

การพัฒนาโปรแกรมการศึกษานอกระบบโรงเรียนเพื่อเสริมสร้าง ภูมิคุ้มกันทางใจต่อการเสพยาเสพติดของเยาวชนกลุ่มเสี่ยงต่อ การเสพยาเสพติดซ้ำ

Development of a Non-Formal Education Program to Enhance the Drug Abuse Resilience Quotient of Youth- at-Risk of Drug Relapse

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บทคัดย่อ

การวิจัยครั้งนี้มีวัตถุประสงค์เพื่อพัฒนาโปรแกรมการศึกษานอกระบบโรงเรียนเพื่อเสริมสร้างภูมิคุ้มกันทางใจต่อการเสพยาเสพติดของเยาวชนกลุ่มเสี่ยงต่อการเสพยาเสพติดซ้ำ ผู้วิจัยได้ทำการศึกษาผลการทดลองใช้โปรแกรม โดยใช้การวิจัยกึ่งทดลองแบบ ๒ กลุ่มทดสอบก่อนและทดสอบหลังการเข้าร่วมโปรแกรม กลุ่มตัวอย่างเป็นเยาวชนกลุ่มเสี่ยงต่อการเสพยาเสพติดซ้ำจำนวน ๖๐ คน ทั้งนี้ได้แบ่งกลุ่มตัวอย่างออกเป็น ๒ กลุ่ม คือ กลุ่มทดลองที่เข้าร่วมโปรแกรมที่พัฒนาขึ้น ๓๐ คน และกลุ่มควบคุมที่ไม่ได้เข้าร่วมโปรแกรมที่พัฒนาขึ้นแต่ได้รับการเข้าร่วมกิจกรรมบำบัดที่ทางชุมชนจัดขึ้น ๓๐ คน ขั้นตอนการวิจัยแบ่งออกเป็น ๓ ขั้นตอน ได้แก่ ๑) การศึกษาหาความต้องการการเรียนรู้ของเยาวชนเพื่อนำข้อมูลที่ได้มาสร้างโปรแกรมที่เสริมสร้างภูมิคุ้มกันทางใจต่อการเสพยาเสพติดของเยาวชนกลุ่มเสี่ยงต่อการเสพยาเสพติดซ้ำ ๒) การพัฒนาโปรแกรมการศึกษานอกระบบโรงเรียนเพื่อเสริมสร้างภูมิคุ้มกันทางใจต่อการเสพยาเสพติดของเยาวชนกลุ่มเสี่ยงต่อการเสพยาเสพติดซ้ำ และ ๓) การศึกษาผลของการนำโปรแกรมการศึกษานอกระบบโรงเรียนเพื่อเสริมสร้างภูมิคุ้มกันทางใจต่อการเสพยาเสพติดของเยาวชนกลุ่มเสี่ยงต่อการเสพยาเสพติดซ้ำที่พัฒนาขึ้นไปใช้ เครื่องมือที่ใช้ประกอบด้วย แบบทดสอบความรู้เกี่ยวกับภูมิคุ้มกันทางใจ และแบบวัดภูมิคุ้มกันทางใจ สถิติที่ใช้ในการวิเคราะห์ข้อมูล ได้แก่ ค่าเฉลี่ย ค่าส่วนเบี่ยงเบนมาตรฐาน และสถิติทดสอบ t

ผลการวิจัยพบว่า เยาวชนกลุ่มเสี่ยงมีความต้องการเรียนรู้เกี่ยวกับภูมิคุ้มกันทางใจในระดับมากที่สุด โดยการพัฒนาโปรแกรมดำเนินการตามขั้นตอนการพัฒนาโปรแกรมเชิงพัฒนาของ Boyle โดยมีการบูรณาการแนวคิดกระบวนการเรียนรู้เพื่อการปรับเปลี่ยนมโนทัศน์ของ Mezirow ร่วมกับแนวคิดการปรับพฤติกรรมทางปัญญาของ D'Zuriila & Goldfried ผลการทดลองใช้โปรแกรม พบว่า เยาวชน

การพัฒนาโปรแกรมการศึกษานอกระบบโรงเรียนเพื่อเสริมสร้างภูมิคุ้มกันทางใจต่อ
การเสพยาเสพติดของเยาวชนกลุ่มเสี่ยงต่อการเสพยาเสพติดช้า

กลุ่มเสี่ยงที่เป็นกลุ่มทดลองมีคะแนนของแบบทดสอบความรู้เกี่ยวกับภูมิคุ้มกันทางใจและคะแนนรวมของแบบวัดภูมิคุ้มกันทางใจสูงกว่ากลุ่มควบคุมอย่างมีนัยสำคัญทางสถิติที่ระดับ .05 เมื่อเปรียบเทียบ
รายด้าน พนว่า กลุ่มทดลองมีคะแนนของแบบวัดภูมิคุ้มกันทางใจด้านความสามารถในการยับยั้งชั่งใจและด้านความกล้าเผชิญกับความเปลี่ยนแปลงใหม่ๆ สูงกว่ากลุ่มควบคุมอย่างมีนัยสำคัญทางสถิติที่ระดับ .05 แต่ด้านความมุ่งมั่นในความสำเร็จ กลุ่มทดลองมีคะแนนสูงกว่ากลุ่มควบคุมอย่างไม่มีนัยสำคัญทางสถิติที่ระดับ .05

