Report on

Evaluation and Reporting of the "Family-Social Protective Network" Organized by SARDA and Funded by the Hong Kong Jockey Club Charities Trust

by

Jacky Cheung Chau-kiu, Ph.D.   Eric Wing-hong Chui, Ph.D.
Jerf Wai-keung Yeung, Ph.D.

Department Applied Social Sciences
City University of Hong Kong

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Chapter 1: Background

The evaluation and reporting work is to provide timely information based on research about the performance of the 3-year program of "Family-Social Protective Network." Such performance is to promote the awareness of parents/family caretakers about identifying young drug abusers for intervention at an early state and equip them with knowledge and skills in preventing young drug abuse.

As such, the evaluation essentially needs to analyze the roles of the following factors in the program components:
1. Community talks
    1.1. Knowledge on drugs
    1.2. Successful experiences
    1.3. Knowledge on referral
2. Volunteer training course
    2.1. Knowledge on hidden youth
    2.2. Counseling skill: general skill and motivational interviewing
3. Visit to drug treatment/rehabilitation centers
    3.1. Sharing of successful experiences
    3.2. Knowledge on referral
4. Parents/family workshops
    4.1. Knowledge for early detection
    4.2. Skill, such as motivation stimulation, confrontation, and harm reduction
    4.3. Supportive attitudes for the self and parent-child relationship
    4.4. Knowledge/skill/attitude/practice for emergency management
5. Mutual aid group
    5.1. Experience sharing and learning
    5.2. Mutual support
    5.3. Positive energy / strength

As such, the analyses tackle relationships among those knowledge, skill, attitudinal, practice, and sociodemographic factors to generate realistic and rigorous results. The analyses also build on the expertise of the research administrator and researchers about drug abuse, parental involvement, mutual-aid group functioning, volunteering, and social capital. Some of the works appear in the following outline, as well as in the literature (Bermas and Masooleh 2011; Diaz and Errasti Perez 2009; Duggan Le Poire Molineux 2013; Errasti et al. 2008).

Chapter 2: Evaluation Methods

Evaluation proceeded with data collection from program participants through surveys and focus groups and data analysis with reference to a theoretical framework. According to the framework, the surveys involved structured questionnaires specifically designed for the community talk, volunteer training, workshop, mutual aid group, and visiting trip. Similarly, the focus groups had discussion questions specifically designed for the volunteer training, workshop, and mutual aid group.

Data Collection

From August 6, 2015 to Feb 12, 2018, work done comprised the design of questionnaires for parents and students attending the community talk, volunteering training course, parent workshop, and visit to drug rehabilitation facilities. The work also included the preliminary analysis of questionnaires concerning the following activities.

- 1582 from community talks for adults and students
- 60 from volunteer training sessions
- 94 from workshops at the baseline
- 73 from workshops at the follow-up
- 50 from mutual aid groups at the baseline
- 31 from mutual aid groups at the follow-up
- 146 from visiting trips

In addition, seven focus groups, as specified below, gleaned comments from participants.

- 5 mutual aid group members in a group conducted on Nov 15, 2016
- 6 workshop participants in a group conducted on Dec 30, 2016
- 3 workshop participants in a group conducted on 20 May, 2017
- 5 mutual aid group members in a group conducted on Nov 18, 2017
- 2 workshop participants in a group conducted on Nov 23, 2017
- 7 volunteer training participants in a group conducted on Nov 23, 2017
- 5 workshop participants in a group conducted on Dec 21, 2017

Theoretical Framework

Social-cognitive theory furnishes the theoretical framework for evaluating and justifying program effectiveness (Bowworth and Voils 2006; Brown et al. 2010; Graves 2003; Perdrix et al. 2012; Webster-Stratton et al. 2001; Woodruff et al. 2007). Central to the theory is the initiating factor of social learning, involving observation, imitation, and modeling regarding the social environment. For the learning, attention or heeding is paramount for feeding information for processing, including encoding and storing in the mind. Moreover, the content of learning is definitely vital, particularly to enhance beliefs or expectations about self-efficacy for action and the efficacy of the action to generate valuable outcomes. Applied to program evaluation, social-cognitive theory thus maintains that the program is effective when it attracts the participant's heed to learn about action and its efficacy or benefit to achieve beliefs or expectations about self-efficacy and outcome efficacy. Effectiveness demonstrated through such social-cognitive paths or mechanisms is reasonable and justifiable by social-cognitive theory. Hence, evaluation according to the theory is to demonstrate effects conveyed through the social-cognitive paths or mechanisms. To apply the framework, the

following factors are relevant generally.

Outcome or action factors include caring about drug abuse, use of motivational interviewing, coping, social networking, support for the program or its components, problematizing of youth drug abusers, and help regarding drug abuse. Realistically, these actions at best reflect intentions, because of time constraint such that the participant would not have time or opportunities to enact the action.

Process or learning factors essentially focus on those conducive to beliefs or expectations about self-efficacy and outcome efficacy, which mean the efficacy of action to produce desirable outcomes. The action involved includes the detection of hidden drug abuse, use of motivational interviewing, social networking, coping, and helping concerning drug abuse generally. The learning includes that about the benefit or efficacy of the action or the harm of taking no action, and skill of practicing the action. For instance, learning about drug harm would enhance the expectation about the efficacy of action combatting drug abuse.

Input factors are participation in the program and heeding its training or other components. Participation simply means time after joining the workshop or mutual aid group. Participation and heeding are necessary entry points to ignite social-cognitive processes, including learning and enhancement of beliefs or expectations about self-efficacy and outcome efficacy.

Question Design

Design for survey questionnaires and focus group questions rested on the theoretical framework informed by social-cognitive theory. It thereby covered input, process, and outcome factors pertaining to various components of the program.

The survey questionnaires typically engaged self-report ratings on a five-level scale. For ease of interpretation and comparison, the scale generated scores of 0, 25, 50, 75, and 100 corresponding to the five levels. As the score of 0 meant "none," any score above 0 indicated something more than none. Hence, the five-level scale could collapse into a two-level scale to show the presence and absence of something. In addition, the survey also tapped background and response characteristics, including age, gender, and education. Notably, acquiescence was a response characteristic represented by the average of all ratings. These characteristics served as control variables in statistical analysis.

The focus group questions sought to tap details about learning from the program component, outcome or effectiveness of the learning, and appreciation and demand for learning and other program activities. These questions elicited responses freely in a semi-structured way to consolidate qualitative data collected.

Data Analysis

Descriptive organization and presentation were the basic step of analysis of both quantitative and qualitative data. For quantitative data, basic statistics of the mean, standard deviation, and percentage served the descriptive purpose.

For quantitative data, more statistical analysis, including reliability and impact analyses, strengthened the evaluation. Reliability analysis applied to composites to check internal consistency among their constituents. It was a necessary step to warrant composites for

impact analysis. Impact analysis, typically based on regression analysis or its associates, served to examine the effects of predictors on each outcome. Because the sample obtained from the community talk was large, a comprehensive set of predictors could enter the regression analysis at the same time. For other program components, the samples were too small to enter a large number of predictors into regression analysis simultaneously. Instead, a stepwise selection procedure applied to enter predictors that were significant at the .05 level.

Chapter 3: Survey Results

The surveys provided data to illustrate the achievement of the program, in terms of its components of the community talk, volunteer training, workshop, mutual aid group, and visiting trip. Such achievement was transparent in attaining the goals of the components. Moreover, the achievement proved to result from the social-cognitive mechanisms of heeding and learning to develop efficacy beliefs and eventually intentions and actions in the participant to tackle drug abuse.

Community Talk

The general profile indicated that the community talk obviously met the target of its planned performance, particularly about the increase in concern for youth's hidden drug abuse. Reliability analysis revealed the reliability in key composite factors obtained from the survey. Furthermore, impact analysis demonstrated the contributions of learning to desirable action, including caring about drug abuse intended, support for the talk, and problematizing of youth drug abusers.

General Profile

The analysis of the community talk for adults and students tentatively revealed that the talk achieved its goal of increasing concern for hidden drug abuse of youth in 70% of the participants, as 95.6% the participants indicated the increase. Moreover, 96.9% of the participants regarded the talk as helpful, 95.9% were satisfied with the talk, and 87.5% would recommend others to attend similar activities. On average, all participants supported the activity.

Other averages showed that all participants would care about drug abuse, 98.4% participants heeded the talk, 96.7% learned about caring about drug abuse during the talk, 98.3% learned about seeking help during the talk, and 98.4% learned about drug harm during the talk. Moreover, 99.9% indicated their care about intention to abuse drugs in family or offspring. Concerning youth drug abusers, 97.2% regarded them as unsocial, 96.8% regarded them to have tense relationships, 96.1% found bad images in them, 90.4% found alienation in them, and 62.2% found them attractive. Specific items about the attractiveness indicated that 56.4% found courage in youth drug abusers and 37.9% found losing weight in the abusers.

