



THE EFFECT OF TRAINING FAMILY RESILIENCE MODEL ON RESILIENCE AND FAMILY FUNCTIONING

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ABSTRACT

Objective: The aim of this study was to evaluate the effect of training family resilience model on family functioning and resilience of parents of first-grade high school students.

Methods: This study has been conducted in quasi-experimental method and using pretest and posttest with control group. The study population consisted of all parents of first-grade high school students in the academic year 2016-2017 in Lamard city. 30 parents of first-grade high school students of Lamerd were selected by simple random sampling and from the list of people willing to cooperate and randomly were replaced in experimental and control groups in a way of "allocating the individual to the group". Experimental group was trained in 12 sessions based on family resilience training package, but the control group not received any intervention. Instruments used in this study consist of resiliency test of Sixbey family, and family functioning test (FAD). For data analysis, software spss21 and analysis of covariance univariate and multivariate was used.

Results: The results showed that training family resilience model significantly has been effective on family functioning and resilience of parents of first-grade high school students and experimental group have shown a significant increase in the resilience and performance of the family.

Conclusion: The results showed that training family resilience model is a suitable intervention method to improve resilience and function of parent family of first-grade high school students.

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Introduction

In recent years, family life and the world around us has changed very dramatically that not only with the past centuries, but with recent decades have been quite different. While we are looking forward to strong and enduring relationship about the formation and maintenance of them to overcome the storms of life. Although some families are shattered by the crisis and constant psychological pressure, but what is remarkable is that other families appear strong and powerful. Various studies show how to respond to stressful events in one's life is more important than stressors and family plays an important role in resilience or vulnerability of children [1].

Resilience is a dynamic process whereby people when facing hardships show positive adaptive behaviors [2]. Garmezy & Masten (1991) defined resilience as a process of ability, or outcome of successful adaptation with the conditions threatening [3]. Of course, resilience is not only stable against threatening injuries or conditions and is not a passive state in the face of dangerous situations, but it is active and constructive participation in the environment. It can be said resiliency is the ability of

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individual against bio-psychological balance, in dangerous conditions [4]. Resilience is defined an active act to repair themselves and matched deeds and behaviors to overcome the traumatic situation and advance life [5]. [6] acknowledges despite various definitions of resilience, there are several similarities in all definitions: 1. resilience is a level of confronting with difficulties or the degree which people respond problems. 2. Resilience follows comfort and convenience in other words; resilience is used to repair the misery and overcoming hardships. 3. Finally, resilience is an ability that allows the people to overcome the difficulties and problems.

Since, there are multiple risk factors over the life, a successful resilience could require protective factors that enable people to respond consistently to the changes. About factors affecting the resilience, most researchers believe to three factors in this regard A) personal characteristics (such as individual competencies, skills and behavior), b) protection and restoration of family factors (eg, discipline strategies, intimacy and communication patterns), c) and social forces (such as services, social networks etc.) [7].

The issue is not just individual vulnerability or resilience; more importantly, the family that affects the ultimate compatibility. Even people who are not directly affected by the crisis, due to responses of family and its effects on other relationships affected. How a family confronted with disturbing experiences and controls it will be bumper of mental pressure, re-organize them and continue their life affects immediate and long-term compliance all family members and the health of the family unit. The word ((family resilience)) refers to adaptive and coping processes of the family as a functional unit [8].

The concept of family resilience changes our attention from the family as a source of support for members of the family as a whole [9]. Resilience of family is a theoretical framework for understanding the capacity of families to cope with crises, challenges, irritations, successful resolution of them and compatibility when a crisis or stress occurs, families trying to balance between the needs and their capacities [10]. How the families make changes depend to the skills and resources available to them to overcome the crisis that creates different levels of resilience [11]. The family is usually considered as a protective factor in resilience. Factors of resilience are various. Hooper [12] considers factors of resilience of the family as family warmth, kindness, emotional support, structures, functions and constraints of family. There are limited models in the field of resilience of family that include: artistic four-dimensional model, Morris and Harrist [13], the five-level model of Mc Cubbain [14], structural model of Walsh [15], multilevel model of Card and Barnett [16].

