of challenges: between triangulated family relationships (child, parents or in the context of interaction with other members), interaction and communication with peers or adults in (out-of-school) environment. The process of counseling involves supporting the child in communication and interaction with peers and adults in and out of the school environment. These challenges may include difficulties in socialization, as well as problems in communicating with each other, but also the quality of support obtained (more in: Fishman, 1985; Watzlawick, 1979 Nichols and Schwartz, 2007). Every approach in psychosocial support involves questions and counseling. Linear questioning refers to the way of asking questions in which facts and information are sought in a logical sequence. This type of asking questions focuses on individual aspects and does not take into account the complexity of the system in which these questions are asked. For example, linear questioning in an advisory process can be focused on individual problems and solutions, without looking at the connection between problems and the overall family dynamics that led to problems. This (linear) approach treats the most visible aspect of behavior, that is, the consequence as the cause of the problem, which is basically only one symptom of behavior (for example, it is visible because it manifests in school). On the other hand, systematic questioning is used in the context of looking at the causes of the expressed symptom of dissatisfaction,

where questions are asked with the aim of looking at complex dynamics and interrelationships between different elements. This kind of questioning focuses on the connection, interactions and influences of individual elements and takes into account how one family member's problem can be reflected on the whole family and how solving this problem can be reflected in the dynamics of the family as a whole. The latest research shows that systemic questioning has more benefits compared to linear, especially in complex situations and problems because it is aimed at resolving the earlier causes that led to the problem. A study looking at couples therapy found that the systemic approach was more effective at solving problems compared to linear approach (Fife and Weeks, 2016). For example, a child expresses socially unacceptable forms of behavior at school (poor performance, hurting themselves or others, sudden withdrawal or openness), thus keeping some other relationship functional (parents come to school or tensions stop at home because they focus on the child). Systematic questioning is of great importance in counseling with families, because it allows us to look at the complex dynamics and causes of problems that are often associated with interactions and interrelationships within the family.

The focus of this research is precisely to look at the challenges faced by families (below DF – described families) with an understanding of the expert associates' perspectives.

Aim of the research

The aim of the research is to examine the challenges and strengths faced by families from the perspective of expert associates.

Research tasks

1. Examine the strengths of the family through variables: communication, appreciation, trust and resilience through the perspective of expert associates and conclude on the orientation to preserve values or change the family.
2. Examine the strengths of the family through variables: finding child protection mechanisms and ways to cope with everyday challenges.
3. Examine whether expert associates perceive the challenges of the family and evaluate their own work through a linear or systemic perspective.

Hypotheses in research

The hypotheses (number 1 and 2 as null and number 3 as working) that correspond to the context of the set research tasks are given below.

- H1 It is assumed that in examining the family challenges, the variables of communication, appreciation, trust, protection and resilience in more than 50% of the described families will mean their strengths.
- H2 It is assumed that families find child protection mechanisms, as well as ways to cope with everyday challenges, in more than 50% of the described families.
- H3 It is to be assumed that expert associates look at the challenges of the family and assess their own work through a systemic perspective.

METHOD OF OPERATION

With the help of quantitative research process, empirical research was carried out. The aim of the research was to examine the challenges and strengths faced by families from the perspective of expert associates, during the period in which they actively realized advisory and intervision work in educational institutions. In 2023 (January – June) 100 expert associates realized 600 directed intervision hours, and the sample of the research included 76 expert associates, who accepted the invitation to participate in the research. The expert associates' observation was based on describing their own perspective on the context of challenges in a family of their free choice. The research methods that prevail in research are descriptive, causal, and assessment/judgment methods. For the purpose of the research, the instrument "SCORE-15" was adapted, which represents the Index of Family Functioning as well as changes since it is used before and after the support for families. SCORE-15 was developed by a group of family therapists led by Peter Stratton. It's a measure for anyone whose work focuses on the quality of people's relationships. It can also be used by any other therapist or professional working with families (it is publicly available and validated in many countries, such as the UK <https://score-15.co.uk/>). SCORE-15 consists of 19 questions that correspond to the form of a combination of questionnaire and scaling. In our research, it was used to assess the challenges and