Table 1: Means, standard deviations, and percentages about the community talk ($N = 1582$)

Variable	Scoring	M	SD	% having
Heeding during learning	0-100	79.1	22.4	98.4
Learning about caring about drug abuse	0-100	72.5	24.6	96.7
Caring about	0-100	72.5	25.8	95.7
Detecting	0-100	72.4	27.0	94.3
Learning about seeking help	0-100	78.7	22.6	98.4
Learning about drug harm	0-100	84.8	21.2	98.3
Caring about drug abuse intended	0-100	64.4	17.6	99.9
Telling about drug harm	0-100	65.0	31.1	90.7
Looking out drug abuse	0-100	64.0	33.2	87.5
Relearning effective precautions against drug abuse	0-100	70.9	28.8	93.7

Variable	Scoring	M	SD	% having
(not) Regarding drug abuse as personal freedom	0-100	64.4	35.2	87.7
(not) Respecting any deed of drug abusers	0-100	58.0	35.2	85.5
Support for the activity	0-100	73.3	21.2	98.7
Thinking that the activity increases concern about youth's hidden drug abuse	0-100	74.7	27.1	95.6
Regarding the activity as helpful	0-100	78.7	25.4	96.9
Recommending others to attend similar activities	0-100	63.9	32.9	87.5
Being satisfied with the activity	0-100	75.9	26.6	95.9
Problematizing youth drug abusers: unsociality, tense relationship, bad image, alienation	0-100	61.0	14.3	100.0
Unsociability of youth drug abusers	0-100	59.0	25.0	97.2
Difficulty in getting along	0-100	60.0	32.6	88.5
Running away from	0-100	60.8	34.6	86.5
Being cautious when mingling	0-100	56.2	31.7	87.4
Tense relationship of youth drug abusers	0-100	62.0	24.7	96.8
Having friends from the triad gang	0-100	65.0	29.5	93.2
Borrowing money from people	0-100	66.2	31.7	89.8
Being motivated by peer pressure	0-100	54.6	35.5	78.2
Bad image of youth drug abusers	0-100	59.2	25.3	96.1
Self-degrading	0-100	55.5	31.7	87.0
Being ugly	0-100	63.0	32.7	88.7
Alienation of youth drug abusers	0-100	53.2	29.0	90.4
Escaping from reality	0-100	51.0	38.4	72.0
Experiencing discrimination	0-100	55.3	32.9	84.2
Attractiveness of youth drug abusers	0-100	27.7	29.4	62.2
Losing weight	0-100	21.4	32.3	37.9
Being courageous	0-100	34.0	36.2	56.4
Acquiescence	0-100	50.3	20.5	99.6
Marriage: Unmarried	0, 100	64.5	47.9	
Married	0, 100	29.2	45.5	
Divorced/separated	0, 100	5.7	23.1	
Widowed	0, 100	0.7	8.1	
Children: Sons	persons	0.4	0.7	
Daughters	persons	0.3	0.6	
Family size	persons	4.3	2.2	
Residency	years	14.4	13.1	
Employment: Employee	0, 100	48.5	50.0	
Employer	0, 100	1.7	12.8	
Self-employed	0, 100	2.8	16.5	
Unemployed	0, 100	12.5	33.2	
Homemaking	0, 100	18.9	39.2	
Role: Supervising	0, 100	13.6	34.3	
Decision making	0, 100	23.3	42.3	
Neither	0, 100	68.1	46.7	
Education (parent)	years	11.5	5.0	
Monthly family income	HK$	25060.9	21908.6	
Female	0, 100	53.5	49.9	
Age	years	16.3	13.1	

Variable	Scoring	*M*	*SD*	% having
Addicts known	0-100	0.8	6.6	
Living with the father (pupil only)	0, 100	87.6	33.0	
Mother	0, 100	93.1	25.4	
Elder brother	0, 100	21.4	41.0	
Younger brother	0, 100	22.9	42.0	
Elder sister	0, 100	23.5	42.4	
Younger sister	0, 100	18.4	38.8	
Grandfather	0, 100	11.0	31.3	
Grandmother	0, 100	18.0	38.5	
Grandfather in law	0, 100	4.0	19.5	
Grandmother in law	0, 100	6.3	24.3	
Other kin	0, 100	9.5	29.3	
Domestic worker	0, 100	12.3	32.9	
Roommate	0, 100	0.9	9.5	
Other	0, 100	2.4	15.4	
Education (pupil)	years	4.4	1.5	
Adult	0, 100	33.5	47.2	

Reliability Analysis

Reliability in terms of internal consistency was high in learning about caring about drug abuse, support for the community talk, and problematizing drug abusers. In contrast, the components of problematizing drug abusers showed lower reliability. Hence, the problematizing as a whole rather than its components was suitable for further analysis.

Table 2: Reliability (α) about the community talk

Composite	Number of items	*Raw*	*Standard*
Learning about caring about drug abuse	2	.846	.846
Caring about drug abuse intended	3	.713	.718
Support for the community talk	4	.739	.752
Problematizing youth drug abusers	10	.781	.785
Unsociability of youth drug abusers	2	.624	.624
Tense relationship of youth drug abusers	3	.629	.633
Bad image of youth drug abusers	2	.339	.339
Alienation of youth drug abusers	2	.453	.457
Attractiveness of youth drug abusers	2	.626	.629

Impact Analysis

Heeding and learning from the community talk indicated significant contributions to the four outcomes, caring about drug abuse intended, support for the talk and its increase in concern about youth's hidden drug abuse, and problematizing youth drug abusers. The learning included that about caring about drug abuse, seek help, and drug harm. Essentially, these contributions held with the control for a host of background and response characteristics.

As expected, learning about caring about drug abuse during the community talk was the strongest contributor to caring about drug abuse intended ($\beta = .233$), apart from the response

set of acquiescence ((β = .254). Moreover, the learning manifested significant effects not only on the caring, but also on support for the talk (β = .173) and its increase in concern about youth's hidden drug abuse (β = .168), and problematizing youth drug abusers (β = .091). These effects showed the import of the learning and its enhancement through the community talk.

Similarly, learning about drug harm during the community talk displayed significant positive effects on all the four outcomes, caring about drug abuse intended (β = .110), support for the talk (β = .204) and its increase in concern about youth's hidden drug abuse (β = .184), and problematizing youth drug abusers (β = .131). Such learning, as promoted by the community talk, was thus pervasively important.

Learning about seeking help during the community talk displayed significant positive effects on caring about drug abuse intended (β = .133), support for the talk (β = .156), and its increase in concern about youth's hidden drug abuse (β = .134). The learning, nevertheless, did not exhibit a significant effect on problematizing drug abusers (β = .011).

Heeding during learning from the community talk displayed significant contributions to caring about drug abuse intended (β = .073) and support for the talk (β = .130). Hence, heeding already had contributions regardless of learning from the talk.

Background characteristics showed some significant effects on the outcomes. First, caring about drug abuse intended was greater with older age (β = .101). Second, support of the community talk was lower with more addicts known (β = -.048). Third, thinking that the talk increased concern about youth's hidden drug abuse was lower in the case of divorce or separation than in marriage (β = -.051). Fourth, problematizing youth drug abusers was lower in the case of the pupil (β = -.142) and being never married (β = -.085). Hence, there were some background constraints on the outcomes.

Table 3: Standardized effects about the community talk

Predictor	Caring about drug abuse intended	Support for the talk	Thinking that the talk increases concern about youth's hidden drug abuse	Problematizing youth drug abusers
Heeding during learning	.073*	.130***	.051	.047
Learning about caring about drug abuse	.233***	.173***	.168***	.091**
Learning about seeking help	.133***	.156***	.138***	.011
Learning about drug harm	.110***	.204***	.184***	.131***
Acquiescence	.254***	.192***	.153***	.399***
Unmarried	-.046	-.071	-.061	-.085*
Divorced/separated	-.043	-.034	-.051*	.015
Widowed	-.019	-.019	-.016	.004
Son	-.037	.029	.014	-.035

Predictor	Caring about drug abuse intended	Support for the talk	Thinking that the talk increases concern about youth's hidden drug abuse	Problematizing youth drug abusers
Daughter	.019	-.009	-.044	-.020
Family size	.003	.020	.020	.010
Employee	.022	-.022	-.012	-.052
Employer	.011	.017	.011	-.026
Self-employed	.030	.007	.008	-.016
Unemployed	-.026	-.011	.012	-.015
Supervising	.002	.016	-.005	.027
Decision making	-.019	-.002	.010	-.003
Education	-.058	.008	.026	-.007
Family income	.011	.012	.017	.022
Female	.009	-.003	.004	.000
Age	.101**	.007	.010	.002
Addict known	-.026	-.048*	-.044	-.015
Pupil	-.003	-.083	-.044	-.142*
Survey date	-.017	-.062**	-.017	-.025
R^2	.352	.396	.285	.268

* $p < .05$. ** $p < .01$. *** $p < .001$.

Volunteer Training

The general profile clearly indicated that volunteer training achieved the goal of its planned performance, notably concerning gaining about hidden drug abuse in youth. Reliability analysis revealed the reliability in key composite factors. Furthermore, impact analysis demonstrated the contributions of learning to desirable action, including caring about drug abuse intended, motivational interviewing about drug abuse intended, support for the training, and gain from the training about hidden drug abuse.

General Profile

The preliminary analysis of the volunteering training revealed that the talk achieved its goal of gaining about hidden drug abuse in youth in 80% of the trainees, as 96.6% of the participants indicated the gain. Particularly, 96.6% of the trainees reported gain in understanding and 94.7% of the trainees reported gain in confidence in handling the drug abuse. Besides, 98.3% reported support for the training, including 98.3% perceiving its helpfulness and 94.6% intending to recommend the training to others.

About the training, 98.2% of the trainees heeded the training, 98.3% learned about initiating others' caring about drug abuse, 98.3% learned about the benefit of initiating others' caring about drug abuse, 98.3% learned about using motivational interviewing to initiate others' caring about drug abuse, 98.3% learned about the benefit of using motivational interviewing

to initiate others' caring about drug abuse. Eventually, 100% intended to care about drug abuse and 98.3% intended to use motivational interviewing about drug abuse.

