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FAMILY AND MARITAL COUNSELLING IN CENTRES FOR SOCIAL WORK IN BOSNIA AND HERZEGOVINA: CHALLENGES AND POLICY IMPLICATIONS

Abstract

Working with families is one of the most important tasks for the social work profession. In primary prevention, the most crucial task is to develop humane relationships among marital partners. Additionally, an essential segment of preventive social work involves educating and preparing youth for marriage and family and educating them about responsible parenthood. In secondary prevention, an important task of social workers is to help overcome marital conflicts. This highlights that family and marital counselling is one of the key tasks of social workers.

Using QCA, the capacities of five centres for social work in Bosnia and Herzegovina in conducting marital and family counselling were analysed. The experiences of counselling experts (N=10) were compared through semi-structured interviews. Various challenges and problems were identified that prevent centres for social work from being leaders in counselling. Family and marital counselling represents a complex and responsible task that requires expertise and competencies. The lack of systemic solutions, inconsistent norms and standards, and limited capacities of centres for social work slows the development of quality counselling in Bosnia and Herzegovina.

The data indicates that serious progress is needed in: organising the service, multi-sectoral cooperation, and institutional promotion for family and marital counselling to gain the place it deserves in social work.

Keywords: *family and marital counselling, social workers, centres for social work, challenges in counselling, Bosnia and Herzegovina.*

Introduction

The popularity and importance of family and marital counselling in contemporary society are driven by societal changes. The structure, dynamics, and rapid pace of societal changes present numerous challenges and pressures, often causing feelings of helplessness and crises within many families. As a result, there is a growing de-

mand for expert support and assistance that addresses both psychological and social aspects.

Regarding family protection, family and marital counselling represents the leading professional intervention. Marital partners constitute the most important subsystem within the family, and problems, difficulties, and disagreements in the marriage subsystem, if not addressed adequately, are transmitted to other parts of the family, leading to a crisis in functioning. Bradbury and Bodenmann (2020) note that numerous studies have shown that marital counselling benefits both partners and the entire family.

What is the significance of marital counselling?

When partners decide to formalise their love, they envision the happiness that awaits them in their shared life. However, partners rarely or never consider that conflicts may arise in their shared life. They enter marriage unaware of what to expect, perceiving it as an “oasis of happiness.” This is not unexpected, as numerous cross-cultural studies show that people highly value a successful marriage. Moreover, a “happy marriage” is one of the most significant life goals (Dudić, 2020; Turčilo et al., 2019).

However, when Kreider (2001) estimated that 50% of marriages in the United States of America would end in divorce, it was almost impossible to believe their forecasts could apply to Bosnia and Herzegovina (BiH), yet current research indicates that every fifth marriage ends in divorce (Šadić et al., 2020). According to data from the Agency for Statistics of Bosnia and Herzegovina (2023), 17,427 marriages were contracted in 2022, which is fewer than the 18,835 marriages contracted in 2021. In 2022, 2,865 divorces were reported. The staggering statistics of the “epidemic” of divorce make the cliché “they lived happily ever after” an elusive ideal and a privilege for only some couples.

Marital relationships are influenced by numerous factors and differences, requiring partners to reconcile their long-term expectations and emotions (Brajša, 2009). Couples experiencing marital difficulties may struggle to objectively evaluate their relationship. Despite awareness of problems, discomfort often escalates into conflict. As initial infatuation wanes and differences become more pronounced, expert intervention can play a crucial role in restoring marital happiness. In this regard, social work as a profession holds particular significance.

Social work encompasses a variety of activities, such as individual and group counselling. As social factors increasingly impact individual and family development, social work has become crucial in addressing issues stemming from personal, family, and societal factors. In the context of Bosnia and Herzegovina, one of the key tasks of social work is family protection. Social workers are tasked with preventing family problems, intervening when stability is threatened, and enhancing the quality of family relationships (Dervišbegović, 2001). A critical examination of family and

marital issues, including communication problems, violence, divorce, and others, requires the expertise of professionals specially trained in counselling. Consequently, social workers in practice focus on issues related to partnerships and marriages, parenting, family cohesion, and overall family functioning. Developments in understanding family and marital challenges within the realm of social work have led to an integrative approach to psychosocial interventions (Janković, 2004).

