

RESILIENCE OF FAMILIES WITH COMPLEX NEEDS WHOSE CHILDREN MANIFEST BEHAVIOURAL AND EMOTIONAL PROBLEMS

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Abstract: *Although there is extensive literature on the risks faced by families dealing with cumulative challenges, including the emotional and behavioural problems of the child, limited research exists on the potential resilience of these families. Additionally, there are a lot of ambiguities in family resilience research with respect to indicators of good outcomes while facing risks. Therefore, this study aimed to answer the following research questions: 1) What risks do family members recognise that they are facing?; and 2) How do family members perceive good outcomes in the context of the risks that they are facing? To answer these research questions, we conducted group interviews with 8 families whose children, aged 12 to 18 years, manifest emotional and/or behavioural problems. Data were analysed using thematic analysis. For the first question, the results highlight one theme - Families with complex needs: multiple risks at different levels. Four themes contribute to answering the second research question: Survival, Not giving up and asking for help, Positive change, and Wish for togetherness and good communication. The families reported three indicators of good family outcomes, while striving for the fourth (Wish for togetherness and good communication), suggesting that outcome indicators can be distributed on a "continuum". However, family members also reported that as they cope with and resolve the challenges they face, new risks emerge that may take the family back to an earlier stage, emphasising the circular rather than linear nature of this continuum. All participating families stressed that togetherness can be achieved with more professional help and time. The findings of this study address the importance of strength-based approaches in practice that will provide a space for fostering resilience in families facing chronic and cumulative risks.*

Keywords: *family resilience, emotional and behavioural problems, family members perspective*

Introduction

One in five children and adolescents are affected by emotional and behavioural problems (Whitney & Peterson, 2019). The aetiology, as well as the treatment of these problems, in accordance with dominant and integrative theoretical frameworks in resilience science (Developmental system theory) (Masten, 2018) has been placed in the space of interaction between different systems, from genetic and neurobiological to social and cultural (Bronfenbrenner & Morris, 2006). This interaction affects all the interacting systems, but

some systems may have a greater directional influence on other systems (Masten, 2018). Thus, the family, as the most proximal environment that is also responsible for the transfer of genetic material, as well as for the partial transfer of social and cultural influences, has an extremely significant influence on the child.

Families with children who manifest emotional and behavioural problems often face numerous stressors. These include poorer socio-demographic status (Gihnan, Kawachi, Fitzmaurice & Buka, 2003), high conflict situations and domestic vi-

olence (Cummings & Davies, 2002; Moylan et al., 2009), parental violence towards the child (Kassis, Artz, Maurovic, Simoes, 2018; Moylan et al., 2009), substance dependency among family members (Chassin, Pitts, DeLucia & Todd, 1999), harsh and inconsistent parenting (Hecker, Hermenau, Salmen, Teicher & Elbert, 2016; Repetti, Shelley & Seeman, 2002), weaker family cohesion (Chen & Mullan Haris, 2019; Lucia & Breslau, 2006), chaotic family organisation (Dumas et al., 2005), weaker family social support (Hatch, Swerbenski & Gray, 2020), and so on. However, considering circular causality and the reciprocal processes in all dynamic systems, including families, behavioural and emotional problems can be consequences of these risks, as well as factors contributing to new difficulties in the family (Granic & Patterson, 2006; Micucci, 2009). Namely, children with emotional and behavioural problems often display challenging behaviours that parents may be ill-equipped to handle, resulting in aggravation (Meltzer, Ford, Goodman, & Vostanis, 2011).

Therefore, each individual family member, as well as the entire family unit, contributes to this risk vortex through current interactions and possibly through transgenerational transmission of disadvantages (Scorza et al., 2019), which are considered to be micro-systemic processes. Moreover, various risk factors encountered by families are further shaped by the interaction of cultural and structural (i.e., historical, political, societal and economic) macro contexts (de Leeuw, Lindsay & Greenwood, 2015). Each of these multidirectional, mutually destructive processes consists of a complex series of changing conditions with a prior history and a future trajectory (Rutter, 1987), creating a continuous ‘chain effect’ (Matos, Leal, Pontes & Costa e Silva, 2021). Exposure to four or more such stressors during childhood increases mental health problems tenfold in childhood (Rutter 1978) and fourfold in adulthood (Hughes et al., 2017).

Because of the dynamic challenges faced by these families, they are often referred to as ‘families with complex needs’ (Simon & Brooks, 2017). They do not form a homogeneous group,

but show considerable diversity, indicating the complexity and multidimensionality of the problems they face (Bromfield, Sutherland & Parker, 2012). Yet such families are rarely considered resilient, raising the question of whether this is justified or whether it is simply a trivialisation of the complex situation they find themselves in. In order to be able to answer this question, we must first define family resilience.