Table 4: Means, standard deviations, and percentages about volunteer training ($N = 60$)

Variable	Scoring	*M*	*SD*	% having
Heeding the training	0-100	76.3	18.9	98.2
Studying diligently	0-100	75.9	21.6	98.2
Drawing knowledge	0-100	76.8	19.4	98.2
Learning about initiating others' caring about drug abuse	0-100	64.1	18.8	98.3
Caring	0-100	60.2	26.3	89.8
Detecting	0-100	67.2	23.5	94.8
Taking precautions	0-100	64.2	24.4	98.3
Talking about drug harm	0-100	66.2	22.4	94.7
Learning about benefit from initiating others' caring about drug abuse	0-100	69.0	21.4	98.3
Benefit	0-100	72.8	24.0	96.6
Worth	0-100	65.4	24.0	96.5
Learning about using motivational interviewing to initiate others' caring about drug abuse	0-100	70.0	17.9	98.3
Detecting	0-100	69.3	22.2	96.5
Increasing motivation	0-100	69.4	20.4	98.3
Having empathy	0-100	75.0	22.5	98.3
Avoiding disagreeing	0-100	66.8	25.0	94.8
Learning about the benefit of using motivational interviewing to initiate others' caring about drug abuse	0-100	70.5	20.4	98.3
Using empathy	0-100	72.0	21.5	98.3
Not disagreeing	0-100	69.0	24.0	96.6
Caring about drug abuse	0-100	64.1	13.6	100.0
Telling about drug harm	0-100	73.2	24.9	96.5
Caring	0-100	66.8	26.2	94.8
Taking precautions	0-100	63.8	27.8	91.4
Detecting	0-100	71.1	22.6	98.2
Learning about precautions	0-100	68.1	23.8	96.6
(not) Giving freedom for drug abuse	0-100	58.6	35.2	91.4
(not) Respecting drug abuse	0-100	46.9	33.4	84.2
Motivational interviewing about drug abuse intended	0-100	65.9	20.6	98.3
Perceiving	0-100	66.2	22.9	98.2
Handling motivation	0-100	63.4	22.3	96.4
Using empathy	0-100	69.0	23.1	96.6
Support for the training	0-100	72.9	19.2	98.3
Recommending	0-100	69.2	27.4	94.6
Perceiving helpfulness	0-100	76.3	19.4	98.3
Gain from the training about hidden drug abuse	0-100	69.3	22.7	96.6
Understanding	0-100	72.0	23.3	96.6
Confidence in handling	0-100	66.7	25.6	94.7
Acquiescence	0-100	67.3	16.1	98.3
Marriage: Unmarried	0, 100	55.6	50.3	

Variable	Scoring	*M*	*SD*	% having
Married	0, 100	40.0	49.5	
Divorced/separated	0, 100	4.4	20.8	
Widowed	0, 100	0.0	0.0	
Children: Sons	persons	0.6	0.8	
Daughters	persons	0.6	0.8	
Family size	persons	3.8	1.1	
Employment: Employee	0, 100	16.7	37.8	
Employer	0, 100	0.0	0.0	
Self-employed	0, 100	0.0	0.0	
Unemployed	0, 100	19.4	40.1	
Homemaking	0, 100	63.9	48.7	
Role: Supervising	0, 100	3.3	18.3	
Decision making	0, 100	3.3	18.3	
Neither	0, 100	96.7	18.3	
Education	years	9.0	5.3	
Monthly family income	HK$	16532.1	18440.0	
Female	0, 100	79.5	40.8	
Age	years	31.0	14.1	
Addicts known	persons	0.5	1.8	

Reliability Analysis

Reliability in terms of internal consistency was high in heed the training, all learning components, caring about drug abuse intended, motivational interviewing about drug abuse intended, and gain from the training about hidden drug abuse. The learning components comprised learning about initiating others' caring about drug abuse, learning about benefit from initiating others' caring about drug abuse, learning about using motivational interviewing to initiate others' caring about drug abuse, and learning about the benefit of using motivational interviewing to initiate others' caring about drug abuse. Reliability in support for the training was somewhat lower but good enough.

Table 5: Reliability (α) about volunteer training

Composite	Number of items	*Raw*	*Standard*
Heeding the training	2	.812	.815
Learning about initiating others' caring about drug abuse	4	.751	.752
Learning about benefit from initiating others' caring about drug abuse	2	.742	.742
Learning about using motivational interviewing to initiate others' caring about drug abuse	4	.795	.804
Learning about the benefit of using motivational interviewing to initiate others' caring about drug abuse	2	.748	.751
Caring about drug abuse intended	5	.900	.904
Motivational interviewing about drug abuse intended	3	.889	.890
Support for the training	2	.520	.529
Gain from the training about hidden drug abuse	2	.851	.853

Impact Analysis

Learning about using motivational interviewing to initiate others' caring about drug abuse during the training was the most important contributor. It demonstrated significant and strong positive effects on motivational interviewing about drug abuse intended ($\beta = .594$) and support for the training ($\beta = .541$). This learning was thus the treasurable element of the training.

As expected, learning about benefit from initiating others' caring about drug abuse during the training was the significant and strong contributor to caring about drug abuse intended ($\beta = .609$). This learning contributed to outcome efficacy essential to action, according to social-cognitive theory.

Gain from the training about hidden drug abuse was significantly higher when heeding the training was higher ($\beta = .541$). The number of addicts known in contrast, impeded the gain from the training (before controlling for heeding and learning). Apparently, these addicts already enhance knowledge about drug abuse, thus lessening the gain from the training.

Table 6: Standardized effects about volunteer training

Predictor	Caring about drug abuse intended	Motivational interviewing about drug abuse intended	Support for the training	Gain from the training about hidden drug abuse
Heeding the training	-	-	-	.541***
Learning about benefit from initiating others' caring about drug abuse	.609***	-	-	-
Learning about using motivational interviewing to initiate others' caring about drug abuse	-	.594***	.541***	-
Addict known	-	-	-	-.161
R^2	.371	.353	.292	.351

* $p < .05$. ** $p < .01$. *** $p < .001$.

Workshop

The general profile blatantly showed that the workshop attained the goal of its planned performance, notably learning to identify and intervening into hidden drug abuse. Reliability analysis revealed the reliability in key composite factors. Furthermore, impact analysis demonstrated the contributions of the workshop to all learning and action for tackling drug abuse. The analysis also indicated the contributions of the learning to the action.

General Profile

To meet its goals, the workshop need to raise abilities to identify and intervening into hidden drug abuse in at least 80% of its participants. The workshop eventually fulfilled the goals.

Accordingly, 98.6% of the participants learned about benefit from using motivational interviewing to initiate others' caring about drug abuse, 98.6% learned about benefit from promoting relationships, and 98.6% learned about benefit from promoting relationships with children or family. Moreover, 100% learned about benefit from initiating others' caring about drug abuse, 98.6% learned about using motivational interviewing to initiate others' caring about drug abuse, 100% learned about how to promote relationships with children or family, and 100% learned about imitating others' caring about drug abuse after attending the workshop. In addition, 100% cared about drug abuse, 100% supported the training, 98.6% would apply motivational interviewing about drug abuse, and 100% would promote relationships with children or family.

Table 7: Means, standard deviations, and percentages about the workshop: follow-up ($N = 73$)

Variable	Scoring	M	SD	% having
Heeding the workshop	0-100	78.0	16.0	100.0
Studying diligently	0-100	81.4	17.4	100.0
Drawing knowledge	0-100	75.4	19.7	97.1
Learning about benefit from using motivational interviewing to initiate others' caring about drug abuse	0-100	78.1	16.9	98.6
Using empathy	0-100	76.7	20.3	98.6
Not disagreeing	0-100	79.9	18.6	98.6
Learning about benefit from promoting relationships with children or family	0-100	81.2	19.0	98.6
Learning	0-100	81.2	19.0	98.6
Learning about benefit from initiating others' caring about drug abuse	0-100	76.7	18.9	100.0
Benefit	0-100	77.1	22.1	98.6
Worth	0-100	76.0	20.7	98.6
Learning about using motivational interviewing to initiate others' caring about drug abuse	0-100	75.2	18.8	98.6
Detecting	0-100	74.0	19.9	98.6
Increasing motivation	0-100	72.9	22.5	98.6
Having empathy	0-100	74.7	25.3	95.8
Avoiding disagreeing	0-100	79.6	22.1	97.2
Learning about how to promote relationships with children or family	0-100	74.8	17.9	100.0
Relationship	0-100	75.0	19.7	98.6
Communication	0-100	75.0	18.4	100.0
Learning about initiating others' caring about drug abuse	0-100	73.3	17.6	100.0
Caring	0-100	73.9	22.3	97.1
Detecting	0-100	74.3	20.3	98.6
Taking precautions	0-100	71.2	20.7	98.6
Talking about drug harm	0-100	74.3	22.6	97.2
Caring about drug abuse	0-100	73.6	17.5	100.0
Telling about drug harm	0-100	80.8	22.3	97.3
Caring	0-100	76.7	22.7	98.6
Taking precautions	0-100	79.1	22.8	97.3
Detecting	0-100	70.4	28.0	94.3

Variable	Scoring	M	SD	% having
Learning about precautions	0-100	75.7	24.6	95.8
(not) Giving freedom for drug abuse	0-100	68.9	36.7	90.0
(not) Respecting drug abuse	0-100	64.9	36.3	90.3
Support for the workshop	0-100	81.9	18.0	100.0
Recommending	0-100	79.3	22.3	98.6
Perceiving helpfulness	0-100	85.2	16.7	100.0
Motivational interviewing about drug abuse	0-100	73.7	21.5	98.6
Perceiving	0-100	79.6	20.8	98.6
Handling motivation	0-100	70.7	25.9	95.7
Using empathy	0-100	70.1	30.4	91.7
Promoting relationships with children or family	0-100	78.2	15.6	100.0
Relationship	0-100	82.0	15.9	100.0
Communication	0-100	80.6	19.8	97.2
(not) Avoiding conversation	0-100	72.2	35.2	91.7
Acquiescence	0-100	72.3	13.3	100.0

Table 8: Means, standard deviations, and percentages about the workshop: baseline ($N = 94$)