Based on the statement provided, this study aims to (1) identify the specific obstacles encountered by centres for social work when delivering family and marital counselling services and (2) investigate the variations in the practice of family and marital counselling within these centres in Bosnia and Herzegovina. The theoretical segment of the paper focuses on outlining the legal regulations governing counselling in centres for social work, while the empirical part of the research delves into analysing the current challenges and disparities in offering family and marital counselling services within these centres across Bosnia and Herzegovina.

Counselling in Centres for Social Work in Bosnia and Herzegovina

The profession of social work in Bosnia and Herzegovina was established in 1958 as a response to societal crises and accumulated social problems (Dervišbegović, 2001). Industrialisation, urbanisation, and immigration demanded professional intervention and were also the main reasons for introducing social work as a professional activity. Although more than 60 years have passed since the professionalisation of social work in Bosnia and Herzegovina, many factors negatively affect the social position and status of social workers (Šerić and Dudić, 2018; Šerić and Dudić, 2019; Dudić, 2020).

The primary obstacle is an uneven social protection system, which formally and normatively does not exist at the state level. Bosnia and Herzegovina is a complex state, which, according to the General Framework Agreement for Peace in Bosnia and Herzegovina consists of the following entities: the Federation of Bosnia and Herzegovina (51% of the territory) and the Republika Srpska (49% of the territory). In addition, the area of Brčko, which was the subject of dispute and international arbitration, was declared a district. The state consists therefore of three entities, namely, the Federation of Bosnia and Herzegovina, the Republika Srpska, and the Brčko District. Each of these regulate the social protection system as local self-government units with separate systems. This creates obstacles in the communication channels between social institutions, thereby hindering the work of experts (Dudić, 2020).

The practice of social work in Bosnia and Herzegovina encompasses a range of activities, including various forms of counselling. However, due to the lack of a unified approach (laws and social welfare services are differently defined), this is also reflected in social work counselling.

In the Federation of Bosnia and Herzegovina, counselling services in social work centres are regulated by the Law on Principles of Social Protection, Protection of Civil Victims of War, and Protection of Families with Children. Article 46 of this law defines counselling as “activities aimed at addressing family and marital issues, as well as measures and actions in collaboration with local communities and other authorities to combat and prevent socially unacceptable behaviour among children, families, and social groups. Individuals, families, and social groups have the right to access these services regardless of their financial means, aiming to protect their rights and interests and prevent or mitigate social problems.”

In Republika Srpska, the Law on Social Welfare also recognises counselling as a right of citizens (Article 20). It is defined as “systematic and programmed professional assistance” provided by skilled workers using methods of social work and other social-humanistic sciences, to assist individuals, family members, or the family as a whole in developing, preserving, and improving their social capabilities. Counselling is conducted based on an assessment of the total needs of users, individual plans, and agreements between the service provider and the user.

In the Brčko District, counselling services are regulated by the Law on Social Welfare, where counselling is described as “preventive activities, diagnostics, treatment, and counselling-therapeutic work aimed at providing professional assistance to individuals, families, and social groups to address their life difficulties and organising local communities to prevent and mitigate social problems”.

Due to the varied legislative and sub-legislative acts regulating counselling services in social work centres across Bosnia and Herzegovina, significant differences exist in the organisation and practice of counselling services. The importance of conducting counselling in centres for social work is crucial for providing support to couples and families in crisis. These centres play a pivotal role in offering expert assistance and providing a safe space where couples can feel supported and understood as they address their issues. Through access to professional counsellors, couples can develop new communication skills, understanding, and conflict resolution techniques, aiding them in overcoming difficulties and building stronger bonds. Thus, the integration of counselling into the activities of centres for social work provides essential support for preserving and strengthening family relationships in Bosnia and Herzegovina.

Despite this, marital counselling in social work centres in Bosnia and Herzegovina is rarely conducted to resolve marital problems, but more commonly during the divorce process. According to the law, marital partners seeking divorce and having underage children together must undergo mediation at social work centres. Therefore, professionals more frequently work with couples in the divorce phase rather than addressing marital crises. The main reasons why family and marital counselling is often not conducted in social work centres in Bosnia and Herzegovina, despite le-

gal regulations, include a lack of human resources, adequately trained personnel, and spatial capacities. Given the importance of the topic and the very small number of social work centres that provide family and marital counselling, this study presents the professional experiences of experts in those centres that are equipped to conduct counselling activities.

