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Family Involvement-based Model in Rehabilitation Program of Substance Abuse and Its Effectiveness in Indonesia: An Action Research Design

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ABSTRACT

Introduction: Efforts towards drug rehabilitation have been carried out in a comprehensive and integrated manner play an important role in the process of one's physical and psychological growth. This study develops family involvement-based intervention for drug abusers and test its effectiveness among adolescent in Indonesia. **Methods:** The action research model was used since the program was designed to be constantly restructured in accordance with the demands of the participants. Purposive sampling was used to select the participant. Participants were drawn from a Jakarta, Indonesian hospital's drug recovery clinic. An informal interview was held. **Results:** The family involvement program includes two targets, including adolescent users and their family. The action plan was developed based on the results of qualitative study, namely EVIE model implementation that consisted of four steps, namely evaluation, verification, identification and eclecticism. Participants are comprised of 40 users and their families and were then allocated to the action group. The program lasted for 6 weeks, with sessions lasting 2-2.5 hours a week. **Conclusion:** Using the EVIE step model, which is based on cognitive-behavioral psychological therapy principles, the intervention session was guided by a family involvement-based approach.

Keywords: Substance addiction, Family involvement, Action research, Family therapy

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INTRODUCTION

Despite various attempts to prevent drug abuse, drug addiction remains a global problem. It's estimated that 167 to 315 million people (aged between 15 to 64 years old) were use drugs; which is about 3.6-6.9% of the world's population [1]. United Nations Office on Drugs and Crime (UNODC) research shows [2], Every year, 250 million people use or abuse narcotics and stimulants, resulting in the deaths of 28 million people. [3] A third of Europe's young people have easy access to cannabis, and almost a quarter of those young people use it on a regular basis, according to reports. In Indonesia, there is a rapidly increased the number of drugs users among all aged group, especially among adolescents and youth. Based on the National Narcotics Board (BNN) of the Republic of Indonesia's research, the prevalence rate of drug abusers in Indonesia has reached 2.23% (aged 10 - 59 years) with total of 4.2 million people and increased to .28% with total of 5.6 million people in 2015 [4]. Adolescent substance use and abuse problems continue to be a concern for schools, the public, families, and professionals. The prevalence of drug abuse among junior high school, high school and university students is continuing to increase, from 3.4% in 2013 to in 2018 [4].

Adolescents who use drugs or alcohol are more likely to have a wide range of issues in their personal and

professional live [5–7]. Developing a good self-concept and healthy interpersonal connections are two of the most difficult tasks an adolescent faces as they prepare to enter adulthood [5]. When it comes to fostering a child's development in today's society, the family remains the primary source of bonding, nurturing, and socializing. Treating merely the person who is addicted to drugs or alcohol has limited efficacy.

Efforts towards drug rehabilitation have been carried out in a comprehensive and integrated manner through non-medical, psychological, social and religious approaches so that drug users who suffer from addiction. The goal is to help patient's recovery physically, mentally, socially and spiritually (Ministry of Health, 2013). The rehabilitation carried out so far, still has many weaknesses; has not been effective, which is indicated by the high relapse rate [8]. In 2007 the relapse rate was 95%. In 2008, relapse data in Indonesia reached 90% [9]. Approximately 6,000 addicts who participate in rehabilitation, about 40% per year return to addicts again [10]. Another study showed that recurrence of former addicts is caused by friends (58.36%), 23.21% craving factor, and 18.43% frustration or stress [11]. Therefore, drug relapse prevention is an important strategy that needs to be done.

This study consists of two stages: 1). First stage was qualitative research design using depth- interviews to analyse the requirements of the program in relation to drug and alcohol dependency. The key objectives were to determine the underlying factors for attempting to use the drug and the reasons for acquiring addiction and to discuss the need for a new recovery model focused on addicts. 2) The second stage of the study involved the development of a model focused on family participation in the recovery program on knowledge, attitudes, perception, behaviour and parenting skills.

MATERIALS AND METHODS

Study design

The action research model [12] due to the fact that the program was designed to be constantly restructured in accordance with respondent needs. In the first step, we will collect data and analysis it. After data collection, the second step was to establish and implement the rehabilitation program [12]. For this purpose, we have chosen the [13] action research process.

Sample

Purposive sampling was used in the first phase of the study to choose participants. Participants were selected from drug rehabilitation center at hospital in Jakarta, Indonesia. Semi-structured interview was conducted to 17 people consisting, 4 dependent parents, 4 dependent people, 3 psychologist, 3 staff from National Narcotics Board, and 3 from local government officer. In the second stage of the study, 35 dependents and their parents were joined in action group.

This study had two stages: (a) recruitment, collection, interview, and decided eligibility of studied participants and (b) implementing the program (family-based involvement program) to the action group. Subsequently, the initiative was extended to opioid users and their families. Although several action research models are used in this study, the basic model of action research is the Mills Action Model and Data Collection.

Data collection Tools

In the first stage of the research, the methods for data collection consisted of interviews and observations. Collecting particular information on each participant such as history of drug rehabilitation and analysis interview transcripts. For observation, Data collection started with the development of a spreadsheet for each participant in order to ensure continuity of all the measured details. A code sheet was created to connect case details to the dataset using a confidential identification code for each participant. In the second stage, the researcher used intervention study using quantitative designed to evaluate effectiveness of intervention on the studied outcomes.

Instrument used for pre-and post-test

A self-developed instrument was used to measure knowledge, attitude, perception, behaviors, and parenting. 10 items for knowledge, 5 items for attitude, perception, behavior and parenting. Items were developed through qualitative study and refining by an expert. A Delphi method was used to obtain the content validity index (CVI). This expert was asked to review each item and provide feedback in three aspects:1) Relevancy, using a low to high (1 to 4), experts asked to rate how relevance each item are to filtering discomfort in patients with DFUs. 2) Clarity, evaluate each item for clarity, ambiguity, and conciseness; and (3) Content omission, experts were asked to identify any characteristics that have not been recognized by the included items [14]. The content validity index for relevance was ranged from 0.78 0.83, and for the clarity aspect was 0.77 to 0.81. An interactive process based on content expert/user feedback and pilot testing was used to probe readability and understanding of each item. The Cronbach's a coefficient of this scale is 0.72 for knowledge, 0.70 for attitude, 0.69 for perception, 0.69 for behavior, and 0.70 for parenting skill.

Ethical consideration

Each participant was assigned a unique identifier, which ensured that all identifying information was protected from the outside world. First, the hospital

where the study was conducted requested permission to conduct research.

Data Analysis and Interpretation

For the initial round of interviews, a descriptive analysis was carried out. Content analysis was used to assess qualitative data acquired from group sessions in the second phase. It was important to make adjustments for the next action session after each analysis. A paired t test was used in the study to see if the intervention group's pre-test scores differed significantly from those of the control group. For statistical significance, thresholds of.01 and.05 were adopted. NVivo (Version 8.0) and SPPS (Version 20.0) were utilized for later statistical analysis of the data.

Validity of the Study

This study used Maxwell, Anderson, Herr, and Nihlen approach for validity of action research [13]. By enabling the subjects to speak freely, the researcher was able to gain an understanding of their viewpoints and ideas. The researcher captured and transcribed the data from each interview. We also conduct a triangulation during interview by taking note taking notes on findings and shifting to the findings of the specialists. A preliminary review was conducted to correct understanding of the findings. The results were addressed to the participants to negotiate the interpretation. A plan of action has been prepared for validity by expert review, and each step has been defined in detail under different parts.

Findings

The value of researching drug dependence from the viewpoint of a family therapy model of recovery has been shown consistently in the studies. Rehabilitation family counseling, which may observe various variables, such as family training programs, has been able to handle such dynamic integrations and connections. Likewise, an overview of the issue from an interview viewpoint offered a clearer explanation of how to communicate with addicts by reflecting on what the abuser was driven to do and reducing his or her drug resistance, all of which were found to be beneficial in understanding how different considered risk factors available in the literature can be used for action. Interview questions have been used to gather data on the different indicators of adolescent pre - treatment, including community engagement in addiction, the disturbance of narcotics of their lives, their desire to change, their contemplation of change, and their willingness to accept aid. Pre-treatment rated family interaction, substance use, and school success.

This inquiry was a quantitative and qualitative approach for analysis. Participants engaged in at least five sessions; respondents signed a waiver for their data being used for research data; a 3-month follow-up study was documented; and both parents and youth engaged. Post-treatment rated improvement on treatment objectives after recovery program implementation of enhanced awareness, attitudes, understanding, actions and parenting skills.

Family involvement program

Participants in programs aimed at educating families about the dangers of substance abuse and their own attitudes, perceptions, and abilities as parents are encouraged. Thus, our study's objectives are: 1) educate addicts, their families, and the general public about substance abuse and rehabilitation. 2) Helping addicts and their families change their attitudes toward addiction and recovery. 3) Changing the way addicts and their families see the problem and the treatment. A fourth goal of treatment is to educate both addicts and their loved ones. 5) to improve addicts' and their families' parenting skills and knowledge of substance abuse and the rehabilitation process.

Action Plan

Participants and period of the case. Participants are comprised of 40 users and their families who already had semi - structured interviews, and were then allocated to the action group. The program lasted at 6 weeks with 2-2.5 hours a week.

General Framework of Action Plan

The family involvement program includes two targets, including adolescent users and their family. The addict can only attend certain sessions and activities. Addicts' families are the program's second primary audience, so several activities are tailored to them. The action plan was developed based on the results of qualitative study, namely EVIE model implementation that consisted of four steps, namely evaluation, verification, identification and eclecticism. This model helps to create the general framework of action plan.

The family participation module for the recovery of adolescent substance addicts consists of parenting practices, behaviors, beliefs and parents' knowledge, and the creation of self-awareness or adolescent self-awareness of substance abuse. One of the health promotion efforts with the education method for families (parents) is the indirect media-centered approach with modules as a mechanism to promote the receipt with messages related to the recovery of substance addiction centered on a family approach.

At the first session, the aim was to determine the participation of the family in prior opioid recovery program, assess the family structure, set up an action plan, lay down guidelines, pre-test and follow-up. The purpose of the second session was to check the problem-solving orientation, as the problem lies in

the relationship with the family. The third session concentrated on recognizing needs and aspirations that have not been met, and later on problem-solving skills training. The aim was to help addicts think differently about the issue of drug abuse and make them understand their error. Make them repair family bonds, partnerships, and identify simple communication errors between family members. The fourth session concentrated on eclecticism, cognitive transformation and seeking new solutions to addiction. The aim was to allow people to recognize potential alternatives to their substance abuse issues, to assist them in the critical thinking of negative thoughts and pessimism, which will lead to stable family relations, and to interact with the families to maintain that they can help one another and allow the addict 's family understand that they can help the continuity of recovery services.

Implementation Phase of Action Research

Family involvement program using EVIE model step designed in the scope of action plan was applied to action group. SPSS Version 20.0 was used to examine the instrument's data. The significance level was referred to as p 0.05. There is a significant difference between the average scores before and after implementation for the program on knowledge, attitude, perception, behaviors, and parenting as seen in Tables I.

RESULTS

Quantitative research methodology has made it possible to answer research questions using statistical findings. This therapy for adolescents addicted to drugs was found to be effective with the help of the SPSS statistical tool, called the EVIE model as an adolescent drug recovery model, was effective in enhancing family awareness, attitudes, expectations, habits and parenting skills. Both parents and teenagers agreed that family-based counseling was beneficial to their academic concerns. Adolescent drug abuse can be effectively treated through family system work. These findings support previous research that suggested this method worked. They also demonstrate that this process can be applied to future projects.

Pretesting and post testing

The pre-test and post-test approach was beneficial to the study. It also offers a researcher with useful knowledge on what is and it isn't being influenced by medication treatments [15].

DISCUSSION

In this study, a family involvement-based program using EVIE step model to guide the intervention session of cognitive-behavioral psychological counseling. This model is a model for increasing family behavior change in forming self-warnings for adolescent drug abusers by increasing parenting styles, knowledge, attitudes, and perceptions. The initial stage of developing this model was carried out qualitatively. This aims to explore the suitability of the initial (theoretical) concept with the conditions in the field. Furthermore, a quantitative analysis was carried out to determine the ability of the EVIE model to influence the parenting style of knowledge, attitudes and perceptions in Family-Based

Drug Abuse Rehabilitation

The model development stage is also carried out in several stages. After observing the social conditions that make children vulnerable to drug abuse from the side of their families, adolescents, parents of adolescents, the next researcher mapped the three sources and found what factors cause adolescents to experience drug abuse. After the development of the EVIE model was formed, it produced a module product as a medium for guidance

Table I : The effect of EVIE model on studied outcomes

Variables	Pre-test Mean ± SD	Post-test Mean ± SD	Mean different	p-value
Knowledge	63.02 ± 11.21	83.0±6.05	19.98	0.000
Attitude	36.58±8.61	73.08±8.73	36.5	0.000
Perception	72.86±6.81	81.48±5.91	8.98	0.000
Parenting	40.23±15.42	77.40±4.83	37.17	0.000
Behaviour	48.11±5.63	78.40±3.51	30.63	0.000

for parents and families in improving drug abuse rehabilitation behavior. To measure the strength of the model, trials were conducted on parents in different sub-district locations. The application of this model is then evaluated quantitatively and there are significant changes in parenting styles, knowledge, attitudes and perceptions of behavior in parents or families. These results strengthen the effectiveness of the EVIE model in shaping the rehabilitation behavior of drug abusers in parents so that they are able to form self-warnings.

In conducting trials of the EVIE Rehabilitation Model, first made a module which contains an integrated and comprehensive narcotic. Module creation is done through expert testing and is in accordance with module standardization. The module that the researcher has compiled focuses more on how interpersonal family relationships within a family, roles, functions and support when carrying out the rehabilitation process at home. Interpersonal communication is an important aspect of the rehabilitation process. This is due to 2-way communication between families and adolescent drug abusers during the rehabilitation process, with the hope that the better interpersonal communication, the better the quality of the rehabilitation process so that the adolescent can increase his self-warning and can reduce the recurrence rate for drug abuse.

This is in line with the opinion of [16] which states that communication skills can create meaningful relationships between interested parties, acknowledge themselves and others as well as self-actualize. Effective communication and support from family can also help adolescents during their rehabilitation at home. Adolescent abusers will feel more cared for and respected, which in turn can affect the rehabilitation process [17]. Communication barriers can lead to misunderstandings in information transactions such as interpersonal and emotional barriers [18]. There are three factors inhibiting communication between families, namely (1) physical barriers, for example in adolescents who have visual, hearing or speech impairments. Mental and emotional disturbances such as fear, anger, or anxiety can also negatively affect the delivery of messages during communication; (2) environmental barriers, environmental factors such as pressure and a noisy environment can also affect the delivery of messages; (3) language barriers, language difficulties in communicating are quite common problems around the world, where families cannot speak the language of adolescents, and vice versa [19,20].

These obstacles should be a challenge for families to fix so that effective and communicative communication can be created with adolescent drug users. So, to avoid these communication barriers, the family as an important role holder requires intelligence, one of which is emotional intelligence which consists of levels of self-awareness, emotional management, self-motivation, identification of the other person's emotions and maintaining relationships [21]. Emotional intelligence is an important social skill in the empathy process. This intelligence is defined as a core ability that can identify processes, manage emotions and allow individuals to face every event in life and be more successful in personal relationships [22]. The level of emotional intelligence can affect attitudes when communicating with interlocutors [23]. This intelligence is very important to have in everyday life, because families need to know their own feelings and the feelings of others. Families must be able to articulate these feelings in a meaningful way [24]. Parents/families should have interpersonal communication skills and use basic communication techniques when talking to adolescent drug abusers and between families about the condition of adolescent drug users by using simple, clear and easy to understand language [25]. Interpersonal communication is expected to improve the quality of relationships between family members.

The rehabilitation process is influenced by various factors, both from the health personnel side, in this case the family and adolescents who abuse drugs. Health personnel factors consist of availability of schedule or time, and interactions or attitudes and perceptions of health workers [26]. According to WHO Quality of Service, namely the extent to which health services in this case is the rehabilitation process at home (within the family) provided to abusers can improve the desired health outcomes. To achieve this, the health care provider (family) must have six characteristics, namely (1) Safe-provide health services with minimum risk and danger, including preventing accidents or disturbances; (2) Effective- provide services based on scientific knowledge and evidence-based guidelines; (3) Timely- reducing the occurrence of delays in providing services in this case is the response given to abusers; (4) Efficient-provide services by maximizing resources and preventing waste; (5) Fair-provide services without distinguishing personal characteristics by looking at the nature and character of the abuser; (6) Abuser-centered provides services that take into account the preferences and aspirations of the abuser [25]. The EVIE Rehabilitation Model is very useful for improving the quality of rehabilitation of drug abusers in small and developing countries such as Indonesia. Because through rehabilitation, both parents / families and adolescent drug abusers are able to undergo the rehabilitation process to cure drug abusers [27].

Various research studies have shown that family inclusion and therapeutic support for both the addicted and the family promote the recovery process [28–32]. Treatment for drug addiction using a family skills training program built on a cognitive-behavioral group therapy framework appears to be successful, according to participant feedback collected after the study's second

phase. This influence is the result of a qualitative review of the statements made by the participants. Not only the abusers but also the parents who involved in this survey showed that the parent skills training course had a positive effect on their rehabilitation process. This was then used by the counselor and the parents to explain how and why the use of drugs actually occurred, to help establish effective disciplinary strategies and to build barriers to future use.

CONCLUSION

A family-based rehabilitation program should be viewed as the preferred method of substance abuse treatment. By using EVIE Rehabilitation Model step, it could be help to improve family's knowledge, attituded, perception, behavior, and parenting skill in carrying out the rehabilitation process for drug abusers. Keep involving families in the rehabilitation period, especially teenagers, by holding periodic "join-in care" in order to establish a harmonious relationship in preparation for returning the abuser to his family when the rehabilitation period is over. The most important aspect of the research findings that would be interesting might be to change policy so that drug abusers, especially adolescents, must involve their families and be treated at home by assigned health personnel. The process carried out at the rehabilitation center is only up to the detoxification process, in which the process does require professional personnel who are competent in their fields, namely doctors. While other processes are carried out at home involving all family members and directly supervised by health facilities appointed by the government. There must be a differentiation in treatment related to the rehabilitation process for adolescents, because adolescents still need guidance and family affection. The government should still be able to supervise adolescents who are "deemed" to have completed the rehabilitation process, to provide assurance that these adolescents will not relapse. The policy of involving families in the rehabilitation process will ease the rehabilitation center and ease the burden on state finances. The study of addicted habits, the living environment, family situation and healthcare facilities effect on addicts in the quantitative study of the research design will be of great importance for the future study topic. The most critical thing is that there is a need for a systematic research approach for all types of abuse investigations. The empirical emphasis should be on the advancement of a new research approach to explore dependence, addiction issues and longitudinal research care.

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