strengths of families from the perspective of expert associates since they are empowered for new methods of counseling and intervention work. With regard to the subscales of the instrument used (interpreted in Table 1), categorical and criterion variables have been operationalized. The data were processed at a group level, not on an individual level, and contained no personal data about the observed families. The instrument was offered to them through 3 subscales, the first of which is SCORE-15, adjusted by the assessment scale relative to the original version and the perspective in the 2nd person singular. Attitudes are represented by a four-stage scale (in order to prevent neutral, but also socially desirable answers): 1 – Describes them: very good, 2 - Describes them: good, 3 - Describes them: not very good and 4 - Describes them: bad. The second subscale implies the range of scale by which expert associates reflect on the importance of the problem that the family has, but also on confidence in the effects of their work: Number 1 means - the problem does not affect them at all, and number 10 means - the problem affects them very badly. The task of expert associates was to describe the functioning of a family (the described family is designated as a DF) by free choice under the criterion to actively work with it, and whose most vulnerable / strongest member is a student who exhibits symptoms of socially (un)acceptable behavior at school. The change of perspective on SCORE-15 from 1st person to 2nd person singular from the perspective of an expert associate did not impair the reliability of the instrument, on the contrary, Cronbach's Alpha is extremely high, it is 0.858, and this change offered a significant observation of the expressed perspectives of expert associates through variables of linearity and systemic understanding of the symptoms of the described family. Also, variables 2, 4, 5, 7, 8, 9, 11, 12, 13 and 14 are recoded due to the need to equalize quality with the values of affirmative paragraphs 1, 3, 6, 10 and 15.

METHODS OF STATISTICAL DATA PROCESSING

For data processing, JASP 0.16.0.3. program was used, which includes other open-source software components such as SPSS. Taking into account the normality of the distribution of results, measures of nonparametric statistics were used, and the characteristics of the deliberate sample were explained by the measures of descriptive statistics.

SAMPLE

The research is transversal and includes a deliberate sample of expert associates from 8 cantons of Bosnia and Herzegovina. The author was involved in the training of 100 expert associates to conduct intervention in the work. They were invited to a study aimed at understanding the context of families, their challenges and strengths in order to focus resources on new strategies aimed at better-quality assistance to families. In view of the ethical aspects of research in the instructions forwarded to email addresses of expert associates, it is stated that personal data about families will not be requested in any moment, nor will it be processed on a personal level. By generalizing the data, we wanted to learn about the current quality of work in order to offer more adequate support to the real needs of families.

Consent to conducting interventions was provided by Genesis organization, and obtained from the Ministry of Education, Science, Culture and Sports of Usc, Ministry of Education, Science, Culture and Sports Posavina County, Ministry of Education and Science/Science of TK, Ministry of Education, Science, Culture and Sports West Herzegovina County, Ministry of Science, Education, Culture and Sports Hercegbosna County, Ministry of Science, Education, Culture and Sports / Ministry of Education, Science, Culture and Sports Herzegovina -Neretva Canton, Ministry of Education, Science, Youth and Sports / Ministry of Education, Science, Youth Culture and Sports Canton Central Bosnia / Central Bosnia Canton, Ministry of Education, Youth, Science, Culture and Sports Of Bosnia-Podrinje Canton. All expert associates (100) were invited to the study, 76 of which responded, and they observed 76 families. The age of students is primary school, ranging from 6 to 15 years old, who exhibited behavioral symptoms at school, which were the reason for an expert associate's involvement before the conducted research. The largest number of samples was related to the observation of a family of four (34.2%), followed by a family of five (23.7%) and a family of three (21.1%), who in this case included one parent and two children.

