Extended Abstract

Examining the UNODC’s Guide to Implementing Family Skills Training Programmes for Drug Abuse Prevention in Terms of Turkey’s Needs*

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Abstract

This study intends to examine the United Nations Office on Drugs and Crime’s Guide to Implementing Family Skills Training Programmes for Drug Abuse Prevention in the context of Turkey. For this purpose, the first part of the study discusses the family-training applications in Turkey, after which the aforementioned guide is summarized. Lastly, what will be developed for preventing substance dependence in Turkey in the direction of the information in the guide is found in the Guide to Implementing Family Skills Training Programmes for Drug Abuse Prevention, including the structure, content, and functionality of training programs that also cover families.

Keywords

Family-skills training program • Life skills • Substance addiction • Addiction prevention • Family life skills

* The contents discussed in this article can be effectuated in Turkey and have been formed from the original text of the United Nations Office on Drugs and Crime’s Guide to Implementing Family Skills Training Programmes for Drug Abuse Prevention (2009) for the purpose of shedding light on family-skills training in struggling with addiction.

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Parental training covers the special knowledge and childrearing skills that are provided to parents and other caregivers for the purpose of improving children’s health and development. Parental training can focus on disciplinary methods appropriate for children, transferring knowledge about the developmental characteristics of children at a certain stage, or specific childrearing skills that strengthen parent-child interactions, such as how the child’s physical and emotional well-being can be supported. Parental training is a service that can be offered at many places, such as hospitals and schools, and by many professional groups, such as teachers, faculty, and nurses (Zepeda, Varela, & Morales, 2004). Initiatives have taken place in Turkey in the last thirty years on different measures related to family trainings. The goal in family training, based on a systematic and conceptual foundation, is to have them possess parental skills and inform them about the different aspects of parenting (Arkan & Üstün, 2009; Cavkaytar, 1999; Schulz, 1987; Varol, 2005). Within the framework of this purpose is the development and application of family training programs directed at providing services that are appropriate to families’ and children’s requirements. Some of these programs also aim to bring services both to the child and the parents (Berbercan & Tavil, 2012; Cavkaytar, 1999).

The systematic and programmatic model of the Parent School in Turkey was initiated in 1982 by Istanbul University’s Literature Faculty Department of Educational Sciences. The Parent School project, which Istanbul University’s Department of Educational Sciences drove for many decades, has reached thousands of families since being applied in 27 provinces, working to pass on to families the basic principles related to child development and upbringing (Yavuzer, 2011). The Mother-Child Training Program (Anne Çocuk Eğitimi Programı [AÇEP], 2010) is another program that has reached widespread masses. Subjects akin to children’s cognitive development, sensitizing mothers to the child’s entire development, and informing mothers about reproductive health and family-planning topics occur within the contents of this training program (Bekman & Koçak, 2011). The My Family Program with the support of UNICEF and the Father Training Support and Child Care Course Programs with the support of Anne Çocuğu Eğitim Vakfı (AÇEV, [Mother-Child Training Foundation]) are among the other programs that should be mentioned in terms of public outreach in applying the Public Training Centers (Beder Şen & Demirkan, 2008). Family education programs in Turkey are seen: usually organized for parents with children in early childhood (e.g., Özmen, 2013; Şahin & Kalburan, 2009), directed at gaining how to teach parents and children a concept or skill as well as the necessary functional processes for being able to control their children’s behavior (Tavil & Karasu, 2013), and applying programs that transmit general information targeted at families with healthy children as well as specific family training for families who have children with special needs (e.g., Cavkaytar & Pollad, 2009; Kargın 2004; Kıçıker, Bakkaloğlu, & Sucuoğlu, 2001). Tavil and Karasu (2013) came to the conclusion in the results of their meta-analysis study regarding family trainings in Turkey that mothers usually are the ones who receive training. Some experts, while discussing family training programs in
the context of Turkey (Kılıç, 2010; Şahin & Özbey, 2007), have submitted suggestions on the necessity of providing family trainings to developing individuals from an early age; constantly repeating these by refreshing them with different contents appropriate to the children’s changing development stages; having school guidance services and local governance take responsibility on the point of providing family education services in and out of school; regulating training in accordance with the daily limitations of the target group; using group communication tools for widespread gains; and if necessary for families participating in training programs, providing health and social assistance support, performing home visits, and investigating the employment opportunities of parents participating in this training. When examining family-oriented trainings in terms of the main foci, the prevention of substance abuse, which is wide-spread in Turkey, has not been encountered in family training programs. One of the programs developed on this topic is the Substance Abuse Prevention Project, conducted in Istanbul in the early 2000s and included training for psychological counselors, teachers, and parents. The training provided under this project has been determined to enable an increase in the related target groups’ knowledge levels (Ögel, Taner, Yılmazçetin, Eke, & Erol, 2004). Another program developed with the cooperation of the Re-Education and Health Association through Turkey’s Supporting Contemporary Life Foundation is the Be Informed Don’t Get Addicted Parent Training Program ([Bilgili Ol Bağmla Olma], BOBO). The purpose of the program is to raise families’ awareness towards drug addiction, which is widespread in schools, and the evaluation performed at the end of the program has determined that parents’ training and knowledge levels have gone up (Ermağan, 2010).