In accordance with the systemic framework mentioned earlier, (family) resilience can be defined as “the capacity of a (family) system to adapt successfully to significant challenges that threaten the function, viability, or development of the system. When a family manifests positive adaptation (defined by some criteria) in the face of significant challenges, we infer that the family had (and likely still has) the capacity for resilience. This capacity is a result of dynamic interactions involving many processes across and between systems.” (Masten, 2018: 5). In this regard, Walsh (2016) explained family resilience as a dynamic process of perseverance, self-governance, and growth that occurs in response to crises and challenges. It includes key processes that promote family capability to overcome barriers and maintain family functionality.

Some studies equate resilience with protective factors, in such a way that the level of protective factors indicates the level of resilience (e.g., Walsh, 2016). Others define resilience as an outcome, for example, Hölte & Ungar (2022) noted that resilience is better-than-expected wellbeing and developmental progress in the context of exposure to significant adversity.

No matter what approach is taken, researchers have agreed that the key criteria for resilience are: 1. exposure to some risk (challenges, stressors, or adversities), and 2. achieving a good outcome (positive adaptation, or better than expected outcome) (Luthar, 2006; Masten & Cicchetti, 2016; Van Breda, 2018). Although protective factors/processes are extremely important for reducing risks and achieving good outcomes, in the present study, we will focus on the criteria for resilience. The reason for focusing on these two dimensions (risk/good outcomes) of resilience lies in the am-

biguities in the literature, mostly regarding defining indicators of good outcomes, especially at a family level (Patterson, 2002; Maurović, Liebenberg & Ferić, 2020; McCrossin & Lach, 2023; Ungar, 2019). Consistent with the definition provided by Masten (2018: 5), the indicator of positive adaptation (good outcome) in the definition is left to be “defined to some criteria”.

The use of different criteria for defining good outcomes in the literature on individual and family resilience, although understandable in the context of different research issues, contributes to the lack of clarity in the field of family resilience. Studies claiming to focus on the family often use outcomes that reflect and are indicative of individual (e.g., parental stress) or dyadic (e.g., parent-child) constructs, thereby confounding what constitutes a family-level outcome (Lietz & Strength, 2012; Lach, 2013). However, studies that have considered family-level indicators of positive adaptation (good outcomes), as mentioned above, use different indicators such as fulfilment of family functions, satisfaction with family life, and gains from risks (Maurović, Liebenberg & Ferić, 2020), or general family functioning, quality of life, empowerment, and impact of the child’s disability on the family (McCrossin & Lach, 2023). Oh and Chang (2014) showed in their meta-analysis that studies are focusing on individual and family level outcomes such as acceptance of the situation, a positive change in life perspective, enhanced relationship qualities, reinforced resilient properties such as sense of collective mastery, efficacy, and connectedness, as well as increased involvement in health-promoting behaviours.

Additionally, most family resilience studies, although based on system theories, usually lack a systemic approach when choosing samples. For example, some studies include only one (Ahlert & Greeff, 2012) or two family members (Greeff & Van der Walt, 2010) as participants, or only adult family members and no children (Lietz & Strength, 2011).

Another important aspect to consider when defining good outcomes (positive adaptation) is the level and type of risk faced by families, in order for the criteria to be adjusted accordingly

(Luthar, 2006). Patterns of risk (adversity) can be roughly divided into two categories: chronic and acute. Resilience to acute risk may be considered as ‘bouncing back’ to a previous (pre-trauma) level of functioning, while resilience in the presence of chronic risks and adversity involves dealing with challenges on a continuous basis (Van Breda, 2018). This indicates the importance of accounting for time, as well as understanding that the distinction between resilience and maladjustment is often not entirely apparent until the stressful context has subsided to some degree (Masten & Narayan, 2012). Bonanno and Diminich (2013) warned that coping successfully with chronic adversity involves prolonged periods of inconsistent outcomes and gradual improvement over time. Similarly, when defining good outcomes, Ungar (2015) suggested accounting for 1) the availability of contextual resources that the family can access and use for their well-being; 2) the influence of social discourses that define what constitutes and does not constitute patterns of resilience across cultures and contexts; and 3) durability of the stressors, developmental phase of the families, and sociohistorical period in which the family lives. Based on these factors, certain maladaptive behaviours may in fact be an expression of the family’s resilience given a lack of available resources, capacity, and time to adopt more functional behaviours.