Characteristics of a sample of expert associates

TABLE 1 Characteristics of a sample of expert associates

Characteristics of the sample		f	%
Gender	Male	12	15.8
	Female	64	84.2
Seniority	0-5	8	10.5
	6-10	8	10.5
	11-15	22	28.9
	16-20	16	21.1
	21-25	12	15.8
	26-30	8	10.5
	36-40	2	2.6
Advisory work with DF	up to 1 year	52	68.4
	up to 2 years	6	7.9
	up to 3 years	2	2.6
	up to 4 years	2	2.6
	up to 5 years	4	5.3
	up to 6 years	2	2.6
	up to 7 years	2	2.6
	up to 9 years	6	7.9
Number of family members	1	2	2.6
	3	16	21.1
	4	26	34.2
	5	18	23.7
	6	10	13.2
	7	2	2.6
	9	2	2.6

Note. DF – family described

The majority of the sample consists of female expert associates (pedagogues and psychologists), 84.2%. The male sex accounts for 15.8% of the sample. Moreover, 28.9% of the expert associates have been working for 11-15 years, 21.1% have been working for 16-20 years, 21% of the sample have been working for less than 10 years, and 10.5% have been working for 26-30 years. Two expert

associates involved in research have been working for over 36 years. Out of the total sample, 68.4% chose to observe a family they have been working with for up to one year, and which, in their opinion, represents an association with challenge in work, strength and continuity. Six expert associates chose to observe a family they have been working with for up to two years, and six chose a family they have been working with for nine years, through the child's education.

ANALYSIS AND DISCUSSION OF THE RESULTS OBTAINED

Challenges and strengths of the family: morphostasis and/or morphogenesis

The first task was based on examining the strengths of the family through variables: "communication, appreciation, trust and resilience through the perspective of expert associates and to conclude about the orientation to preserve values or change the family".

TABLE 2 Challenges of the family

Challenges	Response Scale	f	%
1. In the DF family, members talk to each other about things that are important to them.	Describes them: very good	12	15.8
	Describes them: good	16	21.1
	Describes them: not very good	38	50.0
	Describes them: bad	10	13.2
3. DF family members are equal (their opinions are respected)	Describes them: very good	8	10.5
	Describes them: good	16	21.1
	Describes them: not very good	36	47.4
	Describes them: bad	16	21.1
6. In the DF family, members trust each other.	Describes them: very good	8	10.5
	Describes them: good	14	18.4
	Describes them: not very good	40	52.6
	Describes them: bad	14	18.4
10. When one of the DF family members is upset, the other members take care of him.	Describes them: very good	8	10.5
	Describes them: good	22	28.9
	Describes them: not very good	36	47.4
	Describes them: bad	10	13.2

Challenges	Response Scale	f	%
15. DF family members are good at finding new ways of coping when things go wrong.	Describes them: very good	4	5.3
	Describes them: good	12	15.8
	Describes them: not very good	36	47.4
	Describes them: bad	24	31.6

Note. DF – family described

Table 2 shows Communication, too: 63.2% of respondents do not talk about topics that are important to all family members, only 36.8% of families manage to do so. The *appreciation* variable indicates a challenge to the sense of *equality*, so members within 68.5% of families do not feel equal, and when it comes to *mutual trust*, 54% of families also have a challenge. *An acceptable way of responding*, when one member is upset, is not present in 60.6% of families, and the variable of *resilience* indicates that families do not manage to cope with challenges when things go wrong – this applies to 79% of families. The data gives insight on the topics of providing support to families when it comes to educational styles, interpersonal relationship (trust, warmth, relationship) and mechanisms of dealing with stressors.

If we generalize the data obtained on the example of a sample of 10 families, the data shows that:

1. In 4 out of 10 families, members talk about everything, in 6 – they don't!
2. In 3 families members feel equal, in 7 – they don't!
3. When a problem occurs, 4 families will have a socially acceptable way of responding, 6 of them – will not react in an acceptable manner towards the upset/injured member (this implies the question “how will they react to school unless a partnership is established?”).
4. 2 families will find a way to cope with challenges when things go wrong, 8 of them will not show resilience.

The results are shown in Figure 2.