The West is known to have carried out extensive studies on the topic of family training for preventing drug abuse. In October 2007, the United Nations Office on Drugs and Crime (UNODC, 2009), identified 130 family education programs world-wide for the prevention of substance abuse and brought together these programs’ implementers, managers, researchers, and developers for the purpose of performing a technical consultation on the topic of family-skills trainings. The study that was performed covered the cultural adaptations, applications, principles, and contents of the addiction-prevention family training programs. The UNODC’s Guide to Implementing Family Skills Training Programmes for Drug Abuse Prevention, which was created in light of that study, was prepared for the purpose of determining the basics of family skills training programs. The guide is the most comprehensive source written for showing the way to policy makers and program managers who plan to work on this topic. Headings are included in the guide, such as the need for family skills training, the premises that a good family education program should be based on, cultural adaptation of the family skills training program, the process of selecting parents and guardians and including them into the program, choosing and training group leaders, implementing the program, assessing, and sustainability. Additionally, the guide’s structure, which is interested in children, has important tips directed at determining the contents of a life-skills program that can be formed for youths and children.
Studies and research performed in Turkey on addiction has shown an increase in recent years. These studies cover demographic data in general terms; definitions of addiction; addicts’ characteristics; individuals’ problems and behavioral dependencies related to all types of addictive substances; and experimental and clinical studies, policy analyses, and case studies related to this issue through research on the different types of addiction and problematic usage that affect the individual’s physical, mental, and social life (Akıncı, 2016; Alikasıfçıoğlu & Erkan, 2002; Dilbaz, 2012; Eker, Akkuş, & Kapısz, 2013; Ergenç & Yıldırım, 2007; Işıklı & Irak, 2002; Karlıkaya, 2002; Odabaşoğlu, 2007; Ögel, 2002; Ögel & Aksoy, 2002; Ögel, Taner, & Eke, 2006; Sevgi, Ögel, Cömert, & Eke, 2007; Türkiye Uyuşturucu & Uyuşturucu Bağımlılığı İzleme Merkezi, 2006, 2014; Türkiye Büyük Millet Meclisi, 2009; Yaman, 2014). However, studies in Turkey designed with the intention of protective and preventative guidance have just begun to emerge, and the nature of family support and skills programs, being one of the most important contents of the work, still contains limited efforts. Evaluating the contents of family training programs being formed against addiction, the fundamentals on which they are based, and their purpose and scopes are undoubtedly also necessary through the possibility of their holding a light to any effort that can be begun in Turkey. In this context, discussing the contents of the UNODC’s Guide to Implementing Family Skills Training Programmes for Drug Abuse Prevention by accepting the premise of a qualitative study, which Turkey needs, is rather obviously important. As a matter of fact, for a program to be considered ready in line with the needs of Turkey, the following questions and other issues still await answers:

- Will it be a previously prepared successful program? If not, it needs to have a design appropriate for Turkey’s needs, doesn’t it?

- What are the issues that need paying attention to when designing the program?

- Who will be the program’s target audience; how will they be selected?

- How are the conditions for applying the program (where, how, how many sessions, how many family participants, who can apply it, etc.) determined?

- How are the scope and contents of the program determined?

- How are an appropriate measure and evaluation criteria for the program formed?

The sections located in this article are discussed by way of translating and discussing the relevant guide and its contents on: the fundamentals that the family skills training programs require and are based on; the description of family skills training programs; the principles of a good family skills training program; the contents and skills that parents need to acquire, that children need to acquire, and that families need to acquire; choosing families for the program and providing continuity;
defining the criteria for being able to graduate from the program; choosing, training, and supporting group leaders; monitoring and evaluating the program; and providing sustainability. The study has been formed by way of a summary investigation of the related sections and a presentation of the benefits that can be reached in terms of Turkey. Considerations formable in the Turkish context that need paying attention to in this study have been obtained by discussing them in the light of the information obtained from the guide and the conclusions.