Materials and methods

Research procedure

The subject of the research is the analysis of the capacities of centres for social work in Bosnia and Herzegovina in conducting family and marital counselling, as well as insights into experts' experiences regarding treatment quality.

Before conducting the research, (1) a request was sent to centres for social work for the implementation of the study, (2) managers of centres for social work delegated participants who took part in the interviews, (3) all participants were provided with framework interview questions, and scheduling was arranged. (4) With participants' consent, audio recordings of interviews (lasting on average 30-40 minutes) were made. (5) During the interviews, voluntariness, anonymity, and participants' right to withdraw from the interview were respected.

Data collection was compared according to predefined qualitative comparative conditions. Qualitative Comparative Analysis (QCA) was utilised in the study as it represents a set of techniques developed in comparative research to bridge the differences between qualitative and quantitative methods. The analytical focus of QCA is at the case level rather than establishing relationships among variables. Hence, instead of focusing on the isolated impact of each independent variable in the research, the focus is on the case as the level of the analysis, and each case is viewed as a combination of factors.

The application of this method consists of 5 phases: (1) Formulation of the theoretical basis for defining variables describing the phenomenon under investigation; (2) Selection of relevant databases; (3) Creation of tables and data entry into the application; (4) Creation of criteria in the database using the application; (5) Interpretation of results. Although the obtained data cannot be generalised, the typology can be used for policymaking and recommendations in planning professional interventions, preventive activities, programs, and counselling therapy work in centres for social work to preserve the quality and stability of marriage and family in the society of Bosnia and Herzegovina.

Using Qualitative Comparative Analysis (QCA), the capacities of centres for social work were mapped out based on two conditions:

(1) Organisation of Work and Tasks of Experts in Family and Marital Counselling and Collaboration with Local Community Institutions (O.C.).

The research questioned whether the legal acts in centres for social work provide positions for family and marital counselling. What are the duties and tasks of experts conducting family and marital counselling? Do experts running counselling also work on other tasks and have other responsibilities? Does the workload of experts with other tasks affect the quality of counselling? Do experts who conduct counselling in centres for social work collaborate with institutions in the community? To “fully” include centres for social work in the QCA “ideal set”, legal acts need to define the work tasks and duties for counselling activities. Under ideal conditions, a centre for social work should have engaged experts educated in various psychotherapeutic schools to meet all client demands successfully. To ensure efficient and quality treatment counselling, experts should not be burdened with other tasks and duties. This would give experts sufficient time and opportunities to focus on counselling, ensuring satisfactory treatment quality.

(2) Availability of Psychotherapy Education and Supervision for Experts Conducting Counselling (S.E.)

This condition is investigated by addressing the following questions: Do experts participate in supervision? Is it continuous or occasional? In the absence of supervision, how do centres for social work provide professional support to experts? Is that support sufficient? Do centres for social work provide education to experts needed for (better) family and marital counselling? In the absence of providing formal education, how do centres for social work compensate for the necessary knowledge of experts conducting family and marital counselling? To “fully” include centres for social work in the QCA “ideal set,” it is necessary to organise systemic supervision for experts participating in counselling and allocate financial resources for education from psychotherapy schools essential for treatment. The research followed a structured focus case comparison (Druckman, 2005).

Instrument

In this study, Ragin’s (2002) six-value scale was used. The operationalisation of concepts was placed on a metric scale from 0 to 1 (Kvist, 2007). Two conditions were tested through the research (organisation of work and tasks of experts in counselling, collaboration with institutions in the local community (O.C.), and availability of education from psychotherapy schools and availability of supervision (S.E.)). Data were interpreted so that the number of corresponding cases adheres to the minimum required by the 2k formula, where k equals the number of conditions (Schneider and Wagemann, 2012). A case is fully included in a specific set when its score equals 1, while it is completely excluded if the score is 0. The threshold of 0.5 points is a conceptual turning point. Therefore, 0.8 indicates that the condition is entirely in the set, while 0.6 means it is more in than out. Subsequently, 0.4 shows it is more out than

in, while 0.2 is almost outside the set. The symbol ~ in the table indicates the absence of one of the conditions tested in the scheme of mutual configuration. For example, ~ OSE indicates that condition 1 is organisationally and conceptually considered absent. *Table 1* provides a visual representation of the positioning of variables based on the results.