Variable	Scoring	M	SD	% having
Learning about initiating others' caring about drug abuse	0-100	44.6	29.3	89.4
Caring	0-100	40.2	33.1	72.8
Detecting	0-100	42.5	36.3	69.9
Taking precautions	0-100	41.7	33.3	74.4
Talking about drug harm	0-100	54.0	32.2	87.1
Learning about the benefit of initiating others' caring about drug abuse	0-100	56.8	29.6	90.4
Benefit	0-100	58.0	33.3	84.6
Worth	0-100	55.3	36.4	77.8
Learning about using motivational interviewing to initiate others' caring about drug abuse	0-100	45.1	26.3	93.6
Detecting	0-100	41.0	31.8	75.0
Increasing motivation	0-100	40.0	33.1	72.2
Having empathy	0-100	54.3	32.4	87.0
Avoiding disagreeing	0-100	44.8	32.2	80.4
Learning about how to promote relationships with children or family	0-100	55.6	23.1	94.7
Relationship	0-100	56.9	25.8	91.2
Communication	0-100	53.8	24.7	93.4
Caring about drug abuse	0-100	58.7	16.5	100.0
Telling about drug harm	0-100	55.6	32.6	84.4
Caring	0-100	49.4	36.7	76.4
Taking precautions	0-100	65.6	30.6	92.2
Detecting	0-100	50.0	35.0	77.4
Learning about precautions	0-100	56.5	35.5	80.4
(not) Giving freedom for drug abuse	0-100	71.1	35.7	87.8
(not) Respecting drug abuse	0-100	63.3	35.2	87.8
Motivational interviewing about drug abuse	0-100	45.2	27.8	90.3

Variable	Scoring	M	SD	% having
Perceiving	0-100	51.7	31.1	84.4
Handling motivation	0-100	44.4	35.5	71.1
Using empathy	0-100	40.9	33.6	73.6
Promoting relationships with children or family	0-100	67.7	21.3	98.9
Relationship	0-100	68.7	27.5	94.5
Communication	0-100	65.9	28.0	94.5
(not) Avoiding conversation	0-100	69.0	33.2	92.3
Acquiescence	0-100	49.5	21.1	98.9
Marriage: Unmarried	0, 100	8.0	27.4	
Married	0, 100	69.0	46.5	
Divorced/separated	0, 100	18.4	39.0	
Widowed	0, 100	4.6	21.1	
Children: Sons	persons	0.9	0.7	
Daughters	persons	0.8	0.8	
Family size	persons	3.5	1.0	
Residency	years	16.2	19.6	
Employment: Employee	0, 100	10.2	30.5	
Employer	0, 100	0.0	0.0	
Self-employed	0, 100	8.0	27.2	
Unemployed	0, 100	8.0	27.2	
Homemaking	0, 100	73.9	44.2	
Role: Supervising	0, 100	4.4	20.6	
Decision making	0, 100	9.9	30.0	
Neither	0, 100	61.5	48.9	
Education	years	9.9	4.7	
Monthly family income	HK$	16164.6	9809.9	
Female	0, 100	91.5	28.1	
Age	years	42.0	10.6	
Addicts known	persons	0.3	0.7	

Reliability Analysis

Reliability in terms of internal consistency was high or satisfactory for all the composites about learning, intended action, heeding and support for the workshop. The learning include that about initiating others' caring about drug abuse, the benefit of initiating others' caring about drug abuse, using motivational interviewing to initiate others' caring about drug abuse, how to promote relationships with children or family, benefit from using motivational interviewing to initiate others' caring about drug abuse. The intended action included caring about drug abuse and motivational interviewing about drug abuse. All the composites were sufficiently reliable for further analysis.

Table 9: Reliability (α) about the workshop

Composite	Number of items	Raw	Standard
Learning about initiating others' caring about drug abuse	4	.897	.898
Learning about the benefit of initiating others' caring about drug abuse	2	.637	.638

Composite	Number of items	*Raw*	*Standard*
Learning about using motivational interviewing to initiate others' caring about drug abuse	4	.825	.825
Learning about how to promote relationships with children or family	2	.823	.823
Learning about benefit from using motivational interviewing to initiate others' caring about drug abuse	2	.659	.660
Caring about drug abuse intended	5	.815	.816
Motivational interviewing about drug abuse intended	3	.774	.773
Promoting relationships with children or family intended	2	.773	.773
Heeding the workshop	2	.617	.622
Support for the workshop	2	.663	.679

Impact Analysis

Significant increases through the workshop was evident in all learning and intentions measured before and after the workshop. The greatest and very high increase happened in learning about using motivational interviewing to initiate others' caring about drug abuse (η = .541). This illustrated the greatest contribution of the workshop in promoting knowledge about using motivational interviewing. In addition, the contributions of the workshop to other aspects of learning were substantial or at least moderately strong.

Table 10: Means and their differences in the workshop

Outcome	Baseline	Follow-up	η
Learning about initiating others' caring about drug abuse	44.6	73.3	.499***
Learning about the benefit of initiating others' caring about drug abuse	56.8	76.7	.364***
Learning about using motivational interviewing to initiate others' caring about drug abuse	45.1	75.2	.541***
Learning about how to promote relationships with children or family	55.6	74.8	.416***
Caring about drug abuse intended	55.0	76.5	.419***
Motivational interviewing about drug abuse intended	45.2	73.7	.490***
Promoting relationships with children or family intended	66.6	81.3	.314***

* $p < .05$. ** $p < .01$. *** $p < .001$.

Importantly, the contributions of the workshop to the learning remained strong even after controlling for significant background characteristics. Again, the greatest increase was in learning about using motivational interviewing to initiate others' caring about drug abuse (β = .539). Meanwhile, the unmarried person had significantly lower learning. The number of family members, including daughters and sons, showed positive effects on learning. This might reflect greater concern about the learning with more family members. Residency and employment status also manifested some effects on learning.

Table 11: Standardized effects on learning in the workshop

Predictor	Learning about initiating others' caring about drug abuse	Learning about the benefit of initiating others' caring about drug abuse	Learning about using motivational interviewing to initiate others' caring about drug abuse	Learning about how to promote relationships with children or family
Follow-up	.499***	.364***	.539***	.414***
Residency	-	-	.177**	-
Unmarried	-	-	-.149*	-.177*
Daughter	-	.339***	-	-
Son	-	.165*	-	-
Family size	.203**	-	-	-
Homemaker	-	-.253**	-	-
Unemployed	-	-	.127*	-
R^2	.290	.247	.359	.450

* $p < .05$. ** $p < .01$. *** $p < .001$.

Controlling for learning and background characteristics reduced the contributions of the workshop to action. Nevertheless, the contribution to motivational interviewing about drug abuse intended remained significant ($\beta = .154$). That is, the workshop contributed to the intention not necessarily through learning about motivational interviewing. The contribution might be attributable to motivational factors rather than cognitive or learning factors. In contrast, learning factors substantially mediated or explained away the contributions of the workshop to caring about drug abuse intended and promoting relationships with children or family intended. Essentially, learning about using motivational interviewing to initiate others' caring about drug abuse showed significant and strong contributions on the caring and motivational interviewing intended ($\beta = .401$ & .619). Moreover, this learning indicated a significant contribution to the promotion intended ($\beta = .228$). Learning about the benefit of initiating others' caring about drug abuse also displayed a significant and strong contribution to the intended caring ($\beta = .426$). Similarly, learning about how to promote relationships with children or family exhibited a significant and rather strong contribution to promoting relationships with children or family intended ($\beta = .396$). Learning about benefit from promoting relationships with children or family had a significant and strong contribution to support for the workshop ($\beta = .503$). Notably, background characteristics mostly no longer maintained their significant effects on action, in the presence of the learning. Hence, the contribution of learning on action was predominate. Hence, learning gained from the workshop stood as a strong contribution to all the desired actions. The workshop was clearly successful in view of its contribution to learning and action successively, in line with social-cognitive theory.

Table 12: Standardized effects on action about the workshop

Predictor	Caring about drug abuse intended	Motivational interviewing about drug abuse intended	Promoting relationships with children or family intended	Support for the workshop
Follow-up	.047	.154*	.024	-
Residency	.072	.065	.119	-
Education	.060	-	-	-
Married	.079	.086	-	-
Unmarried	-	-	-.138*	-
Daughter	-	.122*	-	-
Supervisor	-	.099	-	-
Self-employed	-	.073	-	-
Unemployed	.081	-	-	-
Learning about benefit from promoting relationships with children or family	-	-	-	.503***
Learning about the benefit of initiating others' caring about drug abuse	.426***	-	-	-
Learning about using motivational interviewing to initiate others' caring about drug abuse	.401***	.619***	.228*	-
Learning about how to promote relationships with children or family	-	-	.396***	-
R^2	.700	.619	.404	.253

* $p < .05$. ** $p < .01$. *** $p < .001$.

Mutual Aid Group

The general profile demonstrated that the mutual aid group reached its performance goal, notably raising confidence in confronting hidden drug abuse problems. Reliability analysis indicated the reliability in key composite factors. Furthermore, impact analysis showed the contributions of the group to some learning and action for social networking. The analysis also indicated the contributions of the learning to the action, including caring about drug abuse intended, help intended, and mutual aid networking intended.

General Profile

To meet its goal, the mutual aid group needs to raise confidence in confronting hidden drug abuse problems in at least 80% of its participants. The group eventually achieved the goal. Accordingly, 100.0% of the participants gained in confidence in confronting hidden drug abuse problems. Moreover, 100% learned about benefit from supporting other parents or family members, 100% learned about benefit from mutual aid networks, 100% learned how to support other parents or family members, 100% learned about mutual aid networking, and 100% learned about coping. In addition, 100% would care about drug abuse, 100% would cope with problems, 100% would help each other, 100% would support for mutual aid group, and 100% would maintain the mutual aid network.

