

University of Groningen

Families at risk and the role of the care system

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DOI:
[10.33612/diss.198180262](https://doi.org/10.33612/diss.198180262)

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Document Version
Publisher's PDF, also known as Version of record

Publication date:
2022

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):
Macková, J. (2022). *Families at risk and the role of the care system*. [Thesis fully internal (DIV), University of Groningen]. University of Groningen. <https://doi.org/10.33612/diss.198180262>

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Summary

Adolescence is a crucial period in development. On the one hand, during this period healthy patterns of behaviour can be adopted; on the other hand, adolescence can also be a period of onset of various mental health problems. As relational developmental theories show, the direction of development depends on the interaction between various factors, beginning with biological factors of the individual and ending with societal ones. In this thesis, we did not aim to cover every level of the factors affecting development; we merely aimed to explore those that are closest to an individual – the relations of individual, family, and the system of care factors.

Undoubtedly, the family environment is crucial for development. However, not all families provide a healthy and nourishing climate. Family-related adversities, including events such as the death of a parent, represent a common obstacle in healthy development, and their influence might persist through the whole lifespan. Emotional and behavioural problems in adolescence were found to be among the developmental outcomes of facing adversities in the family. If a family, especially the parents, does not have enough competencies to solve such problems itself, these adolescents become users of psychosocial care services. However, parents still play a crucial role, and cooperation with them is considered to be one of the most important factors of successful treatment. Besides parents, professionals are also important actors in psychosocial care.

Therefore, the aim of this thesis was to explore first, the associations of family-related adversities with developmental outcomes in adolescents; second, professionals' perceptions on parental roles in the process of care; and finally, professionals' perceptions of their own professional roles in care.

Chapter 1 introduces the main constructs of this thesis. First, it discusses psychosocial development in adolescents as it is understood within the Relational developmental systems theories, and the Positive youth development (PYD) theory. Next, it discusses the role of the family in psychosocial development and, especially, describes the impact of family-related adversities on the developmental outcomes of adolescents. Further, in this chapter we find a brief description of selected theories that explain the mechanisms of how a family can influence the development of an adolescent. This chapter then explains the components of the system of psychosocial care for children and youth, first in European countries and then more specifically in Slovakia. Moreover, it discusses the main discourses shaping the psychosocial care for adolescents. Finally, this

chapter introduces perspectives on the roles of both parents and care providers as a crucial actors of psychosocial care for adolescents.

Chapter 2 provides information about the design of the study. It describes the data collection and the study samples used in this thesis. It also provides a description of the measures and analyses used.

Chapter 3 explores the associations of family-related adversities with PYD and the mediating role of family functioning in these associations. We found that experiencing at least one family-related adversity was associated with lower scores on the PYD questionnaire. Moreover, we found that positive parenting and joint family activities and parental supervision contributed to better developmental outcomes. While positive parenting did not mediate the association of family-related adversity with PYD, joint family activities and poor parental supervision did mediate this association. Finally, we came to a serial mediation model: family-related adversity leading to poor parental supervision, which leads to less joint family activities leading in turn to a worse scoring on the PYD scale.

Chapter 4 explores the association of family-related adversities with PYD, and the mediating role of negative emotionality in this association. We did not find an association of family-related adversity with the first component of PYD (reflecting development of domains “character” and “caring”), but we found an association of family-related adversity with the second component of PYD (related to the development of self and relationships). Moreover, we found that experiencing psychological distress, hostility, and hopelessness mediated the association of family-related adversity with the second component of PYD.

Chapter 5 focuses on the association of family-related adversities with violent behaviour among adolescents and whether this association is mediated by hopelessness. We found that adolescents who experienced at least one of family-related adversity were more frequently involved in physical fights. We further found that each specific family-related adversity – namely the death of a parent, parental substance abuse, violence between parents, and divorce – was associated with more frequent involvement in physical fights. Finally, we found that all associations of family-related adversities with fights were mediated by the hopelessness that adolescents experienced.

Chapter 6 explores how psychosocial care providers perceived the role of adolescents’ parents in the care process. We found that their perceptions can be divided into four main themes. First, parents were perceived as an original cause or a source of adolescents’ problems. Second, parents were perceived as people who are trying to escape from the responsibility for their child. Third, professionals perceived parents as an active part of care and highlighted their role in success of the therapy. Last, parents were perceived as a barrier to effective care.

Chapter 7 focuses on how mental health care providers perceived

their own professional roles in the care for adolescents. We were able to identify six different roles that can be divided into three categories: those related to direct work with clients (expert, diagnostician, therapist), those related to cooperation with other professionals (participant in intra-institutional cooperation, participant in inter-institutional cooperation), and those related to the functioning of the institution (businessman). Moreover, we identified nine discourses in the background of these roles, namely biomedical, biopsychosocial, psychotherapeutic, discourse of behaviourism, discourse of humanism, of institutional care, of patients' rights, and those of multi-disciplinarity and economic discourse. Next, we learned that the biomedical discourse presented a barrier in the implementation of transformation tendencies. The discourse of multidisciplinary, psychotherapeutic with the combination of the discourse of humanism and the discourse of patients' rights provide space and opportunity for implementing a transformational process into child and adolescents' mental health service (CAMHS). Finally, we observed a need to include the economic aspects of CAMHS into the transformational process.

Finally, in *Chapter 8* we summarise all findings, discuss them in the context of existing research and theoretical models, provide an assessment of the strengths and limitations of the thesis, and formulate implications for future research and practice. Findings from the quantitative studies are in general in line with previous research. We confirmed an important role of family functioning as a mediator in the association between family-related adversities with developmental outcomes. Moreover, we found a new pathway in which the association of family-related adversities with fighting was mediated by hopelessness. Regarding the qualitative studies of this thesis, we bring an important finding that psychosocial care providers can perceive parents negatively in various respects. Last, we discuss whether transformational tendencies in CAMHS are present in the roles of professionals and highlight the importance of including and supporting the discourse of multidisciplinary, psychotherapeutic and discourse of patients' rights and the economic discourse in CAMHS.

Our findings imply the need to implement interventions: first, for parents aimed at increasing their parenting skills, and second, on adolescents facing family-related adversities aimed at helping them process negative emotions. Next, attention should be paid to training for professionals with the aim of helping them identify their own beliefs and prejudices towards parents and helping them gain skills to cooperate with parents. Last, mental health care policies should support implementation of the principles of the discourses of multidisciplinary, the psychotherapeutic discourse, and the discourses of humanism and patients' rights.