Table 1: QCA Analysis

	Organisation and Collaboration (OC)	Supervision and Education (SE)	OC SE	~OC SE	OC ~SE	~OC ~SE
CSW Goražde	1	0.6	0.6	0	0.4	0
CSW Jajce	0.4	0.6	0.4	0.6	0.4	0.4
CSW Mostar	0.4	0.6	0.4	0.6	0.4	0.4
CSW Tuzla	0.6	0.4	0.4	0.4	0.6	0.4
CSW Banja Luka	1	0.6	0.6	0	0.4	0

Sample

The research was conducted in five centres for social work in Bosnia and Herzegovina (N=5) in the following cities: Goražde, Jajce, Mostar, Tuzla, and Banja Luka. Data were collected through semi-structured interviews with experts (N=10). Social workers and psychologists, who were educated in various psychotherapy schools and involved in family and marital counselling, participated in the study. Most experts had additional training in systemic family therapy, followed by cognitive-behavioural therapy, emotionally focused therapy for working with marital partners, gestalt psychotherapy, and reality therapy (some experts had completed training in multiple psychotherapy schools). Semi-structured interviews with legal experts were also conducted to gain insight into the organisation of work and business tasks of experts engaged in treatment.

Table 2: Participants

Participants	N
Social Workers	6
Psychologists	2
Lawyers	2
Total	10

The data obtained through semi-structured interviews were analysed using thematic analysis (Braun & Clarke, 2006), which involves six processing steps: (1) reading transcripts and familiarising oneself with the data; (2) generating initial codes; (3) searching for themes; (4) reviewing, refining, and defining themes; (5) naming themes; and (6) defining subthemes and linking them to themes to interpret research results. The results were supported by statements from participants, who were identified by labels and numbers to ensure confidentiality and anonymity. The identity anonymisation technique was employed, involving the removal of participants' names and assigning codes (e.g., P1 - participant 1, P2 - participant 2, etc.).

Ethics

The survey was conducted anonymously, and participation was voluntary, allowing participants to withdraw from the research at any time without providing a reason. This approach fostered a high level of trust between participants and researchers, facilitating valuable feedback and insights into the phenomenon under investigation. The research was conducted according to ethical research principles and the guidelines of the European Union.

Results

Similarities and Differences in Family and Marriage Counselling: Experiences of CSW Goražde and CSW Banja Luka

The data obtained indicate that CSW Goražde and CSW Banja Luka invest the most effort in implementing family and marital counselling. In these centres for social work, the legal framework regulates the positions of counselling therapists as professional staff. In CSW Goražde, three positions are systematised: two associate experts, social workers for counselling and therapeutic treatment, and an associate expert, a pedagogue-psychologist for psychological tasks. Experts conduct individual, couple, family, and group counselling and therapeutic treatment using a systemic family approach.

In CSW Banja Luka, two social workers are engaged in family counselling, with the possibility of employing two more experts according to legal acts. Family and marital counselling is conducted within the eight-hour working day. The data showed that only counselling experts at CSW Banja Luka are not assigned any other duties.

CSW Goražde does not have the financial capacity to employ experts exclusively for counselling, so the three experts educated in family and marital counselling also perform other tasks as needed. Despite experts' belief that they can

meet users' demands and needs, their involvement in other tasks affects the dedication and treatment quality. To ensure quality treatment services, they collaborate with experts in the local community and refer users to other institutions when collaboration is paramount for treatment progress.

Counselling and therapeutic treatment are challenging tasks for any expert. Although the process requires complete dedication and professionalism, the analysis showed that systematic supervision is not conducted in the two aforementioned centres for social work. The main reason for the years-long absence of systematic supervision is the financial problems the centres for social work face. Continuous supervision in CSW Goražde, in addition to financial issues, is hindered by the lack of trained supervisors. In the absence of supervision, they organise peer supervision and occasional supervision within project activities in collaboration with the non-governmental sector. Although such forms of support are significant, they are not sustainable. Experts often pay for supervision themselves when they deem consultations necessary. CSW Banja Luka is in a similar situation: there is no systematic supervision; several experts had temporary supervision which was self-initiated. However, supervision was conducted at the premises of the centre for social work during working hours, which caused problems in the experts' work. An interviewee stated that she had financed supervision several times herself because it was necessary due to challenges in her work.