**Discussion**

This section of the study discusses views on the attributes needed to be had by a family skills program for addiction prevention, which is awaiting preparation in Turkey, in light of the evaluations and principles foreseen in the UNODC’s *Guide to Implementing Family Skills Training Programmes for Drug Abuse Prevention*. Research has revealed preventative intervention programs to reduce domestic substance abuse (e.g., Ashery, Robertson, & Kumpfer, 1998; Corby & Russell, 1997). In fact, factors related to the parent-child relationship have been determined to also be associated with substance abuse. For example, parental attitudes towards substance usage, parental substance usage, parental support (Marsh & Chassin, 2000), parental supervision (Griffin, Botvin, Scheier, Diaz, & Miller, 2000), and communication within the family (Windle, 2000) relate to substance usage in adolescents. Unestablished family ties (weak relationships), parental control, and conflict in the family are also risk factors for substance usage. The elements accepted as key relationship components in substance use within family interactions are parental discipline approach, family cohesion, and parental supervision (Frisher, 2005; National Crime Prevention Centre [NCPC], 2009). The protective factors against substance usage at the family level are positive family relationships and family sanctions against substance usage (NCPC, 2009). Effective parental training programs increase the protective factors in the family and aim to reduce risk factors or eliminate them from the environment. Therefore, protective factors and risk factors should be defined and assessed within the framework of the parameters of the target group’s age and developmental level.

When also considering the family structure in Turkey in terms of demographic characteristics, the rates for divorce and unmarried couples living together are lower than Western societies (Organisation for Economic Co-operation and Development, 2016; T.C. Aile ve Sosyal Politikalar Bakanlığı, 2014; Türkiye İstatistik Kurumu [TÜİK], 2015). Lower divorce rates can be seen as a familial resource that increases sharing between parents on issues like participating in family training programs and parental supervision. When looking at Turkish culture through the eyes of local experts and foreigners who live in Turkey, the continuance of authoritarian and patriarchal structures, socialization differences between genders, and having friends of the same
sex being more common (though differentiable in terms of the city and countryside) are events that draw immediate attention (Fişek, 1982; Kağıtçibaşı & Sunar, 1992; McWhirter, 1983). Hierarchy exists between the genders in the traditional Turkish family structure; men and elders are superior to women and the younger in terms of authority. Women are responsible for the housework, which doesn’t change even in cases where they work. A husband and wife are not welcome to show their feelings towards each other in public, and children also generally share their feelings with the mother. Children are dependent on their family and are expected to be obedient; this is equally valid for adults, and adults are obliged to look after their parents as much as they can. Non-verbal communication, symbols, and gestures are common in Turkish culture. For example, kissing the hand and not crossing your legs in the presence of an elder are signs of respect (Fişek, 1982; Kağıtçibaşı & Sunar, 1992). In this context, the case of drinking and smoking in front of elders being accepted as shameful, especially in subcultures that place heavy emphasis on traditions, are protective factors and can be viewed within the framework of anti-alcohol norms in Turkey. The family, surroundings, and loyalty are very important in Turkish culture (Şenel, 2003). This situation can be addressed within norms that do not support substance use for preventive studies, and can be considered as a resource by emphasizing responsibility to the family and surroundings. When making these kinds of emphases, however, instead of advice-giving approaches, one important thing to be aware of is using interaction-based methods that utilize analytical and critical thinking and conducting research that will provide empirical data on these topics.

When looking at this point from the other side of the coin, pressuring adolescents to try alcohol (through the symbolic ties between adulthood and being strong by using alcohol) can be seen as a risk factor in the framework of norms that support substance usage. To give an example on this case, while possible to say the children of families in Turkey have reservations about starting to smoke, alcohol use is unable to draw the same response as smoking from time to time. In fact, some families allow their children to drink alongside them in mid-to-late adolescence to teach them how to drink appropriately. Moreover, the perception of “lion’s milk” being a nickname for raki (an alcoholic drink peculiar to Turkey) and the general phrase “one who is as strong as a lion can drink raki” in line with this, some dads in particular allow their boys to drink some raki to show that they are “now male.” Drinking alcohol (not being drunk) has also been adopted as a show of strength in this society. Another important thing to keep in mind here is that the custom of drinking under the eye of a father or close male relative, which can be considered a “coming of age ceremony,” carries a greater risk for boys than it does for girls. However, the dependence of the scientific validity of these ideas on empirical research results needs to be repeated on this point. As a matter of fact, carrying out research to provide relevant data is necessary and of great importance before establishing comprehensive prevention studies. The preliminary studies to be
done will not only identify sources and risk factors, at the same time they will also shed light on the issue of to which theoretical fundamentals a prevention program that also covers the family training program will be shaped as a basis.