Family functioning is one of the variables that has basic role in resilience of family [17,18,19]. Masten [20] states that family functioning and quality care has essential role in the resilience of children at risk. Oshri, Greer, Oneal, Arnold, Mancini et al [21] suggest that family functioning and quality of family life are two key protective factor for family members in dealing with difficulties and challenges. From the perspective of family systems, family is effective on stressful factors and experiences that each family member has experienced in his childhood. Family functioning refers to the characteristics of the family system. How to deal with problems as well as family members' developmental changes and how to deal with the crisis which naturally created as a result of disease, accidents, etc.... Generally, encompasses a wide scope of features, capabilities and roles of the family [22]. Family functioning is a joint effort to establish and maintain balance in the family [23].

Walsh [15] suggests that the family resilience contains three main aspects of the family functioning: 1. beliefs (including meaning of disaster, positive attitude and spirituality); 2. Structural patterns (Flexibility, cohesion, social and economic resources); 3. Communication processes (order, free expression of emotions, collaborative problem solving). Landau [17] in a research, in order to explore the factors of strengthening resilience tells people need to supports of families and communities to overcome stress and severe psychological trauma need and the healthy functioning of families and communities through the balance between stressors factors and potential sources increase the resilience and growth of people in difficult circumstances. Oshri et al. [21] in a study that conducted to investigate the relationship between resilience, family functioning and childhood hardship experiences in 273 military families said two important dimensions of family functioning, flexibility and consistency are key factor in overcoming successfully of family members when dealing with the challenges. Zamani, Nasir, Desa, Khairuddin and Yusoff [24], in a study that conducted to examine the relationship between family functioning and resiliency on 493 references depending concluded that the healthy functioning of family leads to higher resiliency of clients. Batty and Fain [25] in a study in order to explore the relationship between resilience of family and functioning of families with members suffering from diabetes type 1 and 2 on 77 subjects concluded that there is a positive and significant correlation between family functioning and family resiliency (59%).

In the view of Masten and Cohorn [26], people can be trained to increase the capacity of resilience by learning some skills and by appropriate response to stress change unpleasant events and the difficulties and overcome the negative problems of environment. Also Roshan, Ahmadi and Eslami [27], and Steinhardt & Gloria [28], suggest that resilience training to families helps to enhance the skill of resilience and solve problems. Godwn [29], in a study to resilience training to members of families with members affected by the brain concluded that resilience training causes to increase marital satisfaction.

More research conducted on resiliency within and outside is done on the individual resilience factors. Little research has been done in the field of family resilience, among the factors that its effect is considered in creating and increasing individual resilience is resilience and Family Communication Patterns [30,31,32], family functioning [33,34,35], family cohesion and flexibility [3], quality of life and life satisfaction [36,37,38] and... so considering that the former studies not investigated the direct effect of family resilience training, this study was conducted by the aim of family resilience training to parents of first-grade high school students, and investigating the effect of this training on resilience and family functioning.

Research Method

This study has been conducted in quasi-experimental method and using pretest and posttest with control group. The study population consisted of all parents of first-grade high school students who were interested in cooperation. To do this, first it was informed in the first grade high schools of Lamard to notification of parents interested in participating in the training course and after explaining about the educational goals, the applicant parents were registered. After registration, 30 subjects were randomly selected and were replaced in two groups of 15-person of experimental and control in a manner of "allocating person to group" randomly. Entry requirements of participants are having at least high school education, lack of psychiatric and willing to cooperate. The experimental group based on family resilience training package was under the 12 sessions of training for 100 minutes. To consider, ethical issues in the control group, the promise of training after the study was given. The following tools were used in this study include:

1. Sixbey Family Resiliency Assessment Scale (2005): In order to measure family resilience in this study, the measuring scale of family resiliency (Fras) was used that by Sixbey [14] based on system theory of family resiliency of Walsh [11] is made. A 66-item scale is to measure the resiliency of the family that the family shows in six dimensions. The six dimensions are family communication & problem solving, utilizing social & economic resources, maintaining a positive outlook, family connectedness, family spirituality and ability to make meaning of adversity. This tool uses a 4-point Likert scale that number 1 means strongly disagree and 4 strongly agree. Scores of this scale are placed in a range of 66 to the maximum 204. High score on this scale indicates the high resilience of family and gaining low score indicates that family has a low level of resilience [39]. In the research of Sixbey [14] and Buchanan [40], total score of scale reliability based on Cronbach's alpha is reported 0.96. In the research of Hosseini and Chari [39], test validity obtained 0.89 and reliability 0.93. In the present study, reliability of this tool using Cronbach's alpha and its implementation on 30 subjects of the study population was calculated and 0.92 was obtained.

2. Family Assessment Device (FAD): In this study, family assessment device was used to evaluate and assess family functioning. Inventory of Family Functioning Assessment by Epstein, Baldwin and Bishop (1983), based on the pattern of McMaster (1950) is prepared to describe the structural characteristics of the family that measures the ability of family to cope with the area of family tasks with a scale of 60 questions of reporting. McMaster model focuses on those aspects of family function that has shown the most influence on physical and emotional health of family members. This model considers six aspects of family functioning that include problem solving, communication, roles, emotional companionship, affective involvement and behavioral control, which in addition to the dimensions has considered a general functioning that its score is mentioned including a set of total scores of dimensions [41]. It consists of phrases that describe the subject's family. Scoring is done using a four point Likert scale from score one (strongly agree) to score four (strongly disagree) and phrases that describe unhealthy function get inverse score. In general, higher scores indicate poorer function of family and less scores shows the healthier function of family. It should be noted that this test with strength of distinct of clinical and nonclinical of family members in each of the seven subscales have good validity [42]. Cronbach's alpha coefficient of this tool by Epstein and colleagues in 1983 on a sample of 503 people is reported 0.72 in the dimension of role and behavior control and 0.92 in overall function, which shows good internal consistency. Zadeh Mohammadi and Malek Khosravi [43] on the Iranian society have reported Cronbach's alpha coefficient for the whole questionnaire 0.94 and for subscale of overall function 0.78, problem solving 0.72, communication 0.70, emotional companionship 0.74, control the behavior 0.66 and emotional involvement 0.71. quoted from [44].

In the present study, reliability of this tool using Cronbach's alpha and its implementation on 30 subjects of the study population was calculated and 0.86 was obtained respectively.

Table 1. Description of intervention sessions

| Session | Subject |
|---------|---|
| First | Familiarity of members with each other, pre-test, referrals to members of the group, familiar with the agenda, familiarity of members with the concept of resiliency; |
| Second | Familiarity with family structure, hierarchy of power in the family, family borders, and obligations of each member; |

| | |
|-----------------|---|
| Third | Genetic factors and circumstances affecting the family resiliency and the efficient use of community resources |
| Fourth | Targeted and appropriate management of family finances |
| Fifth | Express needs and emotions |
| Sixth | Understanding the logic and flexible cognitive processes |
| Seventh | Positive interactions and satisfying |
| Eighth | Values and religious beliefs and positive and realistic vision; |
| Ninth | Authoritative parenting and pattern recognition, |
| Tenth | Problem solving and crisis management |
| Eleventh | Strategies to increase physical and mental health and personality and presenting strategies for an enjoyable and exhilarating activities of family members together |
| Twelfth | Empathic involvement, and finally review sessions before and after the test |

Results

The mean and standard deviation of scores of resilience and family functioning in participants in research are shown in Tables 2 and 3 in experimental and control groups separately.