The mentioned centres strive to provide experts with the necessary education for conducting counselling and therapeutic treatment. Through interviews, a respondent in CSW Goražde highlighted that the Centre funded one year of education in systemic family therapy while she financed the second year herself. A similar experience was shared by a professional from CSW Banja Luka. Without funds, the professional conducting family and marital counselling financed the education in systemic family therapy herself, while the Centre entirely financed the education in emotionally focused therapy. The mentioned centres for social work fund logistical costs and paid leave for experts attending additional education.

Table 3: Experiences of CSW Goražde and CSW Banja Luka in the implementation of family and marital counselling

Conditions	CSW Goražde	CSW Banja Luka
Regulations on job classification define the tasks and responsibilities of experts conducting family and marital counselling.	✓	✓
The Centre has sufficient experts trained to conduct family and marital counselling.	✓	
Experts conducting family and marital counselling are not burdened with other tasks and duties in the centre for social work.	✓	-
Experts conducting family and marital counselling receive incentives for performing additional counselling tasks.	-	-
Experts have designated hours for conducting family and marital counselling sessions.	-	-
Experts conducting treatment collaborate with other relevant institutions and professionals in the local community to improve the quality of treatment.	✓	✓
The centre for social work organises continuous and systematic supervision for family and marital counselling experts.	-	-
The centre for social work finances training in psychotherapy schools to enable professional development and better implementation of treatments.	-	-
The centre for social work makes efforts and enables experts to attend training in psychotherapy schools on their arrangement.	✓	✓
If unable to provide professional supervision, the centre for social work organises internal consultations and professional support for experts conducting treatment.	✓	✓

The data in *Table 3* indicate that centres for social work are trying to organise family and marital counselling to provide quality service to their clients. However, according to the QCA analysis, they cannot be fully classified into the “ideal set.” A serious issue is the lack of systemic supervision, which experts need to implement higher-quality treatment. Therefore, the centres should strive to ensure systemic supervision to improve counselling and provide experts with the essential prerequisites for better treatment.

Similarities and Differences in Family and Marital Counselling: Experiences of CSW Jajce and CSW Mostar

Further analysis revealed that CSW Jajce and CSW Mostar similarly implement family and marital counselling. In CSW Jajce, two social workers conduct counselling, while in CSW Mostar, one professional conducts the treatment. At CSW Jajce, the positions for conducting counselling need to be clearly defined. On the other hand, at CSW Mostar, the tasks and duties of advisory-therapeutic treatment are defined at three levels: educational-preventive, counselling, and therapeutic work.

In CSW Jajce, the legislation does not specify the hours for conducting counselling. Experts conduct treatment according to the client's response and available time. On the other hand, in CSW Mostar, the Family Counselling Centre operates four hours every working day. If clients request treatment outside the scheduled time, experts try to accommodate their needs and requests.

Counselling in these centres is conducted based on the client's needs, issues, and motivation. Experts conducting treatment also perform other tasks and duties specified by regulations during working hours. Overloading with other tasks negatively affects the implementation of counselling.

Although we try, the quality of work is compromised. Having staff dedicated solely to counselling would be good, but that is impossible. In such a situation, we are just putting out fires. We are all members of numerous teams, which affects the quality and dedication to treatment. (P:4)

Counselling is a challenging task and significantly differs from regular activities. However, experts conducting treatment receive no form of incentive. For example, one social worker states:

We do not receive any financial compensation for the work in the centre for family counselling. What drives us to engage in such a complex task is personal motivation. If we know we have helped someone, it motivates and stimulates us. (P:7)

To improve the quality of counselling treatment, CSW Jajce collaborates with the mental health centre, schools, municipality, court, and police station. Experts collaborate with institutions when they assess that their capacities are insufficient for a successful treatment outcome. They collaborate with the mental health centre if they determine that the client needs psychiatric assistance and medication therapy. Due to insufficient legal capacities, they collaborate with a non-governmental organisation that provides free legal support to clients. According to the experts' opinion, the benefits of collaboration are long-term, and clients are referred to other organisations to improve the quality of treatment.

In CSW Mostar, experts participate in supervision once a month. In CSW Jajce, experts do not have supervision. Aware of the financial problems the CSW faces, experts rarely request management to initiate systemic supervision. When asked if experts arrange supervision themselves, they stated that supervision is a luxury they

cannot afford despite the need. In the absence of supervision, experts exchange professional opinions if they encounter problems and challenges. However, this form of consultation is insufficient and cannot replace supervision.

