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RESEARCH

Effect of 12-18 Age Family Training Program on Family Functions

12-18 Yaş Aile Eğitimi Programının Aile İşlevlerine Etkisi

Sema Şimşek [1], Hasan Atak [1]

Abstract

In this study, the effect of 12-18 Age Family Education Program (AEP) on family functions was examined in a quasi-experimental study. The families in the experiment and control groups of the study were selected by purposeful sampling method. Self-Assessment Scale, The Family Assessment Device (FAD) and Me as a Parent Scale (MPS) were used as pretest-posttest data collection tools. A 14-session Family Education Program was carried out in the experimental group. No study was conducted with the control group. In the experimental group, it was observed that there was a significant difference between the pre-test and post-test scores of the sub-scales of problem solving, parenting roles, affective responsiveness, affective involvement, controlling behaviors, and general functioning and there was no significant difference in terms of communication function. A significant difference was also found between the pre-test and post-test means of self-regulation skills. As a result, it was determined that the family education program was effective on parents. In the control group, no significant difference was found between the pretest-posttest scores in the subscales of problem solving, communication, affective responsiveness, affective involvement and controlling behaviors. A significant difference was found between the pre-test and post-test scores of parenting roles and general functioning subscales. There was no significant difference between the pre-test and post-test means of the control group parents' self-regulation skills. In the control group, where training was not applied, there was no change in general.

Keywords: Family education program, family functionality, healthy-unhealthy family, adolescence

Öz

Bu çalışmada 12-18 Yaş Aile Eğitimi Programı'nın (AEP) aile işlevleri üzerindeki etkisi yarı deneysel bir çalışmayla incelenmiştir. Araştırmanın deney ve kontrol gruplarındaki aileler amaçlı örnekleme yöntemiyle seçilmiştir. Öntest-sontest uygulamalarında Kişisel Değerlendirme Ölçeği, Aile Değerlendirme Ölçeği (ADÖ) ve Ebeveyn Olarak Ben Ölçeği (EOB) kullanılmıştır. Deney grubunda 14 oturum süren Aile Eğitim Programı gerçekleştirilmiştir. Kontrol grubunda eğitim uygulanmamıştır. Deney grubunda problem çözme, ebeveynlik rolleri, duygusal tepki verebilme, gereken ilgiyi gösterebilme, davranışları kontrol etme, genel işlevler alt ölçeklerinin ön test-son test puanları arasında anlamlı bir farklılaşma olduğu, iletişim işlevi açısından ise anlamlı bir farklılık olmadığı görülmüştür. Kendilerini düzenleme becerilerine ait öntest-sontest ortalamaları arasında da anlamlı bir farklılık bulunmuştur. Sonuç olarak aile eğitim programının ebeveynler üzerinde etkili olduğu saptanmıştır. Kontrol grubunda problem çözme, iletişim, duygusal tepki verebilme, gereken ilgiyi gösterebilme, davranışları kontrol etme alt ölçeklerinde öntest-sontest puanları arasında anlamlı bir farklılık bulunmamıştır. Ebeveynlik rolleri ve genel işlevler alt ölçeklerinde öntest-sontest puanları arasında anlamlı bir farklılık görülmüştür. Kontrol grubu ebeveynlerin kendilerini düzenleme becerilerine ait öntest-sontest ortalamaları arasında da anlamlı bir farklılık görülmemiştir. Eğitimin uygulanmadığı kontrol grubunda genel anlamda bir değişiklik yaşanmamıştır.

Anahtar sözcükler: Aile eğitim programı, aile işlevselliği, sağlıklı-sağlıksız aile, ergenlik

[1] Kırıkkale University, Kırıkkale, Turkey

✉ Sema Şimşek, Kırıkkale University Social Sciences Institute, Kırıkkale, Turkey
semasimsek.8686@gmail.com | 0000-0002-1161-0758

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AS OF THE END OF 2019, the population between the ages of 15 and 24 in Turkey consists of 12 million 955 thousand 672 young people. This number corresponds to 15.6% of the total population (Turkish Statistical Institute 2020). Considering the ratio of the young population in the total population, it becomes important to support the developmental stages and development tasks of the young people with the preventive and developmental guidance model. Therefore, it has become a necessity for families to participate in the process in order to support personal development and individual potentials of children and adolescents at the maximum level, instead of unilaterally working with them (Nazlı 2019a). In comprehensive guidance programs, only the work with the student is not considered sufficient, and it is expected and also gaining importance to include all the elements paired to children and adolescents, including school personnel, administrators and families who affect the life of the individual (Nazlı 2019b).

The family is a structure that has physical, emotional, financial and spiritual ties, and has historical partnerships, and wherein each individual considers himself/herself as a member of the same house (Gladding 2012). If the definitions paired to family in the literature are reviewed; it is mentioned as the smallest social institution of which the individual is a member without the chance to choose, that shares various roles and responsibilities, and is connected to each other by social and economic ties, and has been known to exist throughout the human history, and has preserved its continuity despite its changes (Baran and Yurteri Tiryaki 2016).

Just as there are no identical families when raising children and adolescents, there are no parent groups that apply the same methods. Therefore there is no absolutely correct and trouble-free method of raising children; likewise there is no book that shows the formula of raising perfect adolescents (Gander and Gardiner 2004). Each family sets its own rules and boundaries according to the personalities of the family members. In other words, it is not possible to talk about an ideal family type with "absolutely correct" criteria that can be an example for every society or family at different socio-economic and cultural levels in a society (Yavuzer 2010). On the other hand, young people consider families who have established a balance, who are fair and understanding, and who prefer to make decisions together instead of putting pressure on them, as more reasonable and communicative than overly strict and protective or overly tolerant parental attitude in the field studies (Elliott 1988, Fenwick and Simith 1998, Yavuzer et al. 2005, as cited in, Yavuzer 2010).

There have been many factors that have caused change and transformation in the family structure of Turkish society in the last twenty years. Together with the developments in the field of medicine, a new demographic structure has been started with the prolongation of the average human lifespan, the decrease in death rates, and the conscious control of births. Additionally the participation of women in the workforce, the changing roles of men and women, the gradual postponement of the age of marriage and childbearing, the number of family members, transformations in family structure and functions have been effective in this process (Epik et al. 2017). The family has been the structure that has undergone the fastest social change, especially due to the fact that people prefer to live in metropolitan cities because of the industrial developments. In addition to this rapid change in families, the decrease or disintegration of the economic union, family members continuing their lives in different houses and preferring to work in different jobs, and the changes in sharing and distribution of responsibilities have

spread the differentiation in the perspective towards traditional values (Çerik 2002). In order to increase and improve the efficiency of the family, the education of parents according to the differing needs will contribute first to their families and then to the whole society (Şentürk 2008).

The family is idealized and protected by government policies in all societies including the United States where the family is said to be most threatened (Gülerce 1996). In this context, it is important to talk about that both the family institution and its members fulfill their functions to what extent, and healthy and unhealthy family.

Health is much more than the absence of a pathology. For this reason, there is no consensus on how to define a healthy family. However families that give satisfaction to their members and fulfill their functions are called healthy families in general (Topal et al. 2019). Healthy families conduct their functions well, and their members are satisfied with the communication within the family. Although conflicts occur, they are relatively few in number. Members' ability to cope with stressful life events is strong, and they have a high ability to recover from crises. Family members exhibit autonomous and mature behaviors. In this way, they manage to solve their own problems without causing trouble to other family members. Thus the number of problems experienced decrease (Nazlı 2014).

In unhealthy families, there is disconnection between family members, and they bond too little with each other. Family members ignore each other's problems and prefer to remain unresponsive. Family relationships are rigid as opposed to a healthy family. For them in order to help each other, very serious stress experiences must occur or problems must be experienced. In this family type, the stress experienced by a family member is responded to in the form of recovery rather than effective problem-solving methods. Communication becomes unhealthy. Because family members have not learned how to establish proper communication with each other. The roles of parents and children may have exchanged, parents may have lost their influence on their children. Members in this type of family tend to display many risky behaviors (Mc Whirter et al. 1993, as cited in, Nazlı 2014).

Communicating with children in adolescence can be challenging for families. Raising awareness of families about the importance and form of communication with adolescents, will help both adolescents and their families pass this period more easily. Awareness can be created about positive discipline methods and supportive parental attitudes for the benefit of the child through family education (Köksal Akyol and Bilbay 2016). In recent years, the importance of family education has been recognized in all societies, and the number of trainings, programs developed and awareness studies in this context has increased significantly (Tezel Şahin and Kalburan 2009).

It is enough for healthy development to be in close contact with young generations, to recognize their tendencies, to respect their character and to love them. If this is not the case, conflicts will arise between young people and adults. If it is not behaved in this way, conflicts will arise between young people and adults (Köknal 2006). Families that can support young people's self-confidence in this critical period, ensure that young people are at peace with themselves, create democratic family environments so that they can easily express their feelings and thoughts, and act as appropriate role models will facilitate the adolescent's transition to adulthood in a balanced and harmonious manner. Parents must first equip themselves with up-to-date information and implement this knowledge in order to support their children's development (Ay 2015). Parents who

think that they have a deficiency in raising children or who need support in this regard feel the need to participate in trainings organized by the state and non-governmental organizations (Kılıç 2010).

The main purpose of family education is to be appropriate role models by strengthening the structure of the family and equipping its members with the knowledge and skills that will make them healthier and happier. It is observed that families who come to education support each other and evaluate themselves by exchanging information with other parents (Köksal Akyol and Bilbay 2016). Having reviewed various studies, Kağıtçıbaşı (1997) concluded that education programs that focus on both the child and the family are more effective than programs that focus only on the child (as cited in, Bekman 1998). As seen in various research results (Bağatarhan and Nazlı 2013, Özel 2014, Çakır 2017, Çimen et al. 2017, Adem 2019, Dinçerset and Özbesler 2020), it has been observed that the parenting skills of families who benefit from the family education program have been positively contributed.

Families who are most in need of help with emotional and behavioral problems often do not have support services and don't have access to these services. Socially and economically disadvantaged families are less likely to seek help. It is important in this regard to reduce barriers to access to parenting and other family intervention programs. It is clearly imperative that parenting and other family intervention strategies are widely accessible in the community (Sanders 2000). In this context, examining the effectiveness of a family education program can contribute both to the relevant field and to life and family policies in Turkey.

In accordance with this reason, the main purpose of this research is to improve families' knowledge and skills, to see how well families meet the goals such as learning new behavior styles and intervention methods, and to determine the effectiveness of the achievements in these goals through the family education program implemented. For this purpose, the following hypotheses were tested: 12-18 Age Family Education Program has a significant effect on family functions: Pretest and posttest scores of experimental group will differ significantly in favor of posttest scores. The pretest and posttest scores of the control group will not differ significantly.

Method

In this study, a quasi-experimental design with pretest-posttest control group was used to examine the effects of 12-18 Age Family Education on family functionality. With the approval of Kırıkkale University Social and Human Sciences Research Ethics Committee in session 02 dated 18.02.201, the data collection process in the research was initiated. Informed consent form was obtained from all participants. Before starting the training sessions, a pre-test was applied to the families in the experimental group and the control group by the researcher. Then, a 14-week training process was started for the families in the experimental group. No procedure was applied to the families in the control group. After the completion of the training sessions with the volunteer parents who participated in the training, the measurement tools were reapplied to the families in the experimental and control groups as a post-test.

Sample

The research group was chosen from the families who have 5-6-7-8th grades students of

a secondary school located in the center of Kırıkkale with the purposeful sampling method. In the study, it was tried to reach the parents of approximately 140 students who will volunteer and ensure their participation in the education. Two fathers who agreed to participate in the training did not want to continue the education since the experimental group parents who agreed to participate voluntarily were predominantly women. The number of people in the experimental group was determined as 18 and the analyzes were made on 18 people, because 3 of the 21 people who said they could attend the sessions, could not continue due to personal reasons. Families who did not agree to participate were randomly assigned to the control group by the number of people in the experimental group. The families in the control group were composed of people living in the same region and socio-cultural environment with the experimental group.

Measures

Personal information form

Data on the demographic information of the parents were collected with the form applied to the participants.

The Family Assessment Device (FAD)

It is a scale that evaluates what extent family members fulfill their functions in the family according to their own perceptions. Validity and reliability studies of FAD developed by Epstein et al. (1983), were carried out by Işıl Bulut (1990) in Turkey. The subscales called Problem Solving, Communication, Roles, Affective Responsiveness, Affective Involvement, Behavior Control and General Functioning are seven dimensions and consist of 60 questions. The answers given to the scale questions were evaluated in 4 categories between "I strongly agree" and "I strongly disagree". Scores range from 1 (healthy) to 4 (unhealthy). The scores obtained in each dimension vary between 1 and 4, and as it increases from 1 to 4, it is interpreted that there is an increase from healthy functions to unhealthy functions. Theoretically distinctive score was determined as "2". Evaluations below 2 points indicate healthy functioning. A score above 2 indicates unhealthy family functions (Bulut, 1990).

In order to test the reliability of the scale, the scale was reapplied to a group of 45 people with an interval of fifteen days. The correlations of the subscales were between r= .66 and r= .76. The internal consistency coefficients of the subscales evaluated with Cronbach-alpha ranged from .38 to .86. In order to evaluate the structure validity of the scale, the scores of the couples who are in the divorce stage and who have decided to terminate their marriage were compared. In the evaluations, it was observed that the scale was distinctive between the two groups (Bulut 1990).

Me as a Parent Scale (MPS)

It was developed as a short and easy-to-apply measurement tool by Hamilton et al. (2015) in order to measure parents' perceptions of parenting-related self-regulation skills. The answers given to the articles range from 1 (strongly disagree) to 5 (strongly agree). On the 16-article scale, participants are expected to evaluate dimensions paired to their self-efficacy, effectiveness, management and personal determinants. It is assumed that as the scores obtained increase, the self-regulation skills in the specified sub-dimensions increase (as cited in, Sarıot Ertürk 2019).

Scale articles were translated into Turkish by Sarıot Ertürk (2019). In the original application of the scale, the internal consistency coefficient was found between .50 and .96. As a result of the validity analyzes made, it was deemed appropriate to remove the factor loads of the first, fourth, sixth, ninth and sixteenth articles in the scale, since they did not meet the necessary conditions for structure validity. Confirmatory factor analysis was performed for the remaining 11 articles, and in the light of the data obtained, it was found that the MPS scale had a single factor. The KMO value was .91, and the Barlet-Sphericity test was significant. (χ 2 = 1202.42, df= 55, p <.001). As a result of the reliability analysis of the scale, the internal consistency value was found to be .87. Additionally it was seen that the scale, which was also examined by Item Response Theory analyzes, was sufficiently distinctive. In particular, it has been observed that it measures the situations in which the self-regulation skill is low and moderate more accurately than the situations in which it is high. It was determined that the scale was also confirmed in the sample consisting of Turkish parents as a result of the validity analyzes.

Content of the education program

The information about the sessions and their contents in the 12-18 Age Family Education Program is as follows (MNE GDLL 2013):

1st Session: Introduction and Program Presentation: The purpose of this session is to enable the participants to learn about the content of the program, to create a safe group environment for them to share their personal lives, to determine the group rules, to learn about the family education program, and to realize at least one of their children's strengths.

2nd Session: Structure and Importance of Family: It is aimed to ensure that the participants learn about the structure of the family institution, its functions and its effects on the members of the family. Functional and dysfunctional family types, the importance of family relationships, and the effects of negative parental behaviors on children are discussed.

3rd Session: Adolescent and Adolescent Development I: It is aimed to inform the participants about the general developmental characteristics of the adolescence period (physical, sexual, mental, moral) and to ensure that they have information about how they can help their children in this process.

4th Session: Adolescent and Adolescent Development II: It is aimed that they have information about how they can help their children in the personality and social development process of adolescence.

5th Session: Communication with Adolescents: The purpose of the session is to enable the participants to learn the concept of interpersonal communication, to understand its importance in human relations, and to realize the effects of their own communication skills on their children's behaviors.

6th Session: Adolescent and Peer Relationships: It is aimed to enable them to have information about peer and friend relationships in adolescence, to distinguish the characteristics of healthy and unhealthy relationships, to notice peer pressure, peer bullying, and to gain awareness about romantic relationships in adolescence.

7th Session: Adolescent's School Life: The main purpose of the session is to make the participants aware that their children may have different learning styles and learning strategies, and the reasons for learned helplessness, test anxiety and truancy.
8th Session: Adolescent Career Development: The gains of the session are the participants' knowledge about career development in adolescence, recognizing their children's interests and talents, recognizing the effects of stereotyped gender roles on career choice, and seeing what post-secondary education options are.
9th Session: Emotional and Mental Problems in Adolescence: It is aimed to have information about depression, suicide, anger, and eating disorders which are among the emotional and mental problems of adolescence.
10th Session: Risky Behaviors in Adolescence I: It covers risk-taking behavior in adolescence, the concepts of addiction, risk factors leading to risky behaviors, points to be considered, the reasons for running away from home and what to do in this situation.
11th Session: Risky Behaviors in Adolescence II: It is mentioned about the risky behaviors frequently encountered in adolescence, the right steps to be taken against internet addiction, the types of violence and the right steps to be taken in case of violence.
12th Session: Sexual Health Education in Adolescence: The purpose of the session is to make parents realize the importance of sexual health education, to know the sexual behaviors seen in adolescence, sexual health and prevention methods, and to make them aware of the points to be considered while giving sexual health education.
13th Session: Violence, Neglect and Abuse in Adolescence: The purpose of this session is to inform the participants about children's rights, child neglect and abuse, to evaluate the effects of domestic violence on individuals and to develop sensitivity.
14th Session: Developing Sensitivity to Individuals with Special Needs: It is aimed to provide information about the characteristics of individuals with special needs, the problems they experience, their families' feelings and thoughts about the reactions they encounter in the society, and to raise awareness.

Program implementation process

After determining the appropriate days and times with the families in the experimental group, educational materials developed by the Ministry of National Education's Lifelong General Directorate for use in the family education program for 12-18 age groups were used in 2009. Using video conferencing method a session of approximately 120-150 minutes per week had been carried out for 14 weeks.

It was necessary to adapt the sessions to the distance education process since the program cannot be made face to face. The information that will be included in the sessions and shared by the educator has been transformed into a presentation without changing the content. Activities, games, writings that should be on the board plan and session visuals have been prepared in advance and made ready for use in the session. Participants' readiness in the education was increased by sending them various activities with the same instructions a few days in advance, so the problems that could be experienced in terms of time management were tried to be overcome. For example, writing a letter to their children, a test of discovering their learning style, observing, researching and compiling news on the words used about gender roles in the society, and suchlike activities were prepared with this method and then shared in a large group

meeting. Thus it was ensured that the activities that could be done in a face-to-face environment were carried out completely. In the message group created to facilitate communication and in individual returns, the participation studies were evaluated and feedback was given about the preparations before the event. After the end of each session, family letters and additional information notes were sent so that the participants could share their achievements. In case of not being able to attend the sessions, make-up education was also applied, and information notes summarizing the session were sent.

Statistical analysis

In this study, independent t-test and Wilcoxon signed-rank test analysis were used to understand whether the implementation of the "12-18 age family education program" had a significant effect on family functions. Descriptive statistics were calculated for all variables. Frequency distribution table was used in the findings paired to the demographic characteristics of the experimental and control groups. Before each analysis, the normality of the distribution was tested. Due to the number of participants in the groups in which the study was conducted, the Wilcoxon signed-rank test was used instead of the paired t-test. The Wilcoxon signed-ranks test was used in the pretest-posttest comparisons of the family functionality and parental self-regulation skills of the experimental group. The Wilcoxon signed-ranks test was used in the pretest-posttest comparisons of the family functionality and parental self-regulation skills of the control group. The independent t-test was used in the before and after the education comparisons of the experimental and control groups (two independent groups). Whether the variances of the distributions of the measurements in both groups were homogeneous or not was examined with the Levene F test. There were 18 mothers in the experimental group and 18 mothers in the control group in this study, and non-parametric statistical techniques were used. SPSS 22.00 program was used in the analysis of the data, and the level of significance was taken as .05.

Results

Frequency distribution table was used in the findings paired to the demographic characteristics of the experimental and control groups. In order to describe the personal characteristics of the participants, the numeric and percentage values are given in Table 1. All 18 individuals in both groups in the study were female participants as seen in Table.1. Most of the mothers in the experimental and control groups are between the ages of 30-39. It is seen that the age distribution of the two groups is quite close and their marital status is similar to each other. When the education levels of 18 individuals in the experimental and control groups are examined, it is seen that the majority of them are primary and secondary school graduates, though there isn't any illiterate and higher education participants in both groups. It is seen that all of the participants in the control group were housewives, while there was only one working participant in the experimental group. Therefore, the working situation in both groups is similar. The fact that the participants are mostly housewives and not working in a job is also reflected in the income level of the family. It is seen that half of the participants in both groups make a living with the minimum wage, while 1/3 of the participants in the experimental group live on an income less than the minimum wage. When the number of children of the mothers participating in the study is examined, the majority in both groups consists of

families with two children. Since the target audience in the study is expected to be adults who have or care for children between the ages of 12-18, the data matches the target audience of the study. Participants in the experimental and control groups show a very close distribution in terms of their marriage duration and percentages in the group. Those who have been married for a total of 15 years or more constitute more than 50% in both groups.

Table 1. Descriptive statistics on the demographic characteristics of the participants

Variables	Experiment		Control	
	N	%	N	%
Gender				
Woman	18	100.0	18	100.0
Age Range				
21-29 Age	2	11.1	1	5.6
30-39 Age	12	66.7	15	83.3
40-49 Age	3	16.7	2	11.1
50 and more	1	5.6	-	-
Marital Status				
Married	16	88.9	18	100.0
Divorced	1	5.6	-	-
Other	1	5.6	-	-
Education Level				
Primary School	7	38.9	14	77.8
Secondary School	7	38.9	3	16.7
High School	4	22.2	1	5.6
Job Status				
Employed	1	5.6	-	-
Unemployed	17	94.4	18	100.0
Total Income				
0-1000 TL	2	11.1	1	5.6
1001-2000 TL	3	16.7	-	-
2001-3000 TL	8	44.4	9	50.0
3001 TL and more	5	27.8	8	44.4
Number of Kids				
1 kid	2	11.1	1	5.6
2 kids	9	50.0	10	55.6
3 kids	5	27.8	2	11.1
4 and more	2	11.1	5	27.8
Marriage Duration				
6-10 years	3	16.7	-	-
11-15 years	6	33.3	7	38.9
15 years and more	9	50.0	11	61.1

In order to compare the FAD pretest scores of the two groups participating in the study, a t-test was performed for unrelated measurements. The homogeneity of the variances in the distributions of the measurements in both groups was examined with the Levene F test. It is seen that the variances of the groups are homogeneously (similar or equal) distributed in the subscales of Problem Solving ($t(34)=1.60$, $p>0,05$), Communication ($t(34)=.13$, $p>0,05$), "Roles" ($t(34)=.28$, $p>0,05$), Affective Responsiveness ($t(34)=.73$, $p>0,05$), Affective Involvement ($t(34)=.25$, $p>0,05$), Behavior Control ($t(34)=.90$, $p>0,05$) and General Functioning ($t(34)=.64$, $p>0,05$), which are six of the seven subscales. As a result of the findings, no statistically significant difference

was found in terms of family functions in all of the Problem Solving, Communication, Roles, Affective Responsiveness, Affective Involvement, Behavior Control and General Functioning subscales of The Family Assessment Device. When the subscale scores are compared, it is seen that both groups of the families participating describe themselves as "less functional-unhealthy" in the Roles, Affective Involvement and Behavior Control subscales. On the other hand, it is seen that they evaluate themselves as "functional-healthy" in the Problem Solving, Communication, Affective Responsiveness and General Functioning subscales.

Table 2. Pretest scores comparisons of subscales of Family Assessment Device

Subscale	Group	N	Mean	Ss	Sd	T	p
Problem Solving	Experiment	18	2.04	.66	34	1.60	.11
	Control	18	1.71	.57			
Communication	Experiment	18	1.64	.43	34	.13	.87
	Control	18	1.62	.41			
Roles	Experiment	18	2.17	.54	34	.28	.77
	Control	18	2.12	.37			
Affective Responsiveness	Experiment	18	1.77	.52	34	-.34	.73
	Control	18	1.83	.44			
Affective Involvement	Experiment	18	2.40	.32	34	.25	.80
	Control	18	2.37	.42			
Behavior Control	Experiment	18	2.29	.34	34	.90	.37
	Control	18	2.16	.46			
General Functioning	Experiment	18	1.74	.37	34	.64	.52
	Control	18	1.66	.35			

Table 3. Comparison of pretest scores on the Me as a Parent Scale

Scale	Group	N	Mean	Sd	Sd	T	p
MPS pretest	Experiment	18	40.44	5.52	34	2.64	.01
	Control	18	46.22	7.44			

MPS: Me as a Parent Scale

The perceptions of the participants in the experimental and control groups regarding self-regulation skills show a significant difference in the pre-test comparison between the groups of the Me as a Parent Scale $t(34)=2.64$, $p<.05$. The self-regulation skills of the participants in the experimental group (mean =40.44) were lower than the self-regulation skills of the participants in the control group (mean =46.22).

If Table 4 is examined, it is seen that there is a significant difference between the pretest and posttest scores of the experimental group participants in subscales of the family assessment device such as problem solving ($z=-2.05$, $p<.05$), parenting roles ($z=-3.38$, $p<.01$), Affective Responsiveness ($z=-2.74$, $p<.01$), Affective Involvement ($z=-2.93$, $p<.01$), levels of behavior controls ($z=-2.04$, $p<.05$) and General Functioning ($z=-2.83$, $p<.01$). It is observed that there is no significant difference in terms of the communication function in the family ($z=-0.31$, $p>.05$).

According to these results, it is understood that this difference is in favor of the positive ranks that is to say in favor of the posttest, if the mean rank and rank totals of the difference scores are taken into account. Accordingly, it can be said that the experimental procedure applied increased the family functionality of the families which means that it was effective in all sub-dimensions except the communication subscale.

Table 4. Comparison of the FAD pretest-posttest scores of the experimental group before and after family education

Pretest – Posttest		N	Rank Average	Rank Sum	Z	p
Problem Solving Pretest	Negative Rank	5	4.80	24.00	-2.05	.04
Problem Solving Posttest	Positive Rank	10	9.60	96.00		
	Equal	3				
Communication Pretest	Negative Rank	8	6.81	54.50	-.31	.75
Communication Posttest	Positive Rank	7	9.36	65.50		
	Equal	3				
Roles Pretest	Negative Rank	2	4.00	8.0	-3.38	.00
Roles Posttest	Positive Rank	16	10.19	163.0		
	Equal	0				
Affective Responsiveness Pretest	Negative Rank	2	3.25	6.50	-2.74	.00
Affective Responsiveness Posttest	Positive Rank	11	7.68	84.50		
	Equal	5				
Affective Involvement Pretest	Negative Rank	1	6.00	6.00	-2.93	.00
Affective Involvement Posttest	Positive Rank	13	7.62	99.00		
	Equal	4				
Behavior Control Pretest	Negative Rank	5	6.70	33.50	-2.04	.04
Behavior Control Posttest	Positive Rank	12	9.96	119.50		
	Equal	1				
General Functioning Pretest	Negative Rank	2	3.75	7.50	-2.83	.00
General Functioning Posttest	Positive Rank	12	8.13	97.50		
	Equal	4				

FAD: Family Assessment Device

Table 5. Comparison of MPS pretest-posttest scores of the experimental group before and after family education

Pretest-Posttest	N	Rank Average	Rank Sum	Z	p
Negative Rank	11	8.73	96.00	-2.04	.04
Pozitive Rank	4	6.00	24.00		
Equal	3				

MPS: Me as a Parent Scale

There is a significant difference between the pre-test and post-test averages of the self-regulation skills of the experimental group parents in the analysis results (z=-2.04, p<.05). Education given to parents has a significant effect on their self-regulation skills.

If Table 6 is examined, there is no significant difference between the pretest and posttest scores of the control group participants in the family assessment device as problem solving (z=-1.75, p>.05), communication (z=-.20, p>.05), Affective Responsiveness (z=-1.79, p>.05), Affective Involvement (z=-2.93, p>.05) and behavior controls (z=-.08, p>.05). Whereas it is observed that there is a significant difference between the pretest and posttest scores obtained from the subscales of parenting roles (z=-1.99, p<.05) and General Functioning (z=-2.27, p<.05). Based on these results, it can be said that the control group participants had an effect on the confounding variables in the dimensions of roles and General Functioning. There is no change in 5 out of the 7 subscales when evaluated in general terms.

Table 6. Comparison of the control group's FAD pretest-posttest scores

Pretest-Posttest		N	Rank Average	Rank Sum	Z	p
Problem Solving Pretest	Negative Rank	7	6.50	45.50	-1.75	.08
Problem Solving Posttest	Positive Rank	11	11.41	125.50		
	Equal	0				
Communication Pretest	Negative Rank	10	7.20	72.00	-.20	.83
Communication Posttest	Positive Rank	6	10.67	64.00		
	Equal	2				
Roles Pretest	Negative Rank	5	6.90	34.50	-1.99	.04
Roles Posttest	Positive Rank	12	9.88	118.50		
	Equal	1				
Affective Responsiveness Pretest	Negative Rank	4	8.38	33.50	-1.79	.07
Affective Responsiveness Posttest	Positive Rank	12	8.54	102.50		
	Equal	2				
Affective Involvement Pretest	Negative Rank	9	8.39	75.50	-.88	.37
Affective Involvement Posttest	Positive Rank	6	7.42	44.50		
	Equal	3				
Behavior Control Pretest	Negative Rank	8	7.31	58.50	-.08	.93
Behavior Control Posttest	Positive Rank	7	8.79	61.50		
	Equal	3				
General Functioning Pretest	Negative Rank	5	5.70	28.50	-2.27	.02
General Functioning Posttest	Positive Rank	12	10.38	124.50		
	Equal	1				

FAD: Family Assessment Device

Table 7. Comparison of MPS pretest-posttest scores of the control group before and after family education

Pretest-Posttest	N	Rank Average	Rank Sum	Z	p
Negative Rank	6	8.83	53.00	-.77	.43
Positive Rank	10	8.300	83.00		
Equal	2				

MPS: Me as a Parent Scale

There is no significant difference between the first and last evaluations of the control group parents on their self-regulation skills (z=-.77 p>.05). Based on this result, the self-regulation skills of the parents who did not participate in the family education program did not undergo any change.

While the participants of the experimental group described their family functions in the problem solving subscale as unhealthy before the education, they qualified it in the healthy range with a significant decrease (mean =1.64) after the education. Although they showed a healthy function (mean =1.64) in the communication subscale, there was a change in the average scores (mean =1.56) towards the lower score which signifies being healthy, after the education was applied. Looking at the averages of the roles subscale, it is seen that while they evaluate their family functions (mean =2.17) as unhealthy, there is a significant increase (mean =1.72) in their functionality after the education and they evaluate themselves in the healthy range.

Table 8. Comparison of the pretest-posttest mean scores of the experimental and control groups

Subscale	Group	N	mean (experiment)	mean (control)
Problem Solving	Pretest	18	2.04	1.71
	Posttest	18	1.64	1.40
Communication	Pretest	18	1.64	1.62
	Posttest	18	1.56	1.66
Roles	Pretest	18	2.17	2.12
	Posttest	18	1.72	1.89
Affective Responsiveness	Pretest	18	1.77	1.83
	Posttest	18	1.49	1.62
Affective Involvement	Pretest	18	2.40	2.37
	Posttest	18	2.13	2.44
Behavior Control	Pretest	18	2.29	2.16
	Posttest	18	2.05	2.06
General Functioning	Pretest	18	1.74	1.66
	Posttest	18	1.44	1.45
Me as a Parent Scale	Pretest	18	40.44	46.22
	Posttest	18	44.33	44.38

While the experimental group participants describe their family functions (mean =2.29) as unhealthy in the Behavior Control subscale, it is seen that they approached the cut-off point of 2 points in terms of functionality, although it is still in the unhealthy range (mean =2.05) after the education. While the mean scores of Affective Responsiveness are described as healthy (mean =1.77) before the education, it is seen that they are still in the healthy range and tend towards a low score (mean =1.49) after the education. It is seen that the education causes a difference in the average scores in the dimension of the Affective Involvement. While the experimental group participants describe their family functions as unhealthy (mean =2.40), it is seen that they have approached the cut-off point of 2 points in terms of functionality, although it is still in the unhealthy range (mean =2.13) after the education. There is also a change in the average scores they get from the subscale of General Functioning such that it decreases from mean =1.74 before the education to =1.44 after the education. In general, it is seen that the family functionality of the experimental group participants increased in all dimensions. There is also an increase in average scores of the Me as a Parent Scale. On the scale where they can get the lowest 11 and the highest 55 points, their average score of self-regulation skills increases to =44.33 after the education while it is mean =40.44 before the experiment.

When pretest averages of the control group in the problem solving subscale are examined, the participants describe their family functions (mean =1.71) as healthy, while it is seen that they are again in the healthy range (mean =1.40) in the posttest. In the communication subscale, it is seen that they show a healthy function (mean =1.62) in the pretest, and they evaluate their functionality in a similar range (mean =1.66) in the posttest average scores. Looking at the averages of the roles subscale, it is seen that while they evaluate their family functions as unhealthy (mean =2.12) before the education, they evaluate themselves in the healthy range (mean =1.89) in the posttest and their scores decrease. In the Behavior Control subscale, the participants in the control group describe their family functions as unhealthy (mean =2.16), and they evaluate them again in the unhealthy range (mean =2.06) in the posttest. While the mean scores of Affective Responsiveness are considered healthy (mean =1.83) in the pretest, they are still in the

healthy range (mean =1.62) in the posttest. In the dimension of the Affective Involvement, the participants describe their family functions as unhealthy (mean =2.37), and they evaluate them again in the unhealthy range (mean =2.44) in terms of functionality in the posttest. Besides the average scores they get from the subscale of General Functioning are in the healthy range, they decrease from mean =1.66 in the pretest to mean =1.45 in the posttest. There is no change in the family functions of the participants in the control group in terms of being healthy or unhealthy in the evaluations made in all subscales except for the roles subscale. Mean scores of the control group in the me as parent scale has decreased. While the mean scores of self-regulation skills are mean =46.22 in the pretest, it decreases to mean =44.38 in the posttest.

Discussion

A significant difference is found between the pretest and posttest scores of the experimental group participants in the problem solving subscale of the family assessment device. Problem solving ability is to solve the problems encountered in the family without losing the functions of the family (Polat 2010). At the same time, this skill is valuable in terms of dealing ways in interpersonal relationships (Şahin 2004). Families who have gained problem-solving skills will be able to produce solutions to the problems they encounter when they are left on their own, and will be able to function in a healthy way by coping with new problems. Similar studies (Pehlivan 2008, Şimşek 2017, Çokamay Yılmaz 2018, Mutlu 2018) have also found that family education is effective in problem solving functions.

After the education program implemented by Pehlivan (2008) wherein only mothers participated similarly to our study, it was observed that mothers' coping skills increased in problems experienced with both children and spouses. It was observed that Çokamay Yılmaz (2018) conducted 14 sessions with parents - as in this study- , in which she applied the 7-11 Age Family Education Program, which is a different module of the Family Education Program (FEP). This study and in the follow-up studies one year later that effects of the education on family functions continued in the parents who received the education. Both education have a very rich content in terms of the duration of the structured education and the basic principles on which they are based. In this respect, parents of the experimental group participating in the education benefited from it and were affected in a similar way.

Significant differences were found between the experimental and control groups in the problem solving subscale as a result of the Father Support Education Program implemented by Mutlu (2018) to compare family functionality. It was seen that education was effective in an application where the participants were completely fathers unlike our study. When the results of all these studies are evaluated, it is seen that although different education programs are implemented, there are differences between the parents who receive education and the ones who don't, and the education contributes to the mothers and fathers who take advantage of the family education practices.

It was found that there was a significant difference between the pre-test and post-test averages of the mothers who were treated experimentally in the subscale of parenting roles in the results of the analysis. How the distribution of duties and responsibilities in the family is, and the behaviors exhibited by each individual regarding the responsibilities they undertake are expressed with the "roles" subscale (Polat 2010). If the

content of the education is examined, it will be seen that there are many content and activities paired to parenting roles, duties and responsibilities. It can be said that the importance of role models in the lives of adolescents is emphasized and studies on how families can help their children in this regard contribute to achieving the goal. It is thought that parents are first provided with appropriate parenting skills, and then the children are provided with the opportunity to encounter healthy role models with the family education program.

It was determined that the education which they received had a significant effect on the affective responsiveness levels of voluntary parents who participated in family education. The dimension which states whether the emotions are expressed verbally or in action, and whether the most appropriate option is decided in the face of any stimulus that creates a reaction is called "Affective Responsiveness" (Bulut 1990). This dimension also evaluates the ability of family members to express their feelings (Polat 2010). Çimen et al. (2017) worked with 7,8,9,10th grade adolescents on the studies that they examined the relationship between adolescents' self-harming behaviors and their family functionality and family characteristics. They concluded that there is not enough emotional sharing in the families of adolescents who show self-harming behavior. Young people learn to experience and express emotions in appropriate ways from their parents. Based on this finding, it is thought that there is no appropriate sharing environment in the families of the adolescents who harm themselves, and that unhealthy and temporary coping methods are used.

It seems that a significant increase in the affective responsiveness levels of voluntary families through the family education program supports the emotional communication which will be first conveyed from mother to child and then return from child to mother. Besides doing activities involving emotional reactions about their children during education, mothers who also do homework on this subject, who experience sharing their feelings with their children in appropriate ways and methods, and give feedback on this subject in subsequent training sessions benefit from the education. This fact has been revealed by the research finding. It can be said that education causes a significant difference in the dimension of the Affective Involvement, another sub-scale, and accordingly there is an increase in the level of interest shown by families to their children after education.

In the study of Çakır (2017), the family is expected to show interest in the student, which is among the expectations of school principals from the family. Including the other expectations, topics such as supporting the student, motivating the student, educative support and frequent attendance to school can be included in the subjects requested from the family to take care of their child. It is assumed that the education provided will also strengthen the school-family cooperation in this regard.

When Table 8 is examined, it will be seen that the unhealthiest dimension of the families in the experimental and control groups is the dimension of the ability to show requested interest. In this respect, it is very important for families to take care of their children in order to prevent adolescents from tending to risky behaviors. If the findings obtained in our study are compared with findings in the study of Dinçer Set and Özbesler (2020), it is observed that similar results are obtained in both studies. In the aforementioned study, they examined the parents of 43 adolescents between 12-18 years old who came/brought to, and who are registered to Şanlıurfa Provincial Directorate of Family and Social Policies because of escaping or being away from home. When they

evaluated these parents in terms of the family functionality, they reached the conclusion that families defined themselves as unhealthy in all sub-dimensions; especially the unhealthiest sub-dimension was experienced in the dimension of the Affective Involvement.

Providing a standard for the behavior of the individuals who constitute the structure of the family is called the behavior control (Mutlu 2018). It was observed that the family education program had a significant effect on the control levels of the parents in the experimental group and they benefited from the education program. In the study of Mutlu (2018) conducted with fathers, which supports this finding, it was seen that the participants benefited from the training significantly, and the primary school graduates benefited even more significantly in terms of behavior control subtest. If the graduation status of the mothers in our study is evaluated, it is thought that they are in more need of participation in education since primary and secondary school graduates are in the majority. It was observed that there was a significant change in the levels of controlling behaviors with the training received upon this need.

It can be said that the applied education has a positive effect on the General Functioning of the mothers in the experimental group. In this dimension, it is aimed to collect information about the sensitivity of each family member to each other, the effectiveness of the communication established, the attitudes of each individual in the family about being responsible, and the sharing of all positive and negative emotions (Bulut 1993). If the average scores of the participants in the experimental group from the subscale of General Functioning are examined, it is seen that there is an increase in functionality after the education. The results of this part of the research differ from the results of the experimental study conducted by Adem (2019). It was determined that the education given did not have an effect on the dimension of "General Functioning" in the related study. It is thought that this case may be due to the fact that the families in the experimental group were in a middle and high socio-economic structure and the majority of the group was high school and university graduates. The fact that it is not similar to the participant profile in our study from this point of view, may have been an effective factor in the differentiation of the results. It is seen that half of the participants in both groups make a living with the minimum wage, while 1/3 of the participants in the experimental group live on an income less than the minimum wage. The fact that this education is provided in the study group of which socio-economically low-income families constituted the majority, is considered very important in terms of supporting disadvantaged groups in adult education.

There is no significant difference between the scores they get before and after the education when the parents in the experimental group were examined in terms of intra-familial communication function. Communication refers to the verbal or nonverbal transfer of feelings, thoughts and information. This finding is thought to be resulted from restrictions on families and individuals under the age of 18 during the Covid-19 outbreak. It is thought to be possible that the increase in the number of individuals staying at home in a period when there are restrictions on going to school and work, the serious changes in living habits, the need to establish frequent domestic communication due to the decrease in social interaction, the dismissed spouses and the related economic difficulties have reduced the effectiveness of the communication function of education.

Another finding in the study is that the family education program has a significant effect on parents' self-regulation skills. Self-sufficiency, self-efficacy, self-management

and personal determinants correspond to the items containing the sub-dimensions of the self-regulation skills scale (Hamilton et al. 2015). In this point of view, self-regulation skills are also paired to self-efficacy. This may be a factor that led parents in the experimental group to participate in family education. Parenting self-regulation includes parents' perception of themselves as more competent and effective through education, problem solving independently, self-direction, and adapting parenting goals and skills to various types of parenting (Karoly 1993, Sanders 2008, Sanders and Mazzucchelli 2013, as cited in, Hamilton et al. 2015). It is thought that parents who want to participate in family education want to participate because of these and similar purposes.

The study by Bağatarhan and Nazlı (2013) is an example for this. Researchers conducted a Parent Education Program for the mothers of first-year students and examined the effects of the program on perceptions of participating mothers about self-efficacy regarding their parenting. They performed measurements after completing the parent training with the group and repeated their measurements three months later. They saw that the implemented program increased parenting self-efficacy and contributed positively. Compared to our study, it was seen that the education process continued for 7 sessions while the gender and number of the participants, educational status and age range of the participants were similar, and it was effective. In this respect, it is thought that our 14-week training will be more supportive to parents. While there was no control group in the study conducted with a single parent group, our study was supported with the control group, allowing the comparison of the scientific effects of education.

As a result of the analysis, it was determined that there was no significant difference in the pretest-posttest implementations of the parents in the control group in terms of the subscales such as problem solving, communication, Affective Responsiveness, Affective Involvement and behavior control in the family assessment device of the control group participants. It is an expected situation that no change will occur due to no action being taken. These results show parallelism with the control group studies (Özel 2014, Çekiç 2015, Balcı 2017, Çokamay Yılmaz 2018, Mutlu 2018) in the literature. In studies with control groups, it is thought that parents who are not willing to participate in the trainings are not open to change or are not ready to experience any change, and they do not need training, and they are not willing or able to spare enough time to increase the quality of their family life. Therefore it is desired to increase the number of trainings and participants by making these differences more visible between families who receive and do not receive education.

In the analysis results, it is seen that there is a significant difference between the first and last measurement scores in the parenting roles and General Functioning subscales of the control group. It is considered that this differentiation (in the dimensions of roles and General Functioning) may be paired to the process passed through, and it is considered as a reflection on the post-test scores of the mothers who had to take on not only the role of parenting, but also the role of trainer, friendship, practitioner of health measures, and follower and implementer of the rules regarding restrictions. Based on the results explained above, when the parents of the control group were evaluated in general, 5 out of 7 subscales did not experience any change. The finding obtained in our study is similarly seen in the study of Özel (2014). In Özel's (2014) study, it was seen that uneducated parents did not realize their mistakes about their children, continued these mistakes and exhibited negligent parental attitudes, and no progress was made in their

parenting skills because they did not show any behavioral changes despite being aware of this situation and did not receive support.

The participants informed that the effect of the education continued, the intensity of positive emotions they experienced after the training still continued, and the education contributed to their parenting skills in the written feedback requested after 3 months regarding the effects of the training on their personal and family lives. Based on the assumption that parents' feelings of well-being will enable them to be more emotionally accessible and supportive to their children (Kaplan et al. 2001), it is thought that education also affects the children of participating mothers, providing the opportunity to grow up with appropriate role models and healthy parents. Accordingly, in their study, Kalyencioğlu and Kutlu (2010) found that when the family is perceived as unhealthy by the adolescents, the level of adjustment of the adolescent also decreases. They concluded that the child's attitudes towards the outside world have an effect on her relations with her family members, and that it is inevitable to see psychological adjustment problems in adolescents when appropriate approaches are not taken in this critical developmental stage of the family.

The participants in the control group in which the experimental procedure was not performed, did not experience any change or functionality difference in the problem solving subscale, communication subscale, Affective Responsiveness subscale, the Affective Involvement subscale and behavior control subscale of FAD It was found that there was a significant difference between the pre-test and post-test scores they got from parenting roles and General Functioning subscales. It is thought that the factors in the lives of the participants lead to such a change regardless of the education in the roles and General Functioning subscales. Although there is no significant difference between the averages in self-regulation skills of the control group parents; there was a decrease in the total scores of self-regulation skills.

Conclusion

It was seen that the hypothesis of the research of that “Pretest and posttest scores of experimental group will differ significantly in favor of posttest scores” was confirmed by looking at the findings. While there was no statistically significant difference between the experimental and control groups before the education in terms of family functions in all subscales of the Family Assessment Device as Problem Solving, Communication, Roles, Affective Responsiveness, Affective Involvement, Behavior Control and General Functioning; after the experimental procedure applied, it was seen that the families in the experimental group increased their family functionality, and education was effective in all relevant sub-dimensions except for the communication subscale. It was also found that there was a significant difference between the pretest and posttest averages of the self-regulation skills of the experimental group parents. Depending on this result, it was determined that the family education program had a significant effect on the self-regulation skills of the parents. Except for the roles and General Functioning subscales, no functionality changes were experienced in the control group participants who did not undergo the experimental procedure. It was determined that there was no significant difference between the pretest and posttest averages in self-regulation skills of the control group parents. Although there was no significant change, there was a decrease in the total scores of self-regulation skills. Family education for the ages of 12-18

implemented in this study had to be done as online education due to the pandemic conditions. The results of the study can be re-evaluated by conducting it in face-to-face conditions. The effects of variables can be examined by implementing family education on different genders (fathers or mixed groups), socio-economic groups, separated parents and settlements (village, metropolitan, etc.). Family education to be carried out with more than one practitioner may provide more opportunities to work with group leaders in small group studies. The work can be strengthened by the influence of leaders who are different role models. Although online education brings with its various difficulties, it is thought that it will play a facilitating role in bringing together many parents living in different parts of Turkey with this method. Thus, more parents can be reached and more children can be supported. The research is limited to parents who have children between the ages of 12-18 and who will participate in the study voluntarily. This study consisted of 14 sessions in the "12-18 Age Family Education Program" Module which is in the "0-18 Age Family Education Program" courses. The research is limited to the titles, activities, informative explanations, stories at the end of the sessions and pictures in the books of the family education program prepared and implemented by the Ministry of National Education General Directorate of Lifelong Learning.

References

Adem S (2019) Aile eğitim programının aile işlevleri üzerindeki etkisinin incelenmesi (Yüksek lisans tezi). İzmir, Dokuz Eylül Üniversitesi.

Ay F (2015) Aile eğitimi kurslarının yetişkin eğitimi bağlamında etkililiğinin değerlendirilmesi (Yüksek lisans tezi). Bartın, Bartın Üniversitesi.

Bağatarhan T, Nazlı S (2013) Ebeveyn eğitim programının annelerin ebeveynlik öz-yeterliklerine etkisi. Sosyal Politika Çalışmaları Dergisi, 31:67-88.

Balcı A (2017) Sosyal medya temelli anne katılım programının anne çocuk ilişkisine ve anne öğretmen iş birliği-iletişimine etkisinin incelenmesi (Yüksek lisans tezi). Ankara, Gazi Üniversitesi.

Baran G, Yurteri Tiryaki A (2016) Aile Yaşam Dinamiği. (Ed G Baran). Ankara, Pelikan Yayıncılık.

Bekman S (1998) Eşit fırsat (anne çocuk eğitim programının değerlendirilmesi). http://www.acev.org/wp-content/uploads/2017/11/acev_esit_firsat_reduce-1.pdf. Accessed 23.08.2020.

Bulut I (1990) Aile Değerlendirme Ölçeği El Kitabı. Ankara, Özgüzeliş Matbaası.

Bulut I (1993) Ruh Hastalığının Aile İşlevlerine Etkisi. Ankara, T.C Başbakanlık Kadın ve Sosyal Hizmetler Müsteşarlığı Yayınları.

Çakır E (2017) Ortaokullarda aile katılımına yönelik okul müdürlerinin görüşlerinin değerlendirilmesi (Karaman ili örneği) (Yüksek lisans tezi). Konya, Necmettin Erbakan Üniversitesi.

Çekiç A (2015) Akılcı duygusal aile eğitim programının anne babaların akılcı olmayan inançları ve anne babalık stresleri üzerine etkisi (Doktora tezi). Adana, Çukurova Üniversitesi.

Çerik Ş (2002) Ailelerin gençlere karşı tutumları ve gençlerin ailelerinin tutumlarını algılayışlarına yönelik üniversite gençliği üzerinde bir araştırma. Ege Akademik Bakış Dergisi, 2:1-17.

Çimen İD, Coşkun A, Nasıroğlu S, Etiler N (2017) İzmit'te yaşayan ergenlerde kendine zarar verme davranışı ve aile özellikleri ile ilişkisi. Anadolu Psikiyatri Derg, 18:257-264.

Çokamay Yılmaz G (2018) 7-11 yaş aile eğitim programının etkisinin ana babalar ve çocuklar üzerinde değerlendirilmesi (Doktora tezi). Ankara, Ankara Üniversitesi.

Dinçer Set E, Özbesler C (2020) Evden kaçan ergenlerin aile işlevselliklerinin değerlendirilmesi: Şanlıurfa örneği. Toplum ve Sosyal Hizmet Dergisi, 31:441-459.

Epik M, Çiçek Ö, Altay S (2017) Bir sosyal politika aracı olarak tarihsel süreçte ailenin değişen/değişmeyen rolleri. Sosyal Politika Çalışmaları Dergisi, 17:35-38.

Gander MJ, Gardiner HW (2004) Çocuk ve Ergen Gelişimi. (Çev. Ed. B Onur). Ankara, İmge Kitabevi.

Gladding TS (2012) Aile terapisi, tarihi, kuram ve uygulamaları. (Çev.Ed İ Keklik, İ Yıldırım). Ankara, Türk Psikolojik Danışma ve Rehberlik Derneği Yayınları.

Gordon T (1996) Etkili Ana Baba Eğitimi Aile İletişim Dili. İstanbul, Sistem Yayıncılık.

Gülerce A (1996) Türkiye'de Ailelerin Psikolojik Örüntüleri. İstanbul, Boğaziçi Üniversitesi Matbaası.

Hamilton V E, Matthews JM, Crawford SB (2015) Development and preliminary validation of a parenting self-regulation scale: "me as a parent". J Child Fam Stud, 24:2853–2864.

Kalyencioğlu D, Kutlu Y (2010) Ergenlerin aile işlevi algılarına göre uyum düzeyleri. Florence Nightingale Hemşirelik Dergisi,18: 56-62.

Kaplan DS, Liu X, Kaplan HB (2001) Influence of parents' self-feelings and expectations on children's academic performance. The Journal of Educational Research, 94:360-370.

Kılıç Ç (2010) Aile eğitim programları ve Türkiye'deki örnekleri. Abant İzzet Baysal Üniversitesi Dergisi, 10:99–111.

Köknal Ö (2006) Ergenlik Dönemi. Ana-Baba Okulu. İstanbul, Remzi Kitabevi.

Köksal Akyol A, Bilbay A (2016) Aile Eğitimi. In Aile Yaşam Dinamiği (Ed. G Baran). Ankara, Pelikan Yayıncılık.

Mutlu H (2018) Baba destek eğitim programının aile işlevleri üzerindeki etkisinin incelenmesi (Yüksek lisans tezi). İzmir, Dokuz Eylül Üniversitesi.

Nazlı S (2014) Aile Danışmanlığı. Ankara, Anı Yayıncılık.

Nazlı S (2019a) Geleneksel ve gelişimsel pdr. https://acikders.ankara.edu.tr/pluginfile.php/110986/mod_resource/content/. Erişim Tarihi: 1 Kasım 2020.

Nazlı S (2019b) 21. yüzyılda okul rehberlik hizmetleri. https://acikders.ankara.edu.tr/pluginfile.php/44152/mod_resource/content/0/Sunu-3%20Geli%C5%9Fimsel%20PDR.pdf. Erişim Tarihi: 1 Kasım 2020.

Özel E (2014) 5-7 yaş çocuğa sahip ebeveynlere verilen anne baba eğitimlerinin aile çocuk ilişkisine etkisi (Malatya ili örneği) (Yüksek lisans tezi). Malatya, İnönü Üniversitesi.

Pehlivan H (2008) Anne eğitim programının etkililiğinin değerlendirilmesi. Aile ve Toplum Eğitim-Kültür ve Araştırma Dergisi, 4:55-66.

Polat S (2010) Şizofreni hastaları ve kardeşlerinde düşünce bozukluğu ve aile işlevleri ile ilişkileri. (Uzmanlık tezi). İzmir, Dokuz Eylül Üniversitesi.

Sanders MR (2000) Community-based parenting and family support interventions and the prevention of drug abuse. Addict Behav, 25: 929-942.

Sarıot Ertürk Ö (2019) Olumlu ebeveynlik programı: okul öncesi çocuklarda problem davranışlara etkisi ve kendini düzenleme becerisinin aracı rolü (Doktora tezi). Aydın, Aydın Adnan Menderes Üniversitesi.

Şahin Ç (2004) Problem çözme becerisinin temel felsefesi. Kazım Karabekir Eğitim Fakültesi Dergisi, 0:160-171.

Şentürk Ü (2008) Aile kurumuna yönelik güncel riskler. Aile ve Toplum Dergisi, 4:7-32.

Şimşek B (2017) 7-19 yaş aile eğitim programının aile tutumlarına etkisi (Yüksek lisans tezi). İzmir, Dokuz Eylül Üniversitesi.

TC Başbakanlık Aile ve Sosyal Araştırmalar Genel Müdürlüğü (2011) Türkiye'de ailelerin eğitim ihtiyaçları. Ankara: Başbakanlık Aile ve Sosyal Araştırmalar Genel Müdürlüğü Yayınları.

Tezel Şahin F, Kalburan FNC (2009) Aile eğitim programları ve etkililiği: dünyada neler uygulanıyor? Pamukkale Üniversitesi Eğitim Fakültesi Dergisi, 25:1-12.

Topal K, Aksöyek A, Canatar T (2019) Ailede sağlık-hastalık kurguları ve ailenin işlevselliği. Klinik Tıp Aile Hekimliği Dergisi, 11:14-17.

Türkiye İstatistik Kurumu (2020) İstatistiklerle gençlik 2019. https://tuikweb.tuik.gov.tr/PreHaberBultenleri.do?id=33731. Accessed: 27.02.2021.

Yavuzer H (2010) Gençleri Anlamak. İstanbul, Remzi Kitabevi.

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