Additionally, some authors (for example Conolly, 2006; Van Breda, 2018) have suggested the operationalisation of good outcomes as a continuous variable (not binary, i.e., good/bad), which would lead to greater sensitivity in measurement between a slightly more resilient outcome and a slightly less resilient one.

Clearly, defining good outcomes requires a holistic assessment of the family and the broader context of the family, as well as asking these families themselves what they would consider good outcomes in situations they are facing. Gathering information directly from families leads to richer and more meaningful datasets (Kauffman, 2007; Van Breda, 2018).

However, there is a small body of research on good outcomes or resilience of families facing cu-

mulative risks (Herbell, Breitenstein, Melnyk & Gu, 2020). Existing studies focus mainly on risks beyond the family's control, such as children with hearing challenges, children living with difficulties, illness, or a disability such as ADHD, cancer, chronic asthma, and so on (Ahlert & Greeff, 2012; Breitzkreuz, Wunderli, Savage & McConnell, 2014; Brody & Simmons, 2007; Brown, Howcroft, Muthen, 2010; Svavarsdottir, Rayens & McCubbin, 2005).

However, one quantitative study of family resilience of families with children who were manifesting mental, emotional, and behavioural problems studied resilience by assessing levels of protective factors, rather than indicators of positive outcomes (Herbell et al., 2020). Concretely, family resilience was measured using four items that assessed the family's ability to talk together, work together to solve problems, know that they have strengths to draw on, and remain hopeful in difficult times. This data was part of a secondary analysis conducted by the National Survey of Children's Health in 2016-2017. The sample consisted of parents and their children, who were representative of the US population. The results showed that 65% of parents of children with emotional and behavioural difficulties considered their family resilient. These results were compared to those reported in Bethell et al. (2019, as cited in Herbell et al., 2020), who found that 53.1% of the general population of families with children aged 6–17 years scored optimally resilient. These results were explained in terms of the following: the more hardship and adversity some families experience, the more resilient they become over time.

To our knowledge, there are two qualitative studies that explore family perspectives on the resilience of families with complex needs with children who manifested behaviour problems (Lietz & Strength, 2011; Moss, 2010). Participants in the Moss (2010) study were South African social work client families, who discussed connectedness, good communication, and staying together despite adversity as indicators of good outcomes. Lietz and Strength (2011) included families whose children were removed by Child Protective Services due to child maltreatment, but

who achieved reunification and continued functioning well. They found that the resilience process in these families consisted of different 'circular' stages of overcoming difficulties. Although the 'ultimate' good outcome in these families was family reunification, other 'circular' stages that occurred earlier in the process can be seen as indicators of smaller achievements in the resilience process. This supports the argument that overcoming cumulative risks takes time and is not linear, given that new risks often emerge while families overcome previous risks. These findings highlight stages of good outcomes including: 1) survival - a period when families struggle to persevere; 2) adaptation - families adapt and integrate a new situation into everyday life; 3) acceptance - the family accepts the new situation as a way of life; 4) empowerment - the family recognises that the problems they face make them stronger; and, 5) helping others - the need to give back and to help others facing similar problems.

One Croatian qualitative study (Miroslavljević & Čosić, 2021) investigated family resilience from the perspective of professionals working with high-risk families and reported interesting results. Namely, participants talked about how good family outcomes are very different and depend on the type, duration, and intensity of the risk the family faces and is exposed to. In this way, they were able to contextualise resilience by emphasising that families with a child who manifests behaviour problems are at risk for very different reasons, so outcomes are numerous and varied and closely correlate with the risks. The professionals listed what they believed were good family outcomes in terms of family resilience: the family's ability to establish a balance, to rearrange the roles and tasks of family members depending on the situation, as well as family members willingness to change, cope with risks, stressors, and trauma better than before, develop more adequate strategies to cope with problems, survival of the family as a system in a crisis situation (not dissolving the family if it is possible/realistic/healthy), acceptance and adaptation to the new situation, feeling of empowerment as a family, change in family structures (creating a

completely new family context after, for example, a divorce or a change in the family structure), not developing additional or new risks restoring a sense of control over life, taking responsibility for the family member's own behaviour, ending negative behavioural patterns of the past that have led to increased risk/destabilisation of the family (e.g., violent behaviour), daily appropriate parental care for the child's development (fulfilment of basic parental responsibilities), protection or strengthening of vulnerable family members, use of informal resources in the family and the environment (adoption of behaviours that enable them to use individual or their own social resources rather than help from the system in the future), and an increased level of mutual support among family members. After analysing the data in the above-mentioned study, the authors concluded that the at-risk families' readiness for change is a good outcome to begin with and that interventions must target that in the first place in order to promote resilience in the family. Consequently, readiness to change becomes a protective factor for the family. In addition, the sense of belonging and connectedness of family members is an element that all participants in the study highlight as the one that distinguishes resilient from non-resilient families.