CSW Jajce and CSW Mostar are rare centres for social work in Bosnia and Herzegovina that finance the necessary education for counselling. A positive experience was shared by an expert at CSW Jajce, where the Centre funded education in systemic family therapy. Through semi-structured interviews, experts stated they often had paid leave and logistical expenses while attending education.

The data obtained for these two mentioned centres for social work is presented in Table 4.

Table 4: Experiences of CSW Jajce and CSW Mostar in the Implementation of Couple and Marital Counselling

Conditions	CSW Jajce	CSW Mostar
Regulations on job classification define the tasks and responsibilities of experts conducting family and marital counselling.	-	✓
The Centre has sufficient experts trained to conduct family and marital counselling.	✓	-
Experts conducting family and marital counselling are not burdened with other tasks and duties in the centre for social work.	-	-
Experts conducting family and marital counselling receive incentives for performing additional counselling tasks.	-	-
Experts have designated hours for conducting family and marital counselling sessions.	-	✓
Experts conducting treatment collaborate with other relevant institutions and professionals in the local community to improve the quality of treatment.	✓	✓
The centre for social work organises continuous and systematic supervision for family and marital counselling experts.	-	-
The centre for social work finances training in psychotherapy schools to enable professional development and better implementation of treatments.	✓	✓
The centre for social work makes efforts and enables experts to attend training in psychotherapy schools on their own arrangement.	✓	✓
If unable to provide professional supervision, the centre for social work organises internal consultations and professional support for experts conducting treatment.	✓	✓

Analysing the data obtained through QCA, the CSWs in Jajce and Mostar are working on improving human resources. However, to be classified into an “ideal set,” efforts need to be made in organisational prerequisites for a higher quality treatment. In this endeavour, there is a need to engage a more significant number of experts dedicated to treatment. To enhance the quality of service, it is necessary to provide incentives for experts involved in family and marital counselling.

Professional experiences of experts in family and marital counselling at the Centre for Social Work in Tuzla

The data obtained indicate that CSW Tuzla excels in the number of trained experts (six experts trained in family systems therapy). Still, only one therapist works directly on counselling treatment. CSW Tuzla has a standardised work schedule for the family counselling centre. Although the experts emphasise that counselling is organised three times a week, the Family Counselling Centre operates only once a week due to insufficient staff and an overload of other work tasks and duties assigned to experts.

Family and marital counselling is conducted upon the recommendation of experts, depending on the complexity of the issues, and the treatment lasts for several sessions. The Centre does not have enough experts to respond to all user requests adequately. Namely, the expert conducting counselling work performs their regular activities, and during the scheduled hours in the counselling centre, they run treatment. Due to the lack of staff, experts are overloaded with various tasks and do not carry out treatments as regulated by law. All of this affects the quality of treatment, as well as the (dis)satisfaction and the position of experts:

Due to the staff shortage, many users wait for appointments because we do not have enough time to dedicate ourselves to counselling treatment... One expert working in the counselling centre cannot bring about significant change. It's not a proper counselling centre. Nevertheless, we try... (P: 7)

Because of their preoccupation with other obligations, experts do not have enough time to devote to counselling. One expert explained that four hours a week, which is the scheduled working time of the counselling centre, is insufficient to meet all user demands because each treatment requires preparation (she states that 60 minutes are needed for quality individual therapy, and about 90 minutes for family therapy). Therefore, during working hours designated for family and marital counselling, experts can conduct treatment with two marital partners or one family therapy, which is insufficient considering the response from users.

Due to the overload, experts often share work tasks and duties among themselves, which leads to a lack of long-term solutions for higher-quality counselling and therapeutic work in centres for social work. We are understaffed and cannot pay much attention to all tasks, especially counselling treatment. (P: 9)

Experts continuously collaborate with the police, the court, the mental health centre, and non-governmental organisations. Their collaboration mainly involves exchanging professional experiences and informing users about counselling possibilities in other institutions. In partnership with a legal organisation, they provide legal support to users. The Centre had difficulties with funding for two years, and thanks to cooperation with institutions from the local community, family and marital counselling was provided. What sets CSW Tuzla apart from other centres is that the engagement of experts in family counselling was funded through a one-year pilot project supported by the Ministry of Labor and Social Policy. Although this support was significant, due to the lack of finances, the payment of fees for work in family counselling was suspended after the project ended.