คำสำคัญ: โปรแกรมการศึกษานอกระบบโรงเรียน / ภูมิคุ้มกันทางใจ / เยาวชนกลุ่มเสี่ยงต่อการเสพยาเสพติดช้า

Abstract

The purpose of this research was to develop a non-formal education program to enhance drug abuse resilience quotient of youth at-risk of drug relapse. The researcher studied the effects of the non-formal education program on the enhancement of drug abuse resilience quotient of 60 youth at-risk of drug relapse. The design of this study was the quasi-experimental research approach with two-group pretest and posttest. The experimental group, which consisted of 30 relapse drug at-risk youth who used the developed program, was compared to the controlled group, which consisted of 30 relapse drug at-risk youth who used the drug addicted treatment in the congested community in Klongtoey district. The research procedure was divided into three phases: 1) to study the learners' needs about the non-formal education program to build the resilience quotient for the youth at-risk of drug relapse, 2) to develop the non-formal education program to build the Resilience Quotient for the youth at-risk of drug relapse, and 3) to study the impacts of applying the non-formal education program to build the resilience quotient for the youth at-risk of drug relapse. Experimental tools were the resilience quotient test and scale. This research analyzed with the descriptive statistics were \bar{X} and S.D. and the inferential statistics was t-test.

The results of the research were as followed: The results of the learning need before created and developed the program were found: The youthful need to learn about the resilience quotient in high level. The development of a non-formal education program based on Program Development Concept of Boyle; furthermore, it was integrated by the Transformative Learning Theory and the Cognitive Behavioral Modification concepts. The results showed that the experimental group had the resilience quotient's knowledge scores and the resilience quotient test scores higher than the controlled group at .05 level of significance. In addition,

the experimental group had the resilience quotient test scores in restraint dimension and challenge dimension higher than the controlled group at .05 level of significance, but not significant in constancy dimension.

KEYWORDS: NON-FORMAL EDUCATION PROGRAM / RESILIENCE QUOTIENT / YOUTH AT-RISK OF DRUG RELAPSE

Introduction

Youth is the future and a vital human resource for the nation's development. Developing the nation needs cooperation from all stakeholders, and this group should particularly participate in all levels of the social development of the nation (Office of Welfare Promotion and Empowerment of Vulnerable Groups, 2007).

Social, economic and technological changes are influencing youth lifestyle, particularly the lack of an appropriate socialization process and warmth from family (Vicha Mahakhun, 2008). This context is giving rise to more complicated and violent social problems.

According to one survey, the most challenging, violent, and urgent social problem in Thailand is drug abuse (National Security Planning and Strategy Office, Internal Security Operations Command, 2010) because this problem also brings about other various negative impacts. The number of people suffering drug abuse is increasing day by day, and despite having been addressed and the focus of much discussion for a long period of time, its impacts continue to

increase. The vulnerable youth are the key group for implementing drug abuse prevention and protection strategies. It is necessary to intervene with the vulnerable youth so as to avoid the risky behavior. Creating social immunity to prevent the exposed group from suffering drug abuse is, therefore, a serious necessity.

According to a survey by Bureau of Social Mental Health (2009), 92% of youths with the tendency of relapsing into drug abuse have a low mental immunity (RQ-resilience quotient). This indicates that the vulnerable youth with low mental immunity are not able to cope with crisis situations. Mental immunity or RQ is the capacity of person to learn and adjust themselves in difficult situations in their lives. RQ is the positive quality of supporting a person to handle and eliminate problems or obstacles in their lives (Bernard, 1993).

Nowadays, there are many relevant organizations trying to solve the problems of drug abuse among youth groups. However, none of them have applied the RQ pattern or program in their campaigns either inside or outside the community against drug abuse.

To ensure the effectiveness of applying this program and its accessibility, non-formal education is one major channel as it is responsive to the need of learners and an option for solving the problem for people who without access to formal education. Non-formal education is flexible and allows for access by the target group.

The researcher has developed the non-formal education program to increase resilience quotient against drug abuse in order to support youth in coping with problems without drugs, according the program development of Boyle (1981). Boyle's concept is an analytical framework to create and develop a learning program by emphasizing problem solving by the community. Needs assessment is necessary to explore the problems in the community and find the appropriate ways of managing it.

The researcher applied the transformative learning theory and the cognitive behavioral modification concepts to run a non-formal education program for increasing the resilience quotient among the target group. The reason behind integrating these two theories is they have the common aim of permanent behavior change. Furthermore, these concepts are able to create changes in appropriate thinking, beliefs, and expressions. Learners are able to adjust themselves and

solve problems when they encounter crises in life.

This developed learning program aims to create or increase the resilience quotient among youth to encourage them to cope with personal crises. Learners are expected to be strong when encountering problems at any time and be able to manage their own emotions. Transformative learning theory encourages learners to adjust their minds appropriately to cope with current life situations. Also, the cognitive behavioral modification concept guides learners to choose appropriate solutions to their problems, encourage them to know how to manage their stress, as well as to adjust themselves in the new situations.

From the researcher's perspective, the resilience quotient learning program against drug abuse is capable of reducing the risk factors and encouraging the vulnerable youth group to protect themselves from returning to drug abuse. This learning program emphasizes that youth participate in the developed activities to equip them with the knowledge about how to build their resilience quotient to cope with life's struggles. Learners do not get stuck in their own suffering, but instead are able to be flexible and applicable. They will thus live happily with strong minds and be able to change crises into opportunities.