In light of the limitations of aforementioned family resilience research, our descriptive and experiential study aimed to answer the following research questions: 1) What risks do family members recognise as the risks that they are facing?, and 2) How do family members perceive good outcomes in the context of the risks that they are facing?

METHODS

Participants

A convenience sample of eight families, who met the following criteria, participated in our study: 1) Families with a child (aged 12 to 18 years) - the criterion member - involved in an intervention within social welfare or mental health services due to behavioural or emotional problems; 2) The family and their child must be at the

beginning of the current intervention; 3) The child and their primary caregiver can decide who they would consider family and who they would invite to the family interview.

A total of eight families consisting of 25 individuals, including 11 parents, one grandmother, and 13 children (six males and seven females) participated in our study. Four of the children were only children, while other families had two or more children. Problems in the behaviour of the criterion members included externalised and internalised behaviour problems, criminal offenses, problems in school, and addiction problems: they were all long-term behavioural problems that had significantly impacted other areas of the child's and family's life. The families lived mostly in Zagreb and in its immediate surrounding areas. In five families, the parents were divorced. All parents were employed, except for two single mothers who were not formally employed.

Data collection

Data were collected through face-to-face, semi-structured family group interviews (Miroslavljević, Jeđud Borić & Koller-Trbović, 2016). The findings in the present study stem from a larger mixed-method study exploring family resilience¹. Ethical approval was obtained from the four ethics committees and two intervention institutions. During the quantitative data collection component of the study, families were invited to participate in a family interview. Potential participants were informed of the purpose, procedure, and principle of confidentiality of the study. Families who consented were then contacted by the researcher who answered their questions, reconfirmed their willingness to participate, and sched-

¹ The findings in the present study stem from a larger mixed-method study exploring family resilience: Specific characteristics of families at risk: contribution to complex interventions planning (FamResPlan) supported by the Croatian Science Foundation: [grant number IP-2014-09-9515]. However, the aims of the qualitative part of the study were to explore family members' perspectives on the constructs examined in the project (i.e., risks/needs, family resilience, life satisfaction, readiness for change and intervention, and the experience of intervention).

uled a formal interview at the participant’s home. Upon completion of the interview, families were provided a grocery voucher as a token of appreciation for their participation. The compensation was not announced beforehand so as not to influence their decision to participate.

The interview guide was developed by the research team and covered the following topics: participants’ definition of family, their experiences of their family, risk characteristics, family strengths and protective factors, readiness for change and intervention, family experiences of previous interventions, family resilience, good outcomes, as well as satisfaction with family life and life in general. The interviews were conducted by members of the research team. Each family interview was conducted by two researchers who were not previously known to the families. The average length of the interviews was two hours. All interviews

were audio-recorded and transcribed verbatim for further data analysis.

Data analysis

The data were analysed using reflexive thematic analysis (Braun & Clarke, 2020), since this method is suited to the analysis of subjective experiences, perceptions, meanings, and understanding. It is data-driven and does not attempt to fit the data into a pre-existing coding scheme or theory. The data were analysed in six phases: familiarisation with the data, coding, searching for themes, reviewing themes, defining and naming themes, and report writing.

RESULTS

The analysis resulted in five isolated themes reflecting participant experiences (see Table 1, 2).

Table 1. Thematic map based on data analysis for research question *What risks do family members recognise that they are facing?*

Theme	Categories
Families with complex needs: multiple risks at different levels	<i>Multiple family risks</i> <i>Risks resulting from the characteristics of individual family members</i> <i>Environmental risks</i> <i>Perceptions of the family through metaphors</i>

Families with complex needs: multiple risks at different levels

Families shared experiences of multiple risks that occur at multiple levels (from individual to environmental risks). These families were exposed to dynamic and static, as well as acute and chronic daily risks for years, thus reflecting their complex needs. The risks they face/d manifest at multiple levels, in multiple environments, and in different areas of life. The risks are enduring and underpin the accumulation of challenges. All participating families experienced acute risks (i.e., difficult life events) over the course of their lives, for example, moving to another city, separation of children, changing schools, multiple deaths of loved ones in a very short period, extended family health challenges, and so on.