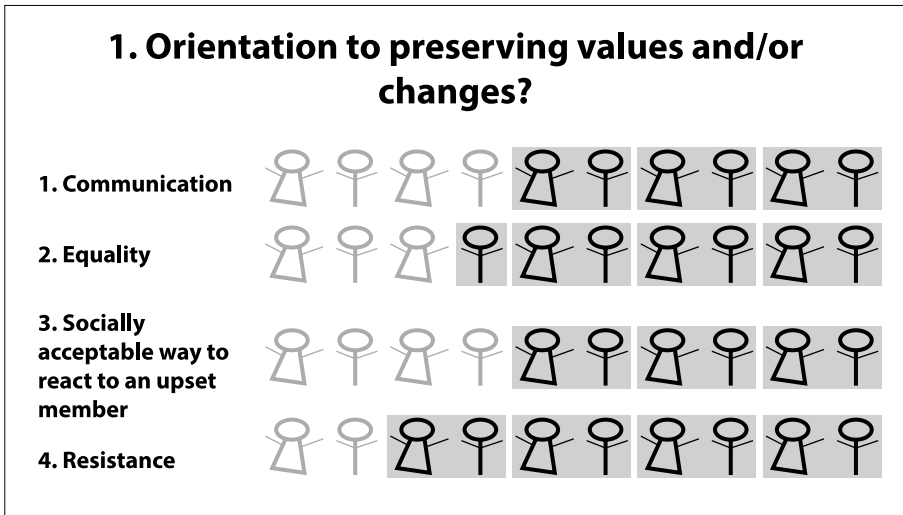


FIGURE 2 Example of morphostasis and resistance to change

In the context of the data obtained, the first hypothesis “It is assumed that in examining family challenges, the variables of communication, appreciation, trust, protection and resilience in more than 50% of the described families will mean their strengths” is rejected. According to the theoretical part of earlier research (such as Brody and associates, 2005), families with clear communication and clear rules are associated with less challenges regarding children’s behavior in school, and this seems to confirm why some of the observed behaviors in school are a challenge.

It seems useful to ask the questions “what kind of help do families need, what systems and what support can the school system offer when the family does not have confidence in family cohesion?” Certainly, answers to questions can be proposing joint actions (cross-sectoral cooperation) that offer systemic solutions, but also actions at the school level (thematic lectures on challenges, ways of overcoming, educational styles, developmental phases of children and families, etc.).

Challenges and Strengths of the Family Part II

In the second task, the aim was “To examine the strengths of the family through variables: finding mechanisms for protecting the child and ways to cope with everyday challenges”.

TABLE 3 The strength of the family

Strength	Response Scale	F	%
Rev2. In the DF family, members usually don't tell each other the truth.	Describes them: very good	6	7.9
	Describes them: good	28	36.8
	Describes them: not very good	36	47.4
	Describes them: bad	6	7.9
Rev4. It's a risky feeling to disagree in an DF family.	Describes them: very good	8	10.5
	Describes them: good	22	28.9
	Describes them: not very good	36	47.4
	Describes them: bad	10	13.2
Rev5. Family members find it difficult to cope with everyday problems.	Describes them: very good	0,0	0.0
	Describes them: good	26	34.2
	Describes them: not very good	34	44.7
	Describes them: bad	16	21.1
Rev7. In the DF family, the child does not feel well.	Describes them: very good	6	7.9
	Describes them: good	20	26.3
	Describes them: not very good	28	36.8
	Describes them: bad	22	28.9
Rev8. When people in the DF family get angry, they deliberately ignore each other.	Describes them: very good	14	18.4
	Describes them: good	22	28.9
	Describes them: not very good	36	47.4
	Describes them: bad	4	5.3
Rev9. It seems that the DF family goes from crisis to crisis.	Describes them: very good	2	2.6
	Describes them: good	26	34.2
	Describes them: not very good	30	39.5
	Describes them: bad	18	23.7
Rev11. Things always seem to go badly for the DF family.	Describes them: very good	4	5.3
	Describes them: good	24	31.6
	Describes them: not very good	42	55.3
	Describes them: bad	6	7.9
12. People in the DF family behave badly towards each other.	Describes them: very good	10	13.2
	Describes them: good	26	34.2
	Describes them: not very good	34	44.7
	Describes them: bad.	6	7.9