Table 13: Means, standard deviations, and percentages about the mutual aid group: follow-up (*N* = 31)

Variable	Scoring	*M*	*SD*	% having
Heeding the group	0-100	80.6	14.4	100.0
Studying diligently	0-100	86.3	15.6	100.0
Drawing knowledge	0-100	75.0	18.3	100.0
Learning about benefit from supporting other parents or family members	0-100	77.4	14.9	100.0
Learning about benefit from mutual aid networks	0-100	71.8	17.7	100.0
Building	0-100	73.4	18.2	100.0
Maintaining	0-100	70.8	19.8	100.0
Learning how to support other parents or family members	0-100	76.6	17.0	100.0
Learning about mutual aid networking	0-100	68.5	19.6	100.0
Building	0-100	70.2	21.8	100.0
Maintaining	0-100	66.9	18.7	100.0
Learning about coping	0-100	70.8	15.7	100.0
Mind-body balance	0-100	71.0	18.4	100.0
Recourse	0-100	71.0	19.5	100.0
Tackling problems	0-100	70.0	17.9	100.0
Supporting drug abusing family	0-100	70.0	20.1	100.0
Encouraging the recourse of drug abusing family	0-100	71.0	20.5	100.0
Caring about drug abuse intended	0-100	79.0	14.6	100.0
Telling about drug harm	0-100	87.1	15.6	100.0
Caring	0-100	81.5	23.2	96.8
Taking precautions	0-100	68.5	26.6	93.5
Detecting	0-100	76.6	19.3	100.0
Learning about precautions	0-100	77.4	22.7	96.8
(not) Respecting drug abuse	0-100	83.1	32.5	93.5
Coping willingness	0-100	74.7	17.0	100.0
Mind-body balance	0-100	73.4	20.3	100.0
Recourse	0-100	80.6	22.1	100.0
Tackling problems	0-100	73.4	17.0	100.0
Supporting drug abusing family	0-100	68.5	30.3	90.3
Encouraging the recourse of drug abusing family	0-100	77.4	25.3	96.8
Helping intended	0-100	77.4	14.9	100.0
Support for the group	0-100	75.4	18.7	100.0
Recommending	0-100	66.9	27.7	93.5
Perceiving helpfulness	0-100	83.9	15.2	100.0
Gain in confidence in confronting hidden drug abuse problems	0-100	75.0	14.4	100.0
Mutual aid networking intended	0-100	76.6	13.2	100.0
Building	0-100	75.0	17.1	100.0
Maintaining	0-100	75.0	18.3	100.0
(not) Leaving	0-100	79.8	33.2	93.5
Acquiescence	0-100	71.1	13.2	100.0

Table 14: Means, standard deviations, and percentages about the mutual aid group: baseline (*N* = 50)

Variable	Scoring	*M*	*SD*	% having
Caring about drug abuse intended	0-100	74.5	18.8	100.0
Telling about drug harm	0-100	70.5	24.6	100.0
Caring	0-100	70.5	31.4	92.0
Taking precautions	0-100	75.5	26.5	96.0
Detecting	0-100	70.0	28.1	96.0
Learning about precautions	0-100	73.0	25.2	96.0
(not) Respecting drug abuse	0-100	87.5	23.3	100.0
Helping intended	0-100	70.3	24.5	100.0
Mutual aid networking intended	0-100	64.5	22.5	98.0
Building	0-100	62.2	24.4	97.9
Maintaining	0-100	67.0	23.9	98.0
Learning about benefit from supporting other parents or family members	0-100	71.9	19.5	100.0
Learning about benefit from mutual aid networks	0-100	66.0	25.0	98.0
Building	0-100	67.0	27.4	96.0
Maintaining	0-100	65.0	27.7	96.0
Learning how to support other parents or family members	0-100	59.7	25.4	93.9
Learning about coping	0-100	60.1	21.0	100.0
Mind-body balance	0-100	61.0	20.3	100.0
Recourse	0-100	64.5	27.7	98.0
Tackling problems	0-100	59.0	23.0	96.0
Supporting drug abusing family	0-100	54.2	29.8	89.6
Encouraging the recourse of drug abusing family	0-100	61.5	30.4	94.0
Acquiescence	0-100	62.5	17.6	100.0
Marriage: Unmarried	0, 100	0.0	0.0	
Married	0, 100	72.3	45.2	
Divorced/separated	0, 100	21.3	41.4	
Widowed	0, 100	6.4	24.7	
Children: Sons	persons	1.1	0.8	
Daughters	persons	0.8	0.8	
Family size	persons	29.2	45.9	
Residency	years	6.3	24.5	
Employment: Employee	0, 100	4.2	20.2	
Employer	0, 100	8.3	27.9	
Self-employed	0, 100	52.1	50.5	
Unemployed	0, 100	6.0	24.0	
Homemaking	0, 100	12.0	32.8	
Role: Supervising	0, 100	80.0	40.4	
Decision making	0, 100	8.8	4.4	
Neither	0, 100	15956.3	11998.5	
Education	years	88.0	32.8	
Monthly family income	HK$	51.4	12.5	
Female	0, 100	1.0	1.0	
Age	years	51.5	16.3	
Addicts known	0-100	1.3	0.5	

Reliability Analysis

Reliability in terms of internal consistency was high or fair enough in the composites of learning, intention, heeding, and support for the mutual aid group. The learning included that about coping, mutual aid networking, and benefit from mutual aid networks. Meanwhile, the intention included coping, caring about drug abuse, and mutual aid networking. The reliable composites were thus useful for further analysis.

Table 15: Reliability (α) about the mutual aid group

Composite	Number of items	Raw	Standard
Caring about drug abuse intended	6	.797	.787
Mutual aid networking intended	2	.872	.872
Coping willingness	5	.776	.785
Learning about benefit from mutual aid networks	2	.787	.787
Learning about coping	5	.857	.861
Learning about mutual aid networking	2	.926	.932
Heeding the group	2	.605	.610
Support for the group	2	.570	.642

Impact Analysis

Significant increases through the mutual aid group were evident in some learning and intention. Accordingly, learning about coping, learning how to support other parents or family members, and mutual aid networking intended displayed significant increases from baseline to follow-up surveys. Nevertheless, other aspects of learning and intention also showed increases, albeit insignificantly due to the small sample. In all, the mutual aid group unfolded pervasive increases in all the aspects of learning and intention desired. The effectiveness of the mutual aid group was clear.

Table 16: Means and their differences in the mutual aid group

Outcome	Baseline	Follow-up	η
Learning about benefit from supporting other parents or family members	71.9	77.4	.149
Learning about benefit from mutual aid networks	66.0	71.8	.125
Learning how to support other parents or family members	59.7	76.6	.347**
Learning about coping	60.1	70.8	.265*
Caring about drug abuse intended	74.5	79.0	.128
Helping intended	70.3	77.4	.163
Mutual aid networking intended	64.5	75.0	.249*
Coping willingness	-	74.7	-
Support for the group	-	75.4	-
Gain in confidence in confronting hidden drug abuse problems	-	75.0	-

*$p < .05$. ** $p < .01$. *** $p < .001$.

With the control for background characteristics, learning about coping and how to support other parents or family members remained significant (β = .247 & .346). Meanwhile, age indicated significant positive effects on all aspects of learning pervasively. Hence, the older

person obviously had greater learning through greater experience. In contrast, the divorced person had significantly less learning. Probably, his or her stressful experience in divorce impeded learning. In addition, the survey date indicated significant positive effects on learning. This finding vitally illustrated the growth of effectiveness in the mutual aid group with time. That is, the mutual group learned to be increasingly effective.

Table 17: Standardized effects on learning in the mutual aid group

Predictor	Learning about benefit from supporting other parents or family members	Learning about benefit from mutual aid networks	Learning how to support other parents or family members	Learning about coping
Follow-up	-	-	.346**	.247**
Age	.405***	.367**	.301**	.364**
Married	.230*	-	-	-
Divorced	-	-.264**	-.200*	-.197*
Survey date	.225*	.308**	-	.224*
R^2	.327	.411	.250	.369

* $p < .05$. ** $p < .01$. *** $p < .001$.

Learning from the mutual aid group was the major determinant of intention and thus explained away the increases due to the group. Thus, learning about coping showed a significant contribution to coping about drug abuse intended ($\beta = .476$); learning about benefit from supporting other parents or family members indicated a significant contribution to helping intended ($\beta = .405$); and learning about benefit from mutual aid networks displayed a significant contribution to mutual aid networking intended ($\beta = .669$). Nevertheless, the mutual aid group remained to hold a significant increase in mutual aid networking intended even after controlling for learning ($\beta = .159$). This increase was thus not attributable to learning about benefit from mutual aid networks.

Table 18: Standardized effects on intention in the mutual aid group

Predictor	Caring about drug abuse intended	Helping intended	Mutual aid networking intended
Follow-up	-	-	.159*
Age	.071	.096	.055
Employee	-	.258*	-
Divorced	-.207*	-.226*	-.042
Survey date	-	-	.074
Learning about benefit from supporting other parents or family members	-	.405***	-
Learning about benefit from mutual aid networks	-	-	.669***
Learning about coping	.476***	-	-
R^2	.348	.429	.617

Heed the mutual aid group turned out to be the only significant and strong contributor to coping willingness, support for the group and gain in confidence in confronting hidden drug abuse problems in the follow-up survey (β = .612, ,612, & .351). Essentially, heeding rather than learning was sufficient to buttress the desirable outcomes.

Table 19: Standardized effects about the mutual aid group in the follow-up

Predictor	Coping willingness	Support for the group	Gain in confidence in confronting hidden drug abuse problems
Heeding the group	.612***	.612***	.351**
R^2	.375	.375	.123

* p < .05. ** p < .01. *** p < .001.

Visiting Trip

The general profile showed that the visiting trip achieved its performance goal of raising learning about drug abuse. Reliability analysis exhibited very high reliability in composite factors. Furthermore, impact analysis showed the contributions of heeding and learning in the trip to caring about drug abuse intended and gain from the trip about hidden drug abuse.

General Profile

To meet its goal, the visiting trip needs to raise learning about drug abuse in at least 70% of its participants. The trip eventually achieved the goal. Accordingly, 100.0% of the participants gained in learning about hidden drug abuse. Moreover, 99.3% learned about benefit from caring about drug abuse and 100% learned about how to care about drug abuse. In addition, 100% would care about drug abuse.