Experts in Bosnia and Herzegovina are often passive and do not require incentives to perform additional tasks in centres for social work. However, symbolic compensation would be significant and would contribute to higher quality and more dedicated work. Moreover, the increasing need for family and marital counselling poses a serious challenge. It requires long-term solutions that will contribute to higher-quality work in centres for social work.

Experts participate in supervision, which is organised occasionally by non-governmental organisations. They also expressed a need for education in systemic family therapy. Management provided space for the education to be held at their request, but experts funded the education independently.

Despite the importance of supervision and education, many experts cannot afford to finance supervision and the necessary education individually.

We do not have sufficient financial resources to provide supervision on our own. Although urgently needed, it would have been a luxury if we had to finance it individually. (P: 5)

Table 5: Experiences of CSW Tuzla in the Implementation of Family and Marital Counselling

Conditions	CSW Tuzla
Regulations on job classification define the tasks and responsibilities of experts conducting family and marital counselling.	-
The Centre has sufficient experts trained to conduct family and marital counselling.	-
Experts conducting family and marital counselling are not burdened with other tasks and duties in the centre for social work.	-
Experts conducting family and marital counselling receive incentives for performing additional counselling tasks.	-
Experts have designated hours for conducting family and marital counselling sessions.	✓
Experts conducting treatment collaborate with other relevant institutions and professionals in the local community to improve the quality of treatment.	✓
The centre for social work organises continuous and systematic supervision for family and marital counselling experts.	-
The centre for social work finances training in psychotherapy schools to enable professional development and better implementation of treatments.	-
The centre for social work makes efforts and enables experts to attend training in psychotherapy schools on their own arrangement.	✓
If unable to provide professional supervision, the centre for social work organises internal consultations and professional support for experts conducting treatment.	✓

The QCA data suggest that CSW Tuzla was initially ahead in organisational terms compared to other centres for social work in Bosnia and Herzegovina. However, owing to a lack of financial resources, the quality of service has been compromised. The problem is compounded by the fact that, due to disrupted family and partner relationships, an increasing number of users need professional assistance. However, a decreasing number of experts can provide help. Based on the interviews, it can be concluded that CSW Tuzla has extensive experience in providing family and marital counselling. However, support is still needed to ensure the quality of the services.

Discussion

The Centres for Social Work in Bosnia and Herzegovina play crucial roles in social protection. In many respects, they provide social and other professional services to help users reorganise their marital and family relationships. It is within the competence of centres for social work to organise educational and preventive activities through family counselling centres to improve partner relationships. However, most do not provide family and marital counselling (Dudić-Sijamija, 2022). Most centres for social work do not have a standardised position for family and marital counselling.

Additionally, one of the major challenges for marital counselling is the absence of counselling and therapeutic work with partners who want to marry, or with former marital partners. Experts most commonly provide counselling as part of regular activities because of disrupted marital and family relationships. Counselling is most often conducted during mediation proceedings, before divorce. In most centres for social work in Bosnia and Herzegovina, there is a lack of spatial resources for implementing family and marital counselling. The biggest problem is the lack of experts trained in psychotherapy, which is one of the conditions for establishing family counselling centres. Due to a lack of human resources, some centres for social work collaborate with mental health centres and refer users to family or marital therapy.

In practice, due to problems related to the lack of trained experts and citizens' lack of information and education about the possibilities of family and marital counselling, centres for social work do not have frequent inquiries or interested clients for treatment. When there is an interest from (married) partners in treatment, counselling is often not provided because of the limited capacities of centres for social work. In this regard, the results of this research indicate that in Bosnia and Herzegovina, social work centres face inconsistent standards for conducting family and marital counselling, different organisational structures, insufficient numbers of experts, lack of systematic supervision, and inadequate educational support.