Similarly, families identified various chronic risks, including exposure to physical abuse, neglect in the family, family conflicts, financial difficulties, permissive, inadequate, and inconsistent parenting, as well as poor attachment, inadequate or dysfunctional communication and interactions, inadequate problem-solving strategies, and poor and infrequent family rituals and routines. Additionally, adult family members described long, tough days that left them feeling overworked and exhausted from all the problems they were/are trying to cope with and solve. As one mother said: ‘It’s been particularly intense over the last three years. I mean, I really don’t have time, other than working and running after her. So, my hobby is running after my daughter and panicking!’ (F5M). Individual family members often pose risks to the family when they are dealing with their own

mental health challenges, physical health impairments, insecurity about parenting skills, and parental feelings of guilt and shame. This is all in addition to the criterion member's behavioural problems and the occurrence of behavioural problems in other children in the family. In relation to environmental risks, participants talked about the social and spatial isolation of the family and their neighbourhood in relation to meaningful support, non-participation of children in recreational activities, socialisation of children with peers with risky behaviours, and insufficient or inconsistent intervention in relation to the needs of individual family members, as well as the family as a whole.

Participants used revealing metaphors to describe their families, for example, 'He (criterion member) is the head of the house' (F2D); we are a 'sad family' (F3M), a 'difficult family' (F3OD),

a 'highly vulnerable family' (F4M), and a 'family flaking off like rust off a wheel' (F4M). These metaphors reflected the lack of security and stability within homes: our 'house is like a hostel' (F4M), our 'family is like a thriller' (F5M), or our 'family is like a tragicomedy' (F5D). These metaphors vividly highlight the quality of family functions and connections. It is noticeable that most families describe themselves as sad, unhappy, vulnerable, dysfunctional, and as a family of individuals.

Despite the risks and challenges these families are dealing with, as well as the impact of these challenges on these families, participants also talked extensively about their understanding of their resilience and what good outcomes can look like within the larger context of the risks that they have to navigate.

Table 2. Thematic map based on data analysis for research question *How do family members perceive good outcomes in the context of the risks that they are facing?*

Themes	Categories
Survival	<i>Endured all previous adversity</i> <i>Maintaining at least the basic family unit</i> <i>Parents oriented toward fulfilling just basic family tasks</i>
Not giving up and asking for help	<i>Perseverance of adult family members in trying to solve the problems that they face</i> <i>Parents desire to cope with problems</i> <i>Awareness of family members that they can no longer cope with problems on their own</i> <i>Parents seeking help</i>
Positive changes	<i>Positive experiences with previous interventions</i> <i>Things are better now than before</i> <i>Feeling satisfied</i> <i>Feeling relieved</i> <i>Family adaptation to previous stressors</i> <i>Parents making major changes in family life</i> <i>Feeling empowered</i> <i>Needed more time as a family to recover or to be right</i>
Wish for togetherness and good communication	<i>Dissatisfaction with current family relationships</i> <i>Members sharing difficult emotions within the family</i> <i>Awareness of the importance of appropriate family communication and mutual trust</i> <i>Awareness of the importance of family cohesion and striving for it</i> <i>Togetherness as the essence of family resilience</i>

Survival

The participants were aware of the numerous stressors, risks, and difficult life events over the years. Yet they were navigating and enduring these challenges: they were surviving. For example, a son from one of the families says, 'We are resilient because any normal person in a situation

like ours would have broken down long ago! ... If we were not so resilient, believe me, we would have gone our separate ways a long time ago!' (F2OS). Even though families may experience a lack of unity, there is a sense of solidarity and love that holds the family together, which in turn bolsters family resilience. Participants recognised

that the continuity of family members living together and the ‘maintenance’ of at least a minimal structure of the family (i.e., mother and child/children) despite numerous problems were indicators of family resilience. They talked about the fact that even in the face of divorce, families did not break up. The mother-child dyad was not broken and they continue together.

The participating families also seemed to focus especially on fulfilling basic daily duties and tasks (such as work, school, and household tasks), given the numerous and long-term risk factors they were/are exposed to. They try to fulfil the most essential obligations and meet at least the primary needs of the children and the family. Parents explained that they are just trying to make it through the day. Consequently, making it through the day then reflects success. In the context of acquiring necessary resources, such as financial resources, single mothers especially have developed good survival strategies, where they intentionally shop at sales and look for discounts, or extend their income by taking on additional part-time or casual work.

