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## **Providing Family Strength is the Main Factor of Family Psychological Services**

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**Abstract.** Disturbances in family functioning have been identified in youth with chronic pain and are associated with worse child physical and psychological functioning. Assessment measures of family functioning used in research and clinical settings vary. This systematic review summarizes studies investigating relationships among family functioning, pain and pain-related disability in youth with chronic pain. Sixteen articles were reviewed. All studies were cross-sectional, seven utilized between-group comparisons (chronic pain versus healthy/control) and twelve examined within-group associations among family functioning, pain and/or pain-related disability.

**Key words:** Child, adolescent, chronic pain, disability, family functioning.

Family factors are significantly associated with the physical and psychosocial functioning of children and adolescents with chronic pain. These family factors include family functioning and parenting and dyadic parent-child variables that are embedded within the context of the family. Family functioning refers to the social and structural properties of the global family environment. It includes interactions and relationships within the family, particularly levels of conflict and cohesion, adaptability, organization, and quality of communication. Healthy family functioning occurs within a family environment with clear communication, well-defined roles, cohesion, and good affect regulation. In contrast, poor family functioning occurs within families with high levels of conflict, disorganization, and poor affective and behavioral control.<sup>1</sup>

Theoretical models, particularly operant behavioral theories and the McMaster model of family functioning have been utilized to describe interactions between adolescents with chronic pain and their parents. Recently Palermo and Chambers introduced a more integrative model to conceptualize family factors in pediatric pain populations.<sup>25</sup> The model describes how parenting variables occur within the context of dyadic relationships, and both are embedded in the global functioning of the family environment. Within this model, pain and associated disability have reciprocal influences with factors at each of these levels, and can broadly impact the functioning of the family system. For example, parent-adolescent conflict may reinforce pain behavior, leading to both increased disability and greater stress in the family environment. The model also proposes that individual factors (e.g., coping, psychological functioning) mediate/moderate relationships among family factors and pain

and disability. The current review focuses specifically on these pain and disability variables to test the proposed pathways.

Family functioning is an important focus of research in pediatric chronic pain because studies have shown these families report poorer family functioning compared to families with healthy children.<sup>3</sup> In addition researchers have found significant associations between family functioning and pain-related experiences. For example, in adolescents with chronic pain, greater family conflict and higher levels of enmeshment have been associated with increased pain-related disability.<sup>16, 19</sup> Frequency of family conflict in chronic pain populations has also been associated with increased pain occurrence.<sup>15</sup>

Although many aspects of family functioning (e.g. conflict, cohesion, organization/structure) have been identified as important in understanding children's experience of chronic pain, there has been limited attention to synthesizing this literature base. Recently researchers conducted a review of measures assessing socioemotional functioning in parents of children with chronic pain.<sup>12</sup> While the review provided important information regarding reliable and valid assessment of parent-level factors, it did not synthesize or report child outcomes in relationship to family functioning. A literature review identifying specific aspects of family functioning that are associated with pain and pain-related disability in children and adolescents is critically needed. Currently it is not clear how specific measures differentially assess domains of family functioning in this population or how specific assessment measures may be associated with different findings. Such a synthesis will also assist in identifying domains of family functioning to serve as targets for future clinical interventions with children with chronic pain and their parents.

The current review targets studies examining measures of general family functioning rather than measures specific to a chronic health condition or disease management. The aims of this review are threefold: 1) to review between-group differences in family functioning between children with chronic pain conditions and healthy youth or normative populations, 2) to examine within-group associations for family functioning with pain, and disability described in Palermo and Chambers' model, and 3) to synthesize the literature examining family functioning in children with chronic pain and present recommendations for future research, clinical interventions, and family functioning assessment. Studies represented youth with various pain conditions (e.g., headache, abdominal pain, fibromyalgia) aged 6 – 20 years. Findings revealed group differences in family functioning between children with chronic pain and healthy controls in five of seven studies. Significant associations emerged among family variables and pain-related disability in six of nine studies with worse family functioning associated with greater child disability; relationships between family functioning and children's pain were less consistent. Different patterns of results emerged depending on family functioning measure used. Overall, findings showed that families of children with chronic pain generally have poorer family functioning than healthy populations, and that pain-related disability is more consistently related to family functioning than pain intensity.

Five Protective Factors are the foundation of the Strengthening Families Approach: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children. Research studies support the common-sense notion that when these Protective Factors are well established in a family, the likelihood of child abuse and neglect diminishes. Research shows that these protective factors are also "promotive" factors that build family strengths and a family environment that promotes optimal child and youth development. Parental Resilience No one can eliminate stress from parenting, but a parent's capacity for resilience can affect how a parent deals with stress. Resilience is the ability to manage and bounce back from all types of

challenges that emerge in every family's life. It means finding ways to solve problems, building and sustaining trusting relationships including relationships with your own child, and knowing how to seek help when necessary. Social Connections Friends, family members, neighbors and community members provide emotional support, help solve problems, offer parenting advice and give concrete assistance to parents. Networks of support are essential to parents and also offer opportunities for people to "give back", an important part of self-esteem as well as a benefit for the community. Isolated families may need extra help in reaching out to build positive relationships. Concrete Support in Times of Need Meeting basic economic needs like food, shelter, clothing and health care is essential for families to thrive. Likewise, when families encounter a crisis such as domestic violence, mental illness or substance abuse, adequate services and supports need to be in place to provide stability, treatment and help for family members to get through the crisis. Knowledge of Parenting and Child Development Accurate information about child development and appropriate expectations for children's behavior at every age help parents see their children and youth in a positive light and promote their healthy development. Information can come from many sources, including family members as well as parent education classes and surfing the internet. Studies show information is most effective when it comes at the precise time parents need it to understand their own children. Parents who experienced harsh discipline or other negative childhood experiences may need extra help to change the parenting patterns they learned as children. Social and Emotional Competence of Children A child or youth's ability to interact positively with others, self-regulate their behavior and effectively communicate their feelings has a positive impact on their relationships with their family, other adults, and peers. Challenging behaviors or delayed development creates extra stress for families, so early identification and assistance for both parents and children can head off negative results and keep development on track.

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