However, comparing the experiences of experts in counselling in Bosnia and Herzegovina with those from other countries reveals similar problems. Booyesen and Staniforth (2017), examining the experiences of 15 experts from Aotearoa, New Zealand, stated that not all have equal counselling skills, which is why they feel the need to develop their clinical skills through additional education. In our study, all participants emphasised the importance of further education and counselling skills. Along these lines and addressing the problem of the lack of education to prepare experts for counselling, Booyesen and Staniforth (2017) note that there are potentially many different ways in which training and professional development can be achieved: counselling training in undergraduate social work programs, postgraduate qualifications, and training opportunities for counselling as additional professional development for social workers. Along these lines, it is essential to mention that in Bosnia and Herzegovina in recent years, specialised education has become more accessible, but it

is organised in larger cities (such as Sarajevo, Mostar, and Banja Luka). Due to geographical distance, it is often not available to experts from smaller and remote areas.

It is essential to highlight the lack of supervision. Respondents reported a lack of supervision, which hindered their ability to access adequate professional support and resolve ethical dilemmas in working with clients. The problems encountered by experts in counselling in both countries were related to stigma and prejudice. Staniforth (2016) states that social workers are stigmatised because of the nature of their work, and sometimes this is not sufficiently recognised. This is confirmed by numerous studies in Bosnia and Herzegovina (e.g., Šerić and Dudić, 2018; Šerić and Dudić, 2019), which show that 75% of citizens have negative associations with the profession of social work in Bosnian-Herzegovinian society. Due to significant prejudices and a lack of information about the benefits of counselling with experts, many citizens avoid seeking help because they believe that “something is wrong with them.” Challenges in counselling indicate the need to promote counselling as a significant aspect of social assistance.

The findings from the study on family and marital counselling in centres for social work in Bosnia and Herzegovina highlight several practical implications: (1) There’s a need for clear regulations defining the roles, responsibilities, and working hours of experts conducting family and marital counselling. This can ensure consistency and quality in service delivery across different centres. (2) Centres should invest in training and education for experts in family and marital counselling, including psychotherapy schools. This can enhance the expertise of professionals and improve the quality of services provided. (3) Systematic supervision is crucial for professionals conducting counselling, as it provides them with the necessary support, guidance, and feedback. Centres should prioritise establishing regular supervision sessions or alternative forms of professional support. (4) Collaboration with other relevant institutions and professionals in the local community can improve the quality of treatment and expand the range of services available to clients. Centres should actively engage in networking and partnerships to enhance their effectiveness. (5) Providing incentives, whether financial or symbolic, can motivate experts to perform better and feel valued for their work. Recognising the importance of family and marital counselling within centres for social work can contribute to greater dedication and commitment from professionals. (6) Efforts should be made to raise awareness among the public about the benefits of family and marital counselling and reduce the stigma associated with seeking help. Promoting counselling services as a valuable resource for resolving relationship issues can encourage more couples to seek professional assistance. (7) Adequate funding and resource allocation are essential for centres to effectively deliver family and marital counselling services. Securing financial support for training, supervision, and staffing can address existing challenges and ensure sustainable service provision. By addressing these practical implications, centres for social work

in Bosnia and Herzegovina can improve their capacity to provide high-quality family and marital counselling services, ultimately benefiting individuals and families seeking support for relationship issues.

Conclusion

The study identified social work centres in Bosnia and Herzegovina whose experts have extensive experience in family and marital counselling. Despite inconsistencies and shortcomings in service delivery, the experiences of these selected centres can serve as examples of good practices for the (improved) implementation of family and marital counselling in centres for social work.

Summarising the research results, it can be concluded that family and marital counselling is a complex and responsible task that requires expertise and competencies. The lack of systemic solutions, inconsistent norms and standards, and limited capacities have slowed the development of counselling work in Bosnia and Herzegovina. Additionally, the public's lack of awareness about counselling possibilities and insufficient motivation for couples to seek professional help in resolving marital problems exacerbate the situation. Therefore, significant strides are needed in organising services, fostering multi-sectoral collaboration, and promoting institutional awareness to provide counselling work with the recognition it deserves in society.

Although this study addresses the existing challenges and gaps in the provision of family and marital counselling services within centres for social work in Bosnia and Herzegovina, the study has limitations in terms of sample size, and it would be important for future studies to examine the capacities of centres for social work in providing counselling services on a larger scale and using different methods. The study can serve as a guide for future long-term studies that will track the effectiveness of family and marital counselling interventions over time to gain insights into long-term outcomes for clients and help identify factors associated with successful treatment. Comparative analysis of centres for social work in Bosnia and Herzegovina with those in other countries can offer insights into cross-cultural variations in the provision of family and marital counselling services and inform best practices.

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