Table 2. Descriptive indices of family resilience scores of individuals participating in the study based on the phase and group membership

| scales | group | Pre test | | Post test | |
|------------------------------------|-------|----------|----------------|-----------|----------------|
| | | mean | Std. deviation | mean | Std. deviation |
| Family resilience | Exp | 106/13 | 6/49 | 134/67 | 10/279 |
| | Con | 112/20 | 15/298 | 110/67 | 11/140 |
| Communication / problem solving | Exp | 61/67 | 3/994 | 88 | 15/630 |
| | Con | 51 | 8/036 | 52/13 | 6/435 |
| Sources religious / social | Exp | 24 | 4/706 | 36/78 | 3/998 |
| | Con | 24/27 | 4/431 | 22/20 | 3/448 |
| Reception problems | Exp | 14/80 | 3/028 | 22/73 | 2/549 |
| | Con | 15/73 | 2/864 | 19/90 | 3/68 |

Table 3: Descriptive indicators of family functioning scores of people participating in the research on the basis of stage and group membership

| scales | group | Pre test | | Post test | |
|-------------------------|-------|----------|----------------|-----------|----------------|
| | | mean | Std. deviation | mean | Std. deviation |
| family function | Exp | 146/67 | 11/406 | 104/8 | 3/707 |
| | Con | 141/33 | 17/149 | 136/60 | 15/23 |
| problem solving | Exp | 13/60 | 2/72 | 7/07 | 1/163 |
| | Con | 10/07 | 2/154 | 10/07 | 1/624 |
| Communication | Exp | 14/87 | 1/846 | 8/13 | 1/06 |
| | Con | 13/67 | 2/743 | 13/47 | 2/615 |
| Roles | Exp | 20/6 | 1/765 | 10/93 | 1/534 |
| | Con | 20/4 | 2/473 | 20 | 2/56 |
| Emotional companionship | Exp | 21/67 | 2/35 | 12/13 | 2/563 |
| | Con | 18/87 | 2/669 | 19/33 | 2/717 |
| Emotional involvement | Exp | 25/13 | 4/068 | 12/8 | 2/178 |
| | Con | 24/13 | 4/658 | 22/8 | 4/989 |
| Behavior management | Exp | 25/6 | 3/225 | 14/27 | 2/154 |
| | Con | 25/13 | 4/324 | 24/33 | 4/254 |
| Total function | Exp | 31/13 | 4/324 | 17/87 | 2/748 |
| | Con | 29/47 | 2/997 | 29/47 | 2/748 |

Analysis of covariance was used to test the hypothesis. Before the test, considering that assumptions of analysis of covariance is established (including tests of Kolmogorov-Smirnov, Levin and regression), the difference of scores between two groups of pre-test - post-test were used that the results are as follows.

Table 4: Results of multivariate analysis of covariance (MANCOVA) in two experimental and control groups in terms of the scores of difference between pre-test_ post-test of variables of research

| Effect | Value | F | Hypothesis | Error df | Sig |
|--------------------|--------|------|------------|----------|------|
| Pillai's trace | /987 | 31/3 | 12 | 5 | /001 |
| Wilk's lamabda | /013 | 31/3 | 12 | 5 | /001 |
| Hotlling's trace | 75/132 | 31/3 | 12 | 5 | /001 |
| Roy's largest root | 75/132 | 31/3 | 12 | 5 | /001 |

As Table 4 shows, four tests of multivariate covariance analysis about the difference between two variables are statistically significant and shows that both experimental and control groups at least in one of the variables compared has significant difference respectively.

To compare the groups in terms of individual difference scores, univariate analysis of covariance was used that its results in Table 5 and 6 are presented by separating variables.

Table 5: Results of separation of difference scores of family resilience and its subscales in both experimental and control groups

| Sources Change | Variables | Sum of squares | Df | Mean squares | F | Sig | Partial Eta | Observed power |
|----------------|---------------------------------|----------------|----|--------------|--------|------|-------------|----------------|
| groups | Family resilience | 319/376 | 1 | 319/376 | 6/801 | /05 | /3 | /688 |
| | Communication / problem solving | 86/704 | 1 | 86/704 | /625 | /441 | /038 | /115 |
| | Sources religious / social | 159/435 | 1 | 159/435 | 32/081 | /001 | /667 | 1 |
| | Reception problems | 38/785 | 1 | 38/785 | 16/105 | /001 | /502 | /964 |

Results of Table 5 show that there is difference between experimental and control groups in terms of family resiliency, and its subscales (except communication and problem solving). In other words, the experimental intervention (training family resiliency model) increases the resiliency of the family and its subscales (except communication and problem solving).