Not giving up and asking for help

Most importantly, the parents reported that they predominantly focus on helping their children, including by seeking outside help and support. As previously noted, caregivers reported experiencing long demanding days. However, not giving up is attested to by the following quote, ‘I called Youth Centre but they already had a lot of beneficiaries, so they couldn’t take him. Then the social worker said she could take him in June. And then she would look into where she could place him. That seemed too long, and I went to the Centre on my own to apply, thinking I’d get help quicker that way. I used everything I could! I knocked on a lot of doors, I hoped that something would work! I mean, I don’t know if my knocking was successful, but I saw that I couldn’t reach him with my methods anymore, so let’s try something else: If you can’t help me, there’s probably someone who can. And I will fight, and I will look!’ (F8M).

Parents reported being proactive in seeking help: they often sought professional help themselves from various institutions for their child and themselves, sometimes unsuccessfully and sometimes successfully. These families want and expect professional help in solving the problems they are navigating. Therefore, the family’s desire to cope with problems is evident. This is specifically explained by the awareness of family members (especially adults) that they cannot cope with problems on their own. As one mother says: ‘Now my daughter and I just need that little extra help from professionals. Which I don’t refuse, on the contrary - I want it! I’m screaming for help for her because I’m not smart enough as a mother, I’m biased, I’m not able to pull both of us out of this situation. As much as I don’t like it, I can see that I can’t do it on my own.’ (F5M).

Positive changes

Family members believed that things are better than before. They reflected, for example, on a child’s improved success at school, better communication within the family or between spouses, changes in children’s behaviour, improvement in the goodwill of all family members, and the strengthening of parenting skills. Some participants regarded this as the result of positive experiences with previous interventions, but also because parents were able to persevere in trying to solve problems, not give up, and in doing so, foster positive change. As one mother explained, ‘I believe that the situation has improved now and that it is changing for the better. Very much for the better and that things will not go back to the way they were before. I can say that I am satisfied because all the hard work that I have put into improving the situation has brought, well, some positive results.’ (F8M).

Parents discussed having positive experiences with various interventions provided across different service sectors, including education, social welfare, health, and justice. They spoke of professional family support interventions, counselling, workshops focused on specific behavioural issues, learning supports, parent support groups, teaching assistance and other school supports, ad-

olescent psychiatric treatment, and institutional assessments. However, they all noted that these interventions are neither sufficient nor intensive enough to effectively solve problems and meaningfully improve the family situation.

These families expressed satisfaction at the positive changes they had experienced. Some mothers said they were proud of their family, and some family members spoke of a sense of relief. The sense of relief (despite ongoing difficulties) is often related, for example, to the end of domestic violence and abuse by means of divorce. Such successes reflect parents making major changes in family life to ensure the best possible care for their children. While such actions do not directly address children's behavioural problems, they do address larger underpinning issues that could be at the base of children's behaviour and that significantly impact a parent's ability to focus their attention on the children's behavioural challenges. Participants' satisfaction with the positive change they see, as well as the family's positive experiences in coping with past difficulties and the family's adaptation to past stressors can influence how they will cope with or survive the current crisis or problems.

In addition, it was evident in some of the interviews that respondents spoke of feeling empowered. They believed that they have 'become stronger as a family because of the problems' (F1M). In this context, one mother said, 'We are not at the precipice. In fact, I think we are still going slightly uphill. It took a long time, but now we are there. We have started to climb. And that's why I think we are much stronger now!' (F4M). This example also echoes the parents who spoke of amplitudes, ups and downs, but also about needing more time as a family to achieve lasting or more stable positive outcomes. Ultimately, these families are looking for cohesion and togetherness.

Wish for togetherness and good communication

In talking about indicators of family resilience, we noted the participants' dissatisfaction with current family relationships: 'Everyone is

kind of introverted. I feel like everyone keeps to themselves and there is no sense of togetherness.' (F4M). Participants also talked about sharing difficult and heavy emotions within the family in an inadequate and burdensome manner. However, at the same time, they expressed a desire for greater orientation towards others within the family, demonstrating an awareness of the importance of appropriate communication and mutual trust within the family. Family cooperation and good communication are seen as important, and the participants seemed to understand the bi-directional nature of such relationships. They mentioned the importance of all family members being willing to have open conversations and contribute towards establishing mutual trust.

Similarly, participants reported that they are aware of the importance of family cohesion and that they strive for it. Thus, they experience family resilience precisely through togetherness, i.e., they see togetherness as the essence of family resilience. They spoke of the importance of mutual understanding, openness to one another, mutual love, dialogue, harmony, honesty, and trust. However, some parents also emphasised the importance of each family member being aware of the benefits of family life and believing in the importance of family togetherness ('We' as a family!) (F3M)). They talked about family characteristics that the families in this study did not currently possess.