Strength	Response Scale	F	%
13. DF family members interfere too much with each other in life.	Describes them: very good	6	7.9
	Describes them: good	32	42.1
	Describes them: not very good	34	44.7
	Describes them: bad	4	5.3
14. DF family members blame each other when things go wrong.	Describes them: very good	8	10.5
	Describes them: good	20	26.3
	Describes them: not very good	32	42.1
	Describes them: bad	16	21.1

Note. Rev – recoded variable; The family described

Shown in Table 3, in 55.3% of the DF family sample, members tell each other the truth, which does not apply to 44.7%.

Members of 60.6% of families can express disagreement without risk, 39.4% of them feel at risk.

65.8% of DF families successfully cope with everyday problems, 34.2% have a challenge.

In 65.8% of DF families the child feels safe, in 34.2% of DF families the child does not feel safe.

52.7% of DF families talk when angry with each other, 47.3% of DF families do not talk to each other when they are angry, they use the model of ignorance.

63.2% of expert associates do not believe that DF families go from crisis to crisis and that things always go badly for them, contrary to the opinion of 36.8%, *they do not have confidence in the strength of the family.*

52.6% of expert associates believe that DF family members do not behave badly with each other, *this is seen by 47.4% of the sample.*

50% of expert associates have divided opinions, some believe that members interfere too much in each other's lives, 50% believe that they do not interfere.

63.2% of expert associates for the DF family believe that in case of challenges, members do not blame each other, 36.8% witness mutual blaming.

Family forces on the example of generalization of data describing 10 families:

1. In 6 out of 10 families the truth is told.
2. 7 out of 10 families successfully overcome everyday problems!
3. In 7 out of 10 families the child feels safe. In 3 – they don't!

4. 7 expert associates out of 10 believe in the strengths of the family: that they do not go from crisis to crisis and that things are not always bad for them.
5. 5 out of 10 expert associates assess the behavior of DF family members as unacceptable behavior, also that DF family members interfere too much in each other's lives, and 6 testify to a model of mutual blaming.

The results foreshadow the present values of the family such as truth, courage and resources that families overcome problems, where the protection of the youngest – children – is also prioritized.

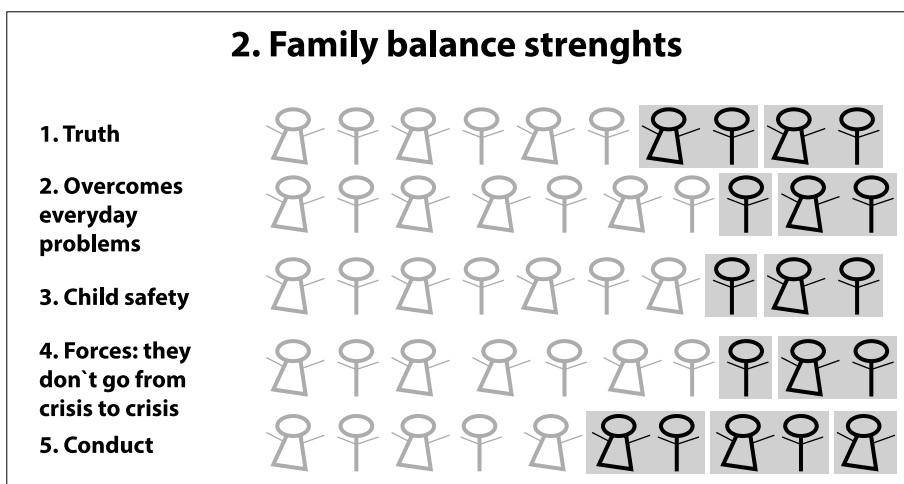


FIGURE 3 Values in favor of homeostasis

Expert associates do not show higher expectations towards the strengths of the family, and emphasize unacceptable behaviors, implying the challenges of establishing and maintaining boundaries, defining roles and rules of conduct. It seems useful for educating the family, making available knowledge about roles, setting boundaries and sharing responsibilities while respecting gender-based identity (personal and group) and the cultural context of families. The exception should not be educators (including all categories), who are also part of their families, taking into account the suggestion of the results: if they do not have positive expectations about the strength of families, what results can they confirm? Also, given the result that all children are not safe in their families, it is necessary to define institutional mechanisms of response in cases of violence involving children and make them available more clearly.