As understood from the guide, giving space to just families while designing family training programs is insufficient; the programs are to be supported with content and applications for children and adolescents. Including a life-skills training program, created in the name of preventing addiction and taking aim at children and youths, can increase the effectiveness by also including it in the family training (e.g., Canel & İşmen Gazioğlu, 2015). For Eastern cultures like Turkey, having children participate in the program or having families perceive the program as to the children’s benefit is also considered advantageous in open societies. Indeed, research on couples with Asian roots, if focusing on the relationship among their own Asian couples as a tradition, has arrived at the result that focusing on the parent-child relationship is preferred. These couples opt to participate in seminars directed at their own needs as well as attending parenting seminars. In the same way, Asian couples use the word therapy before the word training because in Asian cultures, learning is perceived as a means of honor (Huang, 2005). Additionally, while working with these couples, the necessity of enriching theories by taking cultural qualities into consideration (i.e., the bonding theory well-known in the West) and interpreting them culturally has been emphasized. A life skills-based family training program directed at preventing addiction prepared in this way appears important in terms of both drawing a family program on the benefit it will provide children and carrying the possibility that it will increase its effectiveness.

The “multi-component prevention programs,” which are used in the family skills training provided in the guide, seem appropriate for institutions and organizations that aim to have a study like this spread across the country. Participation, which increases the effectiveness of the program, is recommended on a much larger scale in this structure. The examples of activities that develop teachers into leaders at school, alternative activities directed at youths in community centers, and awareness-raising studies by way of mass-media tools can be predicted as support for skills training in this structure, which has family trainings handled by various sectors of society through many dimensions. When considering the successes of previously performed programs in Turkey that have been supported by country-sponsored campaigns, setting up a model like this that can have the family training program arrive at greater success should be considered.

The headings of topics that the contents of a parental training program formable in Turkey particularly need to explore can be determined in line with the problem and support areas located in the guide. Firstly, studies, research, and theses that have been prepared in recent years on problem areas in the family need to be examined and their contents determined in order to be able to make a healthy determination about
which problem areas exist. The topic of whether or not problem areas exist specific to Turkey should be taken as a separate discussion, and studies should be planned according to this purpose. These studies should take into account the cultural and environmental differences of families and even more so, should have the quality of improving competent parenting and be based on the concept of family dynamics. One of the most important questions that needs to be answered before a study is formed is whether this program should be an adaptation of a previously successful program or whether it should have a unique design tailored to Turkey’s needs. In order to be able to answer such a question, the following is required: (1) a cost analysis of both options, and (2) determining the needs and contents that differ according to Turkey’s conditions through preliminary studies. Along with this, consideration of the important emphasis from the field writings and the ability of a blended program to bring greater success with specific solutions to Turkey’s needs are also predictable. The World Health Organization (1997) stated that while choosing skills to include in the program, additional culture-sensitive skills are also possible alongside the basic skills accepted as having a universal nature. A program enriched with resources like the country’s expectations, values, behaviors, and attitudes is highly likely to increase the effectiveness of prevention studies (İşmen-Gazioğlu & Canel, 2015).

The guide, which answers what issues need paying attention to, foresees drawing attention to some significant topics when evaluating the conditions of Turkey. Firstly, the program design needs to be as a prevention program at the universal or at the selective level. Studies should be performed first on the cost for creating a project in this context, which target group to reach, and determining group characteristics. The protective and preventative aspects that reaching more families will provide should be evaluated by consulting expert opinions through a wide range of work, such as being able to give families that are in high-risk groups advantages through a program prepared at the selective level of priority. Mothers are understood to participate more in the family trainings to be performed in Turkey (İşmen Gazioğlu, 2009; Tavil & Karasu, 2013). The necessity of considering how to enable fathers’ participation in this program is another issue. How to design the program for risk groups at different levels and for those coming from different sectors (the illiterate, refugee families, etc.) must be planned in advance. Another topic that comes forward has been clearly set forth as how to provide integration of the programs to be developed with programs like the Turkey Program to Combat Addiction that has been applied in schools.

For a study to be performed in Turkey, the program contents that can be learned and that can develop skills on this topic can be modeled by experiencing how families and children will improve their personal skills, with a focus on active family participation as recommended by the guide. Much of the performed research has revealed the effectiveness of programs focused only on knowledge levels to be much
lower compared with family skills training, as well as programs with a focus on skill acquisition to be highly effective (Van Ryzin, Roseth, Fosco, Lee, & Chen, 2016; Vermeulen-Smit, Verdurmen, & Engels, 2015). In other words, the program to be formed must not be informational; it must have the quality of developing the skills that will protect children. The effectiveness of family training programs performed at the information level being low, this effort requires the programs to be managed for developing skills. Additionally, identifying risky regions and making specific plans for regions is conceivable for being able to increase participation in the program and its motivation. These plans that will be formed can be transformed into implementation plans also for similar regions. The participation rate can be increased by designing distance training for families in regions that have trouble accessing the program in particular, family visits, or by way of using technology. However, because all families will not be able to participate together due to Turkey’s population density, the benefits of practical projects that will enable reaching broader masses and that aim to increase families’ knowledge levels can be expected to also multiply. Practical ways can be used in addition to trainings for this, such as educational short films that are shown in public places where a mix of adults are found like health centers, family medicine and women’s health centers, and sea-buses/ferry piers, for example.

The question of who will be the program’s target audience is not limited by determining which will be selected from the widespread or selective levels. The best answer that can be given to this question in the path shown by the guide is to detect which life-transition stage do families in Turkey feel need this more. The guide includes findings based on research results that identify families to be more motivated when they believe they need family training programs. This motivation becomes more intense during critical periods, such as children passing into adolescence, for example. For Turkey, too, which transition period do families feel a need like this the most needs to be identified. Determining this need is also an appointed prerequisite in place of the third (the program must conform to the target group’s risk level) and fourth (the program should be appropriate to the age and developmental levels of the target group families’ children) principles belonging to the family skills programs identified by the UNODC. Meta-analyses or document reviews that will be carried out on studies done so far in Turkey on addiction can also be used as a resource in determining the above-mentioned transitional periods. When dealing with the question of determining the conditions for applying the program, question such as where, how, how many sessions, and how many participant families will be in the program, or who will be able to apply for the program must be answered. Important content that must be taken into consideration during planning is the program’s application conditions, because first and foremost, the reliability of cost projections is directly related to this planning. An ideal program as understood from the guide should be designed with four to eight sessions, at least four if performed at a widespread level, and for families
in the risk group, it should be between 10 and 15 sessions. The program must be designed in line with the sixth principle identified by the UNODC: Each class will include 8-12 families and provide interactive techniques and activities. Finally, the program to be created absolutely must perform a pilot application and determine the required criteria for being able to count the results of the pilot application as successful. When pondering the guide’s emphasis on this topic, some practical indicators need to be consulted in addition to the necessary measures and evaluations. For example, the criteria of success for the program can be counted as a 60% attendance rate in the first pilot program. During the actual application of the program, the criterion for an acceptable rate of success should be 80% or higher.

As a result, when we look at a family training program for preventing addiction that will be carried out on behalf of Turkey in light of the principles that the UNODC determined for family training programs, the work needs to be started by deciding whether it will be primarily an adaptation or a drafted design. An adaptation program is the identification and selection through sufficient data of a proven program whose effectiveness is essential. By considering Turkey’s needs, however, a designed program’s ability to greater provide for the needs in our country as well as give the correct response should not be ignored. In this case, performing a comprehensive needs analysis is a requirement. Moreover, a needs analysis will provide a basis for identifying the issue of whether the program needs to be at a widespread level or a selective level. If the program will be sent on the path of formation, the next stage requires determining the theoretical foundation that the program will be based on. In this context, the theoretical framework that will be the basis of the topic of changing behavior and a theoretical framework that will be based on the reasons for addictive behavior need to be identified. When considering the program that will be created in line with UNODC principles, the program should be appropriate to the target group’s risk level, designed according to the age and developmental levels of the target group family’s children, and focused on skill development. The structure that is the ideal default according to the guide should be formed by including 8-12 families per session and should allow for interactive techniques and activities. The program should be foreseen as an opportunity for family supervision and oversight that strengthens positive family relationships, as providing families with skills, and as a help in transferring family values and expectations. The program should be focused on family participation in the program and on resources that provide continuation of participation and should aim to reach them during important transition periods. The program should provide adequate training and support from carefully selected personnel and should contain strong, systematic components for monitoring and evaluating.
Kaynakça/References