In fact, data analysis showed that, most often, the participants lacked good family communication, interaction, and relationships to elevate their current problem-solving capacities to a higher level. Most participants felt that their main problem was poor communication and inadequate problem-solving strategies. They believed that everyone in the family suffers from it, that relationships are damaged, that everyday life is burdened by tense situations and problems, resulting in a situation where no one in the family feels completely satisfied or expresses satisfaction with current family life. Despite this, they aspire for cohesion and togetherness, but do not know how to communicate with each other. Working on communication and cohesion would help them become more resilient as a family.

DISCUSSION

The answer to the first question about the risks faced by families of children with emotional and behavioural problems is described under the first theme: Family with complex needs - multiple risks at different levels. These findings reflect the fact that families experience continuous and acute risk at all levels (individual, family, and environmental) and in all areas important to the family (education, health, school, work, and so on) over many years. Our findings with respect to risk indicators are consistent with previous studies (Moyland et al., 2009; Benzies & Mychasiuk, 2009; Khanlou & Wray, 2014; Hecker et al., 2016, Liebenberg & Joubert, 2019; Oh & Chang, 2014; Patterson, 2002; Chen & Mullan Haris, 2019, Maurović et al., 2020). These risks are not isolated, but interact with each other to create a vortex of risks (as described by, for example, Granic & Patterson, 2006 or Miccucci, 2009) in which good outcomes are difficult to achieve. Based on the risks described by the participants, we can conclude that the families included in the present study meet the criteria for families with complex needs according to their own assessment; this is similar to Bromfield et al (2012). These families experienced a variety of social, economic, and health disadvantages that are interconnected and include education, crime and health disadvantages, and high-risk behaviour (Lea, 2011).

The second research question focused on indicators of good outcomes in the context of risks faced. The results highlight four themes: Survival, Not giving up and asking for help, Positive changes, and Wish for togetherness and good communication. The first three indicators (survival, not giving up and asking for outside help, and positive shifts stemming from previous positive changes) were recognised by participants as existing within their families at the time of the interview, while the third (togetherness and good communication) reflects what families are striving for.

Some of these families survive and persevere despite many adversities: the parents are persistent in fulfilling basic family functions, as well as in trying to solve the problems they have in ways

that they have tried (and sometimes succeeded) in the past. These results are consistent with previous research on family resilience in families where a parent has a mental illness (Power et al., 2015): stories of difficult times were intertwined with positive descriptions of family life, especially love of parents (or mothers) towards a child that is manifested in surviving and thriving while dealing with adversity. Some family members believed that the fact that they have stayed together despite all the risks they have faced for many years speaks to their family's resilience. This is consistent with the findings of Moss (2010), where families described staying together despite adverse circumstances as a sign of family resilience. It is also consistent with Lietz and Strength (2011) who reported that it is not uncommon for families experiencing severe adversity to simply try to get through the day (i.e.,) to try and survive.

Family members also discussed positive changes they are experiencing as they successfully overcome some of the risks they face. Some of these changes are at the individual level (e.g., better behaviour and academic performance of the child), while others are at the by-directional or family level (e.g., better communication within the family or between spouses). This is consistent with results reported in Oh and Chang (2014), especially individual and family level outcomes such as enhanced relationship qualities and increased involvement in health-promoting behaviours.

These successes stem from adaptations to stressors that in turn facilitated major changes within the family (e.g., divorce from an abusive spouse). Some families have received support and help through previous interventions. Through these changes, they reported feeling relieved, satisfied, and sometimes empowered. While Bannano and Diminich (2013) asserted that families facing chronic adversity are likely to experience longer periods of uneven outcomes and gradual improvement over time, Lietz and Strength (2011) similarly concluded that families go through a period of adaptation, acceptance, and strengthening after the survival phase (although not in a linear fashion).

However, families from this study indicate that they need enduring professional support and time as a family to make more meaningful improvements and changes. The data from the present study indicates readiness for intervention, as well as possible readiness for change among the family members, which is an indicator of good outcome from the perspective of professionals working with families with complex needs (Miroslavljević & Ćosić, 2021).

Finally, family togetherness and good communication are seen by participants as important indicators of family resilience. This is their ultimate goal, which they explain is currently difficult to achieve because of the circumstances in which they continue to find themselves. If we understand that good outcomes should be related to the types of risks that individuals and families face, it seems fitting that families facing multiple risks, including relationships problems between family members, should consider togetherness and good communication as the 'ultimate' good outcome. These findings are consistent with Moss (2010) and Oh and Chang (2014), where the authors reported that common indicators of good outcomes included improved family relationships reflected in greater connectedness, loyalty, and compassion, as well as improved communication quality.