The second hypothesis, in which we assumed that “families find mechanisms of child protection, as well as ways to cope with everyday challenges in more than 50% of the described families”, is accepted.

Challenges of institutional support / lack of results or expected changes

In the next task, we examine “whether expert associates perceive the challenges of the family and evaluate their own work through a linear or systemic perspective.”

TABLE 4 Confidence in the competences / effects of the work of an expert associate

Trust	N	Mean	Std. Deviation
How serious do you think the problem with the family is?	76	7.53	2.224
How is the family doing?	76	6.92	2.393
Do you think your work with your family will be helpful or is it already helpful?	76	4.45	2.023

Note. DF – family described

The range of responses shown shows that experts are quite close to seeing the seriousness of the problem that the family has ($M = 7.53, \sigma = 2.224$) and the way of coping with the family ($M = 6.92, \sigma = 2.393$). On the scale of severity of problems where 1 means - the problem does not affect them at all, the number 10 means - the problem affects them very badly, the severity of the problem is estimated by $M = 7.53$. The way families get around is also highly evaluated by negatively oriented $M = 6.92$ (number 1 means - very good, number 10 means - their way of getting around doesn't help). The third response indicates confidence in the effects of one's own work with the family ($M = 4.45, \sigma = 2.023$). By testing the range of values, the 1st answer is in the 10th upper bound of the range, the second response in the 9th, and the third answer, confidence in the impact of one's own work is in 5th place. The results are shown in Table 4.

TABLE 5 Perspective testing

Assessment	The power of perspective	N	Middle rank
How serious do you think the problem with the family is?	Linear perspective	37	39,01
	Systemic perspective	39	38,01
	Total	76	

Assessment	The power of perspective	N	Middle rank
How is the family doing?	Linear perspective	37	37,99
	Systemic perspective	39	38,99
	Total	76	
Do you think your work with your family will be helpful or is it already helpful?	Linear perspective	37	38,96
	Systemic perspective	39	38,06
	Total	76	

Note. DF – family described; Mean Rank - Central Values

The central values of the ranks indicate that the linear perspective in the work of the expert associate determines the expectation related to the symptom of behavior and problems of families, but also the lack of confidence in the expected changes in terms of their own work (Table 5). In the case of hope for the family in terms of their orientation, the systemic perspective test versus the linear one has more strength, and expert associates who will not treat the behavioral symptom as the cause will have more success and expected changes in working with the student / families.

TABLE 6 Differences with regard to linear and systemic perspective in the treatment of behavioral symptoms

	How serious do you think the problem of DF families is for them?	How is the family doing?	Do you think your work with your family will be helpful or is it already helpful?
Shi-square	,040	,040	,034
Df	1	1	1
Asympa. Sig.	,004	,004	,003
a. Kruskal Wallis test			
<i>b. Grouping variable: Linear or systemic perspective</i>			

Note. Independent variables: linear and systemic perspective

In Table 6, the presented values of the Kruskal Wallis test are statistically significant in terms of the linear perspective present in the work of expert associates when it comes to their expectations from the family when it participates in overcoming the challenges that are the subject of joint cooperation (for example, the behavior of a child or other problems in school), but also in terms of expectations they place towards themselves where they do not have confidence that their work

and current cooperation will result in positive change. The confirmed systemic perspective is present only in terms of the view that families cope with current challenges, but with the previous tested variables, it implies that the orientation of families is not seen in the conjunction of joint actions. The hypothesis, which was “it is to be assumed that expert associates perceive the challenges of the family and evaluate their own work through a systemic perspective” is partially accepted. Linearity, treating family problems as a cause (they do not want to get involved, do not want to help themselves, do not accept that they are the problem) will not lead to the desired changes in working with people who show behavioral symptoms.