Table 6: Results of separation of difference scores of family functioning and its subscales in both experimental and control groups

| Sources Change | Variables | Sum of squares | Df | Mean squares | F | Sig | Partial Eta | Observed power |
|----------------|-----------------|----------------|----|--------------|--------|------|-------------|----------------|
| groups | family function | 1251/039 | 1 | 1251/039 | 24/393 | /05 | /604 | /996 |
| | problem solving | 22/667 | 1 | 22/667 | 25/045 | /001 | /610 | /997 |
| | Communication | 50/441 | 1 | 50/441 | 21/574 | /001 | /574 | /992 |
| | Roles | 64/858 | 1 | 64/858 | 68/139 | /001 | /810 | 1 |

| | | | | | | | | |
|--|--------------------------------|-------------|---|-------------|------------|----------|------|------|
| | Emotional companionship | 64/07 2 | 1 | 64/07 2 | 10/9 23 | /0 04 | /406 | /873 |
| | Emotional involvement | 86/57 9 | 1 | 86/57 9 | 10/5 95 | /0 05 | /400 | /863 |
| | Behavior management | 103/1 48 | 1 | 103/1 48 | 18/5 17 | /0 01 | /536 | /991 |
| | Total function | 169/2 11 | 1 | 169/2 11 | 46/8 27 | /0 01 | /745 | 1 |

The results in Table 6 show that there is a difference between experimental and control groups in terms of family functioning, and its subscales. In other words, the experimental intervention (training family resiliency model) caused to improve family functioning and its subscales.

Discussion and Conclusion

This study was conducted to determine the effect of training family resiliency model on family functioning and resilience of parents of first-grade high school students. Results showed that there is a significant difference between the score of family resiliency of two experimental and control groups and scores of experimental group compared with the control group are increased after the implementation of the independent variable. These findings are consistent with research findings of Masten and Cohronon [26], Namy [45], Mikaeili, Ganji and Talebi Juibari [46], Jahed Motlagh, Yunesi, Azkhosh and Farzi [47], Roshan, Ahmadi and Eslami [27], and Gloria and Steinhart [28], Goodwn [29], which state that resilience training to families helps to increase resilience and problem solving skill of families.

In explaining the findings can be said, since learning some skills in resilience is considered, seems that participation of people in the program causes, they always try to think positive, smile to unpleasant events, maintain the morale of their wit even in adverse conditions, in difficult situations and hardships help others, they have the courage to accept problem, to have the ability to accept their shortcomings and disadvantages, and try to control their emotions and actions by monitor and manage of thoughts and these skills are best transferred to other family members [48].

Also resilience training can help families to assess their status - challenges, requirements and resources and then focus their energy on choosing the best option. This implies that they must accept change. Pattern of resilience teaches families, when immediate problems are overwhelming or events are out of control, rather than immobilization or to be trapped, go to those parts that they can dominate it [15].

Another possible reason for the effectiveness of training family resiliency model can be referred to important function of meaning of life. Resilience model can help individuals and families to come out from a vague state that considered for their lives, to be achieved ultimate meaning of life, to be able to interpret short-term goals and temporary in light of a lofty goal, lasting and valuable and not to be exhausted of their daily efforts. Environmental mastery means having a sense of competence, the ability to manage a complex environment, select or create a fit personal fields, and finally the right doing of daily life responsibilities [49].

On the other hand, the family resilience model is protective because it reduces the stressful characteristic of events and leads to physical and mental health and creates tranquility and increases the ability to deal and cope with stressful situations. Moreover, the family resilience model through effective and active coping strategies helps families to after identify the problem to act, review measures and assess their progress and thus control and remove most problems with suffice [50]. A basic assumption in the model of family resilience is that the serious crises effect on the whole family and thus training coping processes helps to improve and resiliency of all family members and the family as a unit [51].

The findings of this study showed training family resilience leads to improve family functioning and there is a significant difference between family resiliency of two experimental and control groups in such a way that the scores of the experimental group compared with the control group after execution of independent variable is improved. These findings are consistent with the findings of Khodajavady [35], Ebadatpour [34], Landau [17], Oshri and colleagues [21], Betty and Faine [25], Zamani et al [24], who believe that there is a mutual relationship between the resiliency and family functioning.

In explaining these findings can be said, since the family has been changed as a social institution in the modern age. Social changes, industrial and scientific have created various problems for families in most countries including Iran. The healthy functioning of family is faced with a problem. Single-parent families, employed couples, divorce, orphans' children, etc. are growing. Cope with the pressures of life and personal and social skills, has always been a part of human life and manifested at different periods of life in various forms. Because in crisis and pressure conditions at first glance what family members consider are deficiencies and weaknesses. Most people look at the half- empty glass rather than half- full glass. It is very important that families know always positive and negative aspects and flaws and strengths in everyday life are together [52]. For family researchers, resilience because of the emphasis on being better and more consistency of members with problems is an important supportive factor.

So, considering the importance of the family in creating, maintaining and improving the mental health of individuals and communities and to promote community health and family bonds, attention to the creating and maintaining factors of family resilience has particular importance. Family resilience model through education in fields such as recognizing genetic factors and positioning, how to allocate and optimal implementation of roles and responsibilities; making a positive and satisfactory relationships (with family members, relatives and society); empathic involvement, appropriate expression of needs, emotions and feelings, strategies to increase family health (physical, mental and character), identifying the logical and flexible cognitive processes (beliefs, expectations, values); efficient use of community resources (cultural, social, economic and health); understanding the role of values and religious beliefs in family health: the importance of having appropriate patterns and supportive of the resilience, clear and positive individual and family goals (short-term and long-term) problem solving and management of crises, authoritative and resiliency parenting, employment and proper management of financial resources of family, enjoyable and exhilarating activities of family members with together, positive and realistic vision can be a valuable conceptual mapping to direct a wide range of services to be human. In all efforts that is done to help individuals, couples and families to cope and adapt during the crisis and hardships, a systematic view about resiliency is important. Also, considering that the model of family resilience can help to improve family functioning and deal with problems, seems to instead of focusing on how families will be unhappy focus on how they can be successful. Instead of giving up the families with problem and rescue survivors, it can be done the best measures that are based on key processes of protective to the development of the individual and the family. Encourage cooperation family members, enabling them to rebuild competency, mutual support and shared belief to win under pressure. Members together can overcome crises and challenges and find success as a result of efforts and common resources. Shared experience of success strengthens pride and a sense of family function and gives them the ability to deal effectively with the next crises of life.

So, the training family resilience model causes that the members to be succeeded encountering adversity and live changes. They are able to manage and understand the environment to overcome the pressures of life and meet its needs. They are able to adapt quickly and understand the situation, clear understanding of events, establishing good relationships with others, flexible operation and free speech of emotions. They learn problem-solving skills, gain confidence and more focus on their strengths rather than weaknesses.

In the field of family therapy should also be noted that successful interventions, as much as depends on the therapist's techniques depends on identifying sources of the family. Family Resiliency Model can provide a practical and positive framework to guide the measures to strengthen families to solve the problem. This model not only helps to solve the problem, but beyond it helps to prevent the development of problem, not only reforms families but also prepares them to face the challenges of the future.

It is recommended considering that resiliency can be considered as a skill learning, by training the factors affecting the resiliency of families can be empowered individuals and families against the daily problems and reduced their vulnerability. As well as the social institutions that have the responsibility to protect the vulnerable segments of society can help to promote mental health and resiliency to cope with difficult conditions of by appropriate training. The limitations of this study are: The study is conducted on people willing to cooperate, so it should be cautious in generalizing the results. It is better to do more research in the relationship on the different communities and the results to be compared with the study. The lack of reliable research on resiliency of family was one of the other limitations of the study. If there were, researchers were not able to access them.

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