Given that families reported three indicators of good family outcomes while striving for the fourth, we can further conclude that these outcome indicators could be distributed on a 'continuum'. Viewing good outcomes on continuum is consistent with suggestions made by previous studies (Condly, 2006; Van Breda, 2018). However, family members also reported that as they cope with and resolve the challenges they face, new risks emerge that may take the family back to an earlier stage, underscoring the circular, rather than the linear, nature of this continuum. Possible phases on the continuum mentioned above include the following: 1) survival (possibly the first process, which means that the breakdown of the system has not occurred); 2) not giving up and asking for help; 3) positive changes as a result of earlier changes (a new process component where the system is surviving and some positive changes

are occurring); and 4) a wish for togetherness and good communication (the next possible process component of the outcome: the system has survived, positive shifts have occurred, and now the family is striving for togetherness and good communication as the ultimate form of positive changes). These results are consistent with the notion that good outcomes are a temporal and dynamic process (Lietz, 2007). When we compare our results with the Lietz and Strength (2011) model of family resilience, we can see that the families who participated in the present study are at different stages of resilience. Some of them are in the survival stage, while others show elements of adaptation, acceptance, and even empowerment.

In summary, we can conclude that it is difficult to say whether these families are truly resilient because they are still in the process of coping with complex risks. However, it is important to emphasise that most (6/8) of the participants considered their family to be resilient. Even though they were overwhelmed often by stressors, they felt that they were able to survive and slowly win by achieving positive changes. They hoped that they could achieve the 'ultimate' good outcome in the future - togetherness and good communication.

CONCLUSION

This study confirms the need to change the understanding of families with complex needs from high-risk, multi-problem, and non-resilient entities to families that are coping as well as they possibly can with the many risks they face. Within this larger context, they are (possibly) on the path to family resilience. For them, surviving in these circumstances and meeting the basic needs of the children and the family, as well as seeking help, not giving up and trying to solve the problems and risks that they face are indicators of good outcomes. They already have extensive experience in coping with permanent and chronic risks, and they also have some experience of positive change, both in terms of individual family members and family functioning. However, they emphasised that they need more time, as well as professional help, to achieve togetherness and good communication in the family as a goal or

indicator of successful coping. In family group interviews, they also talked about protective factors and resources that they already have or need in order to achieve this goal, and these findings extend beyond the scope of this manuscript.

The perspectives of the family members in this study demonstrate that family resilience for families with complex needs with children who have emotional and behavioural problems is not an oxymoron, but a real possibility. Since the present study was able to confirm the assumption that every family has the potential for resilience (Walsh, 2016), it is proposed that family resilience be viewed as an intervention need, i.e., as a direction for action for both the family itself and support systems.

METHODOLOGICAL TRUSTWORTHINESS, LIMITATIONS, AND FUTURE RESEARCH

Clarke and Braun (2013) identified a checklist of 15 criteria necessary for a good thematic analysis, which was followed in this study. In terms of trustworthiness, we note that the study was conducted through triangulation with the researchers. Five researchers trained in social pedagogy conducted the interviews. Each family interview was conducted by two members of the research team. The researchers were not previously known to the families.

To establish the credibility of the findings, this study followed Clarke and Braun's (2013) six-step method for conducting a thematic analysis. The data were coded and discussed by multiple researchers to minimise the risks associated with the researcher's preference and position in relation to the research subject. We also discussed analytical and field notes during the data analysis process.

The main limitation of the present research study stems from the selection of the sample. Since we used data collected from a small, voluntary convenience sample of families at high-risk, we cannot generalise the data. The sample selection created a certain level of bias in the results.

Additionally, this is a descriptive study. Further research could explore family resilience using larger samples, a longitudinal design, and the use of additional data collection methods or techniques (a combination of multiple individual and family group interviews, as well as the use of creative methods with the family). In this way, more meaningful data can be collected, and a deeper understanding of family resilience can be gained.

In the field of social sciences, especially in the field of family studies, more and more studies have been carried out in the last decades, shedding light on the multiple meanings and perspectives of different stakeholders on the same aspects of reality. At the same time, there is insufficient research that sheds light on the perspective of family members on the extremely complex construct of resilience of families with children with behavioural problems, as well as what risks families are exposed to. Therefore, the family perspective is undoubtedly important and should be included in future research to compare and complement the perspectives of experts, public policy makers, and the scientific community.

DECLARATION OF INTEREST STATEMENT

The authors declare no potential conflicts of interest.

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