CONCLUSION

Taking the challenges of a family into consideration in counseling work leads to recognizing the complexity of interactions and dynamics within the family and questions the real causes of the problem, instead of looking for the culprit. In this sense, systematic questioning and approaches based on systemic theory help to see the family as a complex system, in which a change in one part affects the entire system. Linear approaches, on the other hand, often fail to recognize this complexity and are limited to treating behavioral symptoms or finding the culprit for the problem. It was found in the conducted research that the strength of a family can be sought in the core values it already has: truth, courage and resources which families use to overcome problems, where the protection of the youngest – children – is also a priority. Challenges such as “not discussing topics that are important to all family members (which include discussing beliefs about equality and equity of family members, ways of gaining and expressing mutual trust, the support they need when facing challenges, and ways of developing mechanisms of resilience to current and future situations)” can be the subject of joint professional actions in support needed at this time. The results confirm: the family certainly needs help! With the current limitation of work, we see a generalization of research results given on the basis of only one part of the sample of expert associates who use intervention in work. It would be interesting to check whether other expert associates, who were not included in the research sample, use intervention and what methodology they use, and whether expert associates who do not use intervention at all deviate in their approach between linear and systemic perspectives in advisory work. It would be useful to check this in future research.

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IZAZOVI I SNAGE OBITELJI I ŠKOLE UZ SCORE-15

Šejla BJELOPOLJAK

Sveučilište u Bihaću, Pedagoški fakultet,
Bosna i Hercegovina

SAŽETAK

KLJUČNE RIJEČI:

obitelj, škola, partnerstvo,
mentalno zdravlje

Dok se obitelj suočava s testiranjem vlastite otpornosti na jednoj strani, nerijetko na drugoj, najranjiviji član, ujedno i najsnažniji, pokazuje simptome ponašanja šaljući signale za pomoć da „negdje” nešto ne funkcionira. Ukoliko je to dijete učenik, tada mu zasigurno nije od koristi linearni pristup institucionalne podrške, gdje je za svoje ponašanje označeni pojedinac koji se treba promijeniti i prilagoditi pravilima (škole). Uzrok se nalazi u podloju simptoma koji nastavno osoblje, primarno stručni suradnik, razumije uz pomoć ostalih članova obiteljskog sustava, intenzivirajući komunikaciju i međusobno razumijevanje zajedničkih ciljeva. Cilj istraživanja bio je ispitati izazove i snage s kojima se suočavaju obitelji iz perspektive stručnih suradnika primjenom deskriptivne, kauzalne i metode procjenjivanja. Eksplicacijom nalaza na osnovi instrumenta SCORE-15 dobiveni rezultati potvrđuju da u više od 50 % slučajeva opservirane obitelji primjenjuju obrazac ponašanja usmjeren očuvanju tradicionalnih vrijednosti (morfostaza) s otporom prema prihvaćanju promjena od mladih generacija (mofogeneza) te „bez povjerenja i obiteljske kohezije, suočavaju se s izazovima u balansiraju funkcionalnim odnosima unutar obiteljskog sustava”. Također i da stručni suradnici nailaze na poteškoće u primjeni sistemske paradigme te da u radu najčešće prevladava linearni pristup. Kada je riječ o institucionalnoj podršci s naglaskom na školski sustav, nalazi potvrđuju i linearno zasnovane akcije u smjeru tretiranja javnih oblika uočenih simptoma, ali ne i uzroka koji su do izazova u ponašanju djece i doveli, što se u konačnici reflektira na nezadovoljstvo vlastitim radom kod stručnih suradnika. Prostor za uspostavljanje partnerstva vidimo u rezultatima koji predstavljaju obitelji koje posjeduju vrijednosti poput njegovanja istine, hrabrosti i osobnih resursa uz pomoć kojih prebrođuju probleme, gdje se među prioritetima nalazi i zaštita najmlađih – djece, dok je kod stručnih suradnika potvrđena sistemska perspektiva kada je u pitanju nada da se obitelj može nositi s razvojnim izazovima.