Table 20: Means, standard deviations, and percentages about the trip (N = 146)

Variable	Scoring	M	SD	% having
Heeding trip activities	0-100	81.8	14.2	100.0
Studying diligently	0-100	82.1	16.1	100.0
Drawing knowledge	0-100	81.4	15.0	100.0
Learning about benefit from caring about drug abuse	0-100	81.3	17.4	99.3
Benefit	0-100	81.6	19.1	99.3
Worth	0-100	80.9	18.7	99.3
Learning about how to care about drug abuse	0-100	75.5	18.0	100.0
Caring	0-100	76.2	22.1	97.2
Detecting	0-100	73.8	21.7	97.9
Taking precautions	0-100	73.6	21.0	99.3
Talking about drug harm	0-100	78.8	19.2	100.0

Variable	Scoring	M	SD	% having
Caring about drug abuse intended	0-100	62.2	14.8	100.0
Telling about drug harm	0-100	68.5	27.6	93.8
Caring	0-100	73.3	25.1	96.6
Taking precautions	0-100	74.0	26.2	95.9
Detecting	0-100	72.9	25.0	97.3
Learning about precautions	0-100	75.7	23.7	98.6
(not) Giving freedom for drug abuse	0-100	36.2	31.1	76.2
(not) Respecting drug abuse	0-100	33.9	30.2	73.4
Gain from the trip about hidden drug abuse	0-100	82.8	17.0	100.0
Concern	0-100	83.4	19.5	99.3
Understanding	0-100	83.9	18.5	100.0
Confidence in handling	0-100	81.2	18.0	100.0
Acquiescence	0-100	77.0	14.6	100.0
Marriage: Unmarried	0, 100	54.9	49.9	
Married	0, 100	38.3	48.8	
Divorced/separated	0, 100	3.8	19.1	
Widowed	0, 100	3.0	17.1	
Children: Sons	persons	0.5	0.7	
Daughters	persons	0.5	0.7	
Family size	persons	3.8	1.6	
Residency	years	26.2	18.7	
Employment: Employee	0, 100	48.7	50.2	
Employer	0, 100	13.0	33.8	
Self-employed	0, 100	4.3	20.5	
Unemployed	0, 100	10.4	30.7	
Homemaking	0, 100	23.5	42.6	
Role: Supervising	0, 100	23.4	42.5	
Decision making	0, 100	35.5	48.0	
Neither	years	51.6	50.2	
Education	HK$	12.1	6.4	
Monthly family income	0, 100	36204.0	29518.4	
Female	years	59.7	49.2	
Age	0-100	30.4	16.8	
Addicts known	year	7.8	26.5	

Reliability Analysis

Reliability in terms of internal consistency in composites was very high and compelling ($\alpha > .8$). The composites included heading trip activities, learning about benefit from caring about drug abuse, learning about how to care about drug abuse, gain from the trip about hidden drug abuse, and caring about drug abuse intended.

Table 21: Reliability (α) about the trip

Composite	Number of items	Raw	Standard
Heeding trip activities	2	.812	.813
Learning about benefit from caring about drug abuse	2	.824	.824
Learning about how to care about drug abuse	4	.870	.868

Composite	Number of items	*Raw*	*Standard*
Gain from the trip about hidden drug abuse	3	.895	.895
Caring about drug abuse intended	5	.923	.923

Impact Analysis

Heeding and learning demonstrated significant contributions to desired outcomes. Accordingly, heeding trip activities contributed to both caring about drug abuse intended and gain from the trip about hidden drug abuse (β = .173 & .365). Learning about how to care about drug abuse indicated a contribution to the caring (β = .463). Meanwhile, learning about benefit from caring about drug abuse contributed to the gain (β = .247). In addition, the number of addicts known significantly impeded the caring and gain (β = -.186 & -.159). The impedance might arise from closeness with, adaptation to, and acceptance of addicts and thus their drug abuse.

Table 22: Standardized effects about the trip

Predictor	Caring about drug abuse intended	Gain from the trip about hidden drug abuse
Heeding trip activities	.173*	.365***
Learning about benefit from caring about drug abuse	-	.247**
Learning about how to care about drug abuse	.463***	-
Addict known	-.186**	-.159*
R^2	.378	.331

* p < .05. ** p < .01. *** p < .001.

Summary

The program, including the community talk, volunteer training, workshop, mutual aid group, and visiting trip, demonstrated an appreciable achievement of its performance goal. First, 95.6% of participants in the community talk displayed an increase in concern for hidden drug abuse. Second, 96.6% of volunteer trainees reported gain in understanding about hidden drug abuse in youth. Third, 98.6% of workshop participants indicated learning about benefit from using motivational interviewing to initiate others' caring about drug abuse. Fourth, 100.0% of members in the mutual aid group gained in confidence in confronting hidden drug abuse problems. Fifth, 100.0% of participants in the visiting trip gained in learning about hidden drug abuse.

Realizing the theoretical framework predicated on social-cognitive theory, learning in the program contributed to intended and actual actions to tackle drug abuse. First, learning in the community talk contributed to caring about drug abuse intended, problematizing of youth drug abusers, and support for the talk. Second, heeding or learning in volunteer training manifested strong contributions to caring about drug abuse intended, motivational interviewing about drug abuse intended, support for the training, and gain from the training

about hidden drug abuse. Third, the workshop demonstrated pervasive and great improvements in learning of all aspects, and the learning was conducive to caring about drug abused intended, motivational interviewing about drug abuse intended, promoting relationships with children or family intended, and support for the workshop. Fourth, the mutual aid group showed improvements in learning about coping and how to support other parents or family members, and that the learning greatly enhanced caring about drug abuse intended, help intended, and mutual aid networking intended. Fifth, the visiting trip indicated that learning about drug abuse sustained caring about drug abuse intended and gain from the trip about hidden drug abuse.

Overall, each of the program components demonstrated the success in achieving their designated goals. The success is justifiable according the theoretical framework of social-cognitive theory. That is, the components attracted the participant's heeding and learning, which in turn led to favorable intention and action for drug abuse prevention and intervention and support for the program. The social learning or social-cognitive mechanisms were most evident in the workshop, which improved learning pervasively and usefully, thus championing the favorable intention and action.

Chapter 4: Focus Group Results

Focus group with mutual aid group members, workshop trainees, and volunteers recited ideas about learning from, appreciation for, and demand for the Project of the "Family-Social Protective Network." These ideas largely showed the strengths of the Project.

Mutual aid group

Two focus groups conducted on November 15, 2016 and November 18, 2017 respectively with mutual aid group members revealed their learning about drug harm, identification of drug abuse, communication, pleasing, caring, monitoring, advising from the Project, and appreciation for parent-child activities and relaxation facilitation in the Project. As such, they appreciated the Project, showed learning from the Project, and applied the learning to drug prevention in their children and neighbors.

Learning

Learning about drug harm

Mutual group members learned about the serious harm of the current, new type of drugs. They realized that it was more corrosive than was heroin. Furthermore, the learning enabled them to tackle drug abuse proactively, as elaborated in the following quotes.

> Moreover, these new drugs not only destroy the body, but also really corrode your brain, affect the nervous system, and seriously affect your life. Because the brain is the most important, you will already be a wreck afterward. It is unlike the previous so-called white powder making you thin, but not breaking your brain. My husband's brother used to take white powder. How did his mother bring him to drug detoxification? He tied him up with chains. He could get rid of the chains and jump down on the two floor, even breaking his feet. After detoxification and forced to stay in the rehabilitation center, it did not affect his brain after his detoxification. He could return to normal life, work, marry, and rear children. However, now even the brain would deteriorate and incurable. Thus, the toxicity of the new type of drugs is more severe.

> I did not know it before. I thought that he was not comfortable and he had a problem. However, I did not know that he had a mental problem because he was taking drugs. Since I participated in this group, my knowledge has increased. I know that abuse of drugs would affect the human brain, causing him to think and everything abnormal, and he would make abnormal behavior. After we took part in the group, the parents came out and said, "What the original 'ice sucking' would be and what the drug, 'white melon seed,' would be and what the mood would be, and being uncontrolled." After adding knowledge, I would have many things to deal with more meditatively. It is not as panic as I have never been in the group before. It was also hard for me to say. I hid everything, and this made me very painful. Even parents have depression. It was very hard, and the whole family was a mess, not knowing how to deal with children's drug problems. Since knowing how to deal with calmly and how to help detoxification, I would ask girls and parents to discuss problems together, so that they can ease their emotions and feel better.

Learning about identification of drug abuse

Mutual group members remarked their learning about identification of drug abuse from the Project. They noticed behavioral signs for the identification, as in the following.

You can see how those people take drugs, that is, to watch out for their actions. For example, salivation, having a runny nose, being unable to walk, drinking water often, going to the toilet often, being very tired and wanting to sleep very much, and that kind. In addition, you can explain the harm of drugs to children

At that time, the madam said that they would sometime prefer the convenience of using some money notes to take drugs. They may have left some white powder on the money note after they have taken drugs. These details in life is noticeable.

Suddenly becoming very irritable, or not talking. If he/she is a very cheerful person, but this time he/she gradually does not speak, likes to close the door to hide, it should be careful. In addition, when he/she calls the phone, s/he talk about some words that are unusual, such as "coke," you should be aware of it.

Learning about communication

Mutual group members explained learning about import of communication to deal with drug abuse from the Project. They realized that essentially good communication was preventive of drug abuses whereas poor communication was harmful to children, as in the following.

I think that we have understood drug abuse, about how to analyze drug abusers, how to treat them, and how to talk with them. It is necessary to talk to them or get along with them, about how to face them, and how to prevent family members, that is, our children. They will grow up and will contact this society, so that we can prevent our children from having these drug abuse attitudes.

That is how to express, be sure to say, do not suppress it in mind. How to say... Because we are married, living in the same circle. It taught us to handle all aspects a little better, not just be noisy when something happens. Sometimes, being noisy too long will affect children. When they grow older, they know that their father and mother are arguing and this is bad to them. Therefore, what you have to do is to confess, do not make a noise, and say everything. Everyone say openly about what is wrong or otherwise. Communication is very important.

Learning about pleasing

Mutual group members indicated their learning from the Project about the import of pleasing their children as well as themselves. They realized that happiness was paramount, and thus maintaining it was necessary, as in the following.

First, we began to learn three classes about happiness. Because people first have to have happiness first. Let children have a good and happy environment for growth, and do not let him, how to say, let him feel being different psychologically, do not feel not being wrong. It is because happiness is the first. Every step in society let him be optimistic, not be so pessimistic. Do not say that you do not know what you want to do, or "I am useless." Make yourself happy and accept yourself as a useful person.

Encourage him more, and not to say, "You are not a smart person." So, give him more praise.

Learning that we would have more ways to solve. In the past, we had our own ways. "Ah, why not do this?" or would be angry, would be angry with children, because it is easy to bully children. I did not know so much in the past. Now, however, we can find some ways to make ourselves happy, not just taking care of the family, but also taking some time to be ourselves.

There would be. You would find other things to do, for example, finding something you like to do or chatting with friends, and not finding innocent children to hurt. Actually, it really hurts. Sometimes, when you have a bad temper, it hurts a lot, and it hurts many children.

Learning about caring

Mutual aid group members unfolded their learning about the import and skills of caring from the Project. They realized benefits from caring, as in the following.

Therefore, we have to communicate with our family and care more, and we should get along well. If we only let children hide in the home, do not ask, do not pay attention, we really will not know what they are doing. We cannot only let them hide aside or hide in the room, know nothing about what they do, and we really cannot detect their drug abuse. Therefore, we need to increase communication between us.

It is like family. For example, the couple usually encounters bad moods or despair sometimes. I think everyone will support each other. Do not complain. Do not complain about me because I do not earn enough money or complain about what is wrong with you. I think that it is very important to support and be considerate. It can improve relationships in our family and improve our health.

After having participated in this activity many times, I would feel "why do you want to do this" before. In fact, I knows his dilemma, the difficulty of drug addicts, or that he cannot get help from others. Their family life is like a mess, to the bottom, to see how to go ahead. Through this group, we exchange, help relevant person experience, put down worries, and not enter a dead end, thus being able to focus on helping him to get out of this predicament. This is the kind of love for parents to have necessarily, together with these detoxification centers, so that they can really get out of this bad predicament.

Learning about monitoring

Mutual aid group members exhibited their learning from the Project about the import and ways of monitoring their children. The members understood environmental risks and thus the need for their monitoring, as in the following.

It may be because I have never been in contact with drug abuse before. Because I thought that it was a little simpler, I would not think that my kids would be able to get those things. This will not happen. Now, however, after listening, (I realize that) lots of friends or environment will affect him. I did not think so much about it before.

Talk with them, ask them to say a little more about the school environment, who are

their little friends, and being happy or not. I would do this myself when the child come back from school: "With whom do you play today? How does you get along? Does someone bully someone?" That is what I say to my daughter.

Learning about advising

Mutual aid group members discussed learning from the Project about the import of advising their children. They talked about how to deter their children's problem behavior in the following.

Yes, I asked my daughter if she was afraid of seeing the look of her uncle when he returned the hometown. Because of the way that he was taking drugs, she said she would be afraid. I said that this was the way people usually having after taking drugs. They did not have friends when they had taken drugs. Even though they made friends, they were all harmful to you, not helping you. That was what I told her.

The police... because children are very afraid of the police. We often see those police officers intercepting people to check their ID cards downstairs. I said that the officers had specific talents to be able to detect those who abused drugs or told lies at a glance. Therefore, they must check their ID cards. "This is why when your mother walk past, she will not be checked out, and you will not be checked for your identity card." "I have not told lies, and I do not have these questions." I said, "Yes, once there is a problem, the police will have a special talent to see it immediately."

If they are neighbors, I shall remind their parents or family and ask them to pay attention to it. This is the simplest and direct way. Let their parents know and see that they do as parents. If their parents seek your help, then do a further action. Because we are just in touch of the knowledge, we can ask them to seek assistance from social workers.

Appreciation

Appreciation for parent-child activity

Mutual aid group members appreciated the parent-child activities of the Project and their function to increase family happiness, and knowledge about and attention to drugs.

The foremost attractive is parent-child activities. What I appreciated initially was the process that it brought out to the parent-child relationship based on the family. I wish the joy and family happiness to persist. Parents really have to pay attention to more things nearby and new things, and to know that these drugs are widespread, easily accessible by primary school children, secondary school students, even adults. It is great to know more about the attention. The more the knowledge, the greater the attention would be.

Appreciation for relaxation

Mutual aid group members appreciated relaxation facilitated by the group.

This group makes us… Because the whole class is fellow travelers, only with drug

abuse different among our children, we take out issues for discussion. With more knowledge, we go back to their children for deal with them calmly. The practice in the past was wrong. All the scolding turned out to be useless. It is easier for you to get into their inner world by knowing and chatting as friends. Now, that is the case. For one, joining this group gives me one or two hours to relax. We have no fear to disclose unhappy innermost feelings openly. We cannot tell these to people out in the street. We cannot tell these even to our family, except this class of parents. We are open, hiding nothing behind. We say anything. It let people greatly relaxed.

The real power is that. It does not mean that every parent comes would have his child or family attend detoxification immediately afterward. It would not happen. However, it can help you relax your spirit, support your spirit, and improve your knowledge.

In fact, you can say that after taking part in this group, there are at least one or two fewer patients in the psychiatry department, or otherwise we must enter the psychiatry department.

Workshop

Four focus groups conducted on December 30, 2016, May 20, 2017, November 23, 2017, and December 21, 2017 with workshop participants highlighted their learning about the family, motivation, identification of drug abuse, communication, caring, advising, and stages of change, their appreciation for carefreeness, experience sharing, role-playing, and instantiation, and their demand for deeper understanding from the Project. Whereas the appreciation indicated the effective approaches of the Project, the demand suggested improvement in the Project in future.

Learning

Learning about the family

Workshop participants showed learning about the import and ways of the family in preventing drug abuse. They realized the family role in tackling the problem of hidden drug abuse as in the following.

The trend now is that drug users are not locatable in the street. In fact, they are often are hiding in the home, being hidden. Therefore, the focus of the service is on the family, and the improvement of the family environment and relationships to help the drug abusers.

I endorse communication between drug abusers and their family too. This is the first aspect. The second aspect is how we go to engage family, and how to encourage family members through counseling to induce the hidden drug abuser to participate in drug rehabilitation voluntarily.

Intervention is how to teach family members to communicate. It may be from closed-ended questions to open question to give more feasibility, so that parents can care for their children and understand them before they find out that their children may have this problem to enhance the treatment.

Learning about motivation

Workshop participants manifested learning about motivation and motivational interviewing from the Project. They realized that motivation was the key to rehabilitation, as in the following.

I think that learning motivation is the most important. Very often, we want to help the drug abuser, but if he is not motivated for change, he cannot do it. How to provide the motivation for his change is in fact a large part of the reason for his problem.

The theme of this workshop is supporting drug abusers and their family. I realize that it turns out that it is very hard for a social worker to intervene indirectly in a case of hidden drug abuse. Instead, it should start from family, through motivational interviewing, to understand family and drug abusers, causes underlying drug abuse, or how getting-long or communication problems drive them to take drugs. It also understand how to encourage family to use some of the more appropriate ways to encourage drug abusers to use rehabilitation services in Hong Kong voluntarily.

Learning about identification of drug abuse

Workshop participants indicated learning about identification of drug abuse from the Project. They highlighted signs and diseases for the identification, as in the following.

Keep an eye on family whether he suddenly has a lot of money recently, or his body, for example, if he is very sleepy. This is sleepiness due to withdrawal after he has taken methamphetamine for one or two days. It may be a very clear symptom.

After the end of the hearing, I realize that it cannot be so. For example, assuming that he can absorb some powder like that, he cannot immediately identify what drugs he is taking. In fact, we should understand other aspects, that is, to know what drugs he sucks, and not to understand from a single behavior, but to see it from many angles.

If I find a colleague to go to the toilet every fifteen minutes, do you have it? Maybe he would often take the drug of K, because it causes fibrosis in his bladder, affecting its function and causing frequent micturition. These are the effects of drugs on him.

Actually, it is okay, because you usually do not really pay attention to the people and things around you. After you listened to Fai's introduction, I pay more attention to people and things to which I would not pay much attention before. Actually, I had a friend's son, who was seventeen or eight years old. He had been acting abnormally for a while. I found it strange and I told his mother that she needed to pay more attention to his behavior. In fact, his mother was also very hesitant, because he went to streets at night often. He suddenly had more money, and things would suddenly become wasteful and he would not return home to sleep. I thought that the problem was quite big.

Yes. That is what I just say. You usually do not notice that details deeply. Now, I sometimes would think deeply when my son suddenly behaves deviously. I would deliberately notice if he has smoked more frequently or other strange behaviors. I did not pay attention to them before.

Learning about stages of change

Workshop participants recalled learning about the relevance of stages of change import to drug abuse prevention and rehabilitation. They understood different interventions were appropriate at different stages, as in the following.

It has six stages, by which the third and fourth stage, being the time of decision and the period of action, are most appropriate. Of course, none of them can intervene for the first time. It is possible to turn around in these six stages. However, the most important thing is to enhance his motivation and bring forth exactly why he wants to quit drugs. Assuming that the client has a baby but she is still taking drugs, she wants the baby to be healthy. We would bring out the influence of her drug taking on the baby in the hope of bringing forward why she needs to quit drugs to enhance her motivation.

The six stages just said is the theory of change, about the process of abandoning drugs. They are very likely to relapse, that is, they would not succeed in one attempt of abandoning. On the motivational interviewing method, very often when we talk with a client or his family in the course of counseling, it is about how we can use empathy to establish a relationship with them, then through communication with them, to understand the causes of their problems, and how to find a solution with him.

Learning about communication

Workshop participants indicated learning about communication with their children or family. Notably, being calm appeared to be a crucial condition for the communication, as mentioned in the following.

What do we understand? It is the understanding about how to communicate with your daughter. That is, I knew that lied in the past. I often exposed her, but this was no use. Thus, I benefit much from this meeting. I understand how to communicate with her, and understand how to evade the crucial point. I am very thankful this time.

Calmly communicating with him more, knowing his innermost feelings, that is what leads to this factor, and more focusing on communication, that is, being calm and more communication.

Learning about caring

Workshop participants indicated learning about caring about their children or family. The caring included giving love and solving problems, as revealed in the following.

Giving them more love. I often take him to the church. I have retired for six years now, so I have more time to see him.

I can pay attention to the style and method of communication with them. Moreover, everyone in the classroom is learning. We can learn how to deal with their problems, set a common goal, how to care for them verbally, how to deal with problems with them, and care about their close friends and peer problems.

Learning about advising

Workshop participants indicated learning about advising their children or family. Essentially,

the advising involved no scolding, as remarked in the following.

We should be easy to know now, and should not start scolding at the first sight. This is the most failing. It is to coax him and praise him. This is not deceiving. I only learn it from the class.

She showed me his performance, and I would praise her. I told her, "Sober up and do not take drugs again." I do not scold her for taking drugs. She does not like it when she hears it. Saying no drug abuse, and she would accept it. If you scold her, she certainly would not admit that. She does not want to admit that she takes drugs. Calling her to sober. Saying, "stand up, my girl, and you can do it."

Appreciation and Demand

Appreciation for carefreeness

Workshop participants indicated their appreciation for carefreeness to sharing and discussion in the Project. That is, free communication was treasurable, as highlighted in the following.

There is something that we can share, speaking in their own words. We would not talk about these problems with friends or relatives nearby. Here, we can speak freely. You can communicate with each other and pay attention to what in future. This is actually a good thing.

Appreciation for experience sharing

Workshop participants indicated their appreciation for experience sharing in the Project. They treasured experience shared by former drug abusers, as in the following.

I think that the most appreciable is Fai's sharing. He is a former drug abuser. I think that it is very good. We can learn a lot, and I realize the support of this workshop for the family, especially talking well about communication, being able to understand the importance of communication, about how to be able to be critical and open in listening to the situation of the family of drug abusers.

In the field of drug control, the role of peers is very important. I see a lot of from Fai. His understanding of the welfare sector is much more than is ours. I think that he seems to know many things very deeply, and is willing to share his knowledge in this field with us, so I feel very appreciating him.

Appreciation for role-playing

Workshop participants revealed their appreciation for role-playing in the Project. They highlighted the import of practice, as in the following.

I think that a very good feature of this workshop is that it not only teaches you some theory, such as theories about change or experience. Rather, during practice time or group discussion time, it often would have some examples or cases for us to discuss and do role-playing to practice problems during practice about what we do not notice, and summarize with us to be able to see the results of application of skills shared in the

workshop.

Appreciation for question answering

Workshop participants showed their appreciation for free to ask question in the Project. They explained their learning from questioning, as in the following.

They are all former drug abusers to share to know how former drug abusers go and struggle in the process. The whole process is very detailed. Moreover, you can keep asking questions, you can ask anything coming to your mind, and this freedom is great. Therefore, I think that it is very impressive.

Appreciation for instantiation

Workshop participants exhibited their appreciation for instantiation in the Project. They needed concrete information on drug rehabilitation, as in the following.

I feel attractive are two mentors and Fai's experience, having a lot of examples and frontline experience, even that of former drug abusers. I think that they are very concrete examples and experience, being able to let us understand how drug rehabilitation and drug control services in Hong Kong perform, how drug abuse and feelings are, and how to do rehabilitation services. These are very concrete examples to let us know.

Appreciation for cooperation

Workshop participants appreciated the cooperative games of the Project to develop their teamwork. The cooperation was vital, as elaborated in the following.

Playing games! It required cooperation and unity, and asked us to go to think of a way to solve a problem. That is, we discussed, not being alone or doing something alone. That was not possible. It required the whole group of people together to complete the action. We had to be very united.

Demand for deeper understanding

Workshop participants presented their demand for deeper understanding in the Project in future. They already gained basic knowledge from the Project and international information. Moreover, they demands the use of suitable media to facilitate their understanding, as shown in the following.

Because before class, madams said that this workshop was mainly for parents, if we are students, maybe the knowledge can be deeper for us. If there were more frontline skills and cases shared to us, it would be more brilliant.

Maybe it can let us know more about those cases, about how he came in from the beginning, how you did, how he changed after that, and how he followed up later.

The content is sufficient. However, I hope that each topic can be as detailed as possible, and some media can be for those who are older. This is to make them understand the topic better, and to be more convenient, short videos, and so on, so that they absorb it

better.

In fact, I want to understand one thing. I want to know whether foreign countries has no similar topic is related to these people, has no other special processing methods, or how their psychological problems lead to the condition, and what can we assist them? That is, do foreign countries, not just Hong Kong, have these? Because they all face the same problem, how do other countries deal with these problems and how to deal with drug users?

Volunteer Training

One focus group conducted on November 23, 2017 with volunteers revealed their learning about drug harm and caring for drug abusers, and appreciation and demand for teaching provided by the Project.

Learning

Learning about drug harm

Volunteers learned about drug harm from the Project. The harm happened to the body and brain, as mentioned in the following.

It is the understanding that taking drugs would have very great harm. It causes harm to the body and brain. If exposed to drugs in during teenage, the development of the brain is not good.

Learning about caring

Volunteers learned from the project about caring for or empathy with drug abusers. Such caring or empathy is as follows.

It needs to stand in his angle to think about what is difficult for him. The thinking needs to be uncritical to reveal his probable ineffable difficulties.

I would think that they are poor and need help very much. They are bewildered by people.

Appreciation and Demand

Appreciation for teaching

Volunteers appreciated teaching provided by the Project. The teaching included that about drugs and drug abuse experiences, such as the following.

The tutor introduced drugs very clearly and told people that drugs were harmful to the body. He told us his experiences.

Demand for teaching

Volunteers demanded the Project to provide teaching about some work skills, such as helping

a hidden drug addict. The demand is as follows.

> That is, I find a hidden drug addict, but I only know him, but I am not very familiar with him. What should I do to help him? Should I help him? How is it on earth to help him?

Summary

The seven focus groups of mutual aid group members, workshop trainees, and volunteers conducted from November 2016 to November 2017 revealed their learning from, appreciation for, and demand for the Project or its components. The learning clarified learning about drug harm, identification of drug abuse, family, motivation, communication, pleasing, caring, monitoring, advising, and stages of change. The appreciation applied to teaching, experience sharing, role-playing, and instantiation, parent-child activities, carefreeness, and relaxation facilitation in the Project. The demand was evident for teaching, and deeper understanding from the Project. These learning, appreciation, and demand reflect the present and continuing value of the Project.

Chapter 5: Conclusion

The surveys and focus groups provide hard data and reasons respectively for concluding the success of the program. Such hard data demonstrate goal attainment in the five program components, community talk, volunteer training, workshop, mutual aid group, and visiting trip. The hard data also illustrate the reasonableness of the attainment according to the social-cognitive mechanisms of heeding and learning to raise efficacy beliefs and intentions and actions for tackling drug abuse eventually. Meanwhile, the reasons clarified in the focus groups elaborate various aspects of learning from and appreciation for the program components.

Consistent with the program success, further development of the program is desirable, as indicated by demand revealed in the focus groups. Specifically, demand for more in-depth learning from continuation of the program is evident.

References

Bermas, Hamed, and Seyedeh Maryam Tayyebi Masooleh. 2011. "Review and Comparison of Affective Family Factors in Prevention of Drug Abuse in View of University Masters, Mental Health Specialist and Families." *Procedia: Social and Behavioral Sciences* 12:520-35.

Bosworth, Hayden B., and Corrine I. Voils. 2006. "Theoretical Models to Understand Treatment Adherence." Pp.13-46 in *Patient Treatment Adherence: Concepts, Interventions, and Measurement*, edited by Hayden B. Bosworth, Eugene Z. Oddone, and Morris Weinberger. Mahwah, NJ: Lawrence Erlbaum.

Brown, Travor, Tara-Lynn Hillier, and Amy M. Warren. 2010. "Youth Employability Training: Two Experiments." *Career Development International* 15(2):166-187.

Diaz, Susana Al-Halabi, and Jose Manuel Errasti Perez. 2009. "Use of Small Incentives for Increasing Participation and Reducing Dropout in a Family Drug-Use Prevention Program in a Spanish Sample." *Substance Use & Misuse* 44(14):1990-2000.

Duggan, Ashley P., and Beth A. Le Poire Molineux. 2013. "The Reciprocal Influence of Drug and Alcohol Abuse and Family Members' Communication." Pp.463-478 in *The Routledge Handbook of Family Communication*, edited by Anita L. Vangelisti. New York: Routledge.

Errasti Perez, Jose Manuel, Susana Al-Halabi Diaz, Fernandez Hermida, Jose Ramon, Villa, Roberto Secades, Carballo Crespo, Jose Luis, Rodriguez, Olaya Garcia. 2008. "Recruitment Characteristics Influencing Parental Participation in Family-Based Drug-Abuse Prevention Programs: The Spoth and Redmond Model in Spain." *Substance Use & Misuse* 43(7):850-857.

Graves, Kristi D. 2003. "Social Cognitive Theory and Cancer Patients' Quality of Life: A Meta-analysis of Psychosocial Intervention Components." *Health Psychology* 22(2):210-219.

Perdrix, Sphie, Sarah Stauffer, Jonas Masdonati, Koorosh Massoudi, and Jerome Rossier. 2012. "Effectiveness of Career Counseling: A One Year Follow-up." *Journal of Vocational Behavior* 80:265-278.

Webster-Stratton, Carolyn, M. Jamila Reid, and Mary Hammond. 2001. "Preventing Conduct Problems, Promoting Social Competence: A Parent and Teacher Training Partnership in Head Start." *Journal of Clinical Child Psychology* 30(3):283-302.

Woodruff, Susan I., Terry L. Conway, Christine C. Edwards, Sean P. Elliott, and Jim Crittendeh. 2007. "Evaluation of an Internet Virtual World Chat Room: An Adolescent Smoking Cessation." *Addictive Behaviors* 32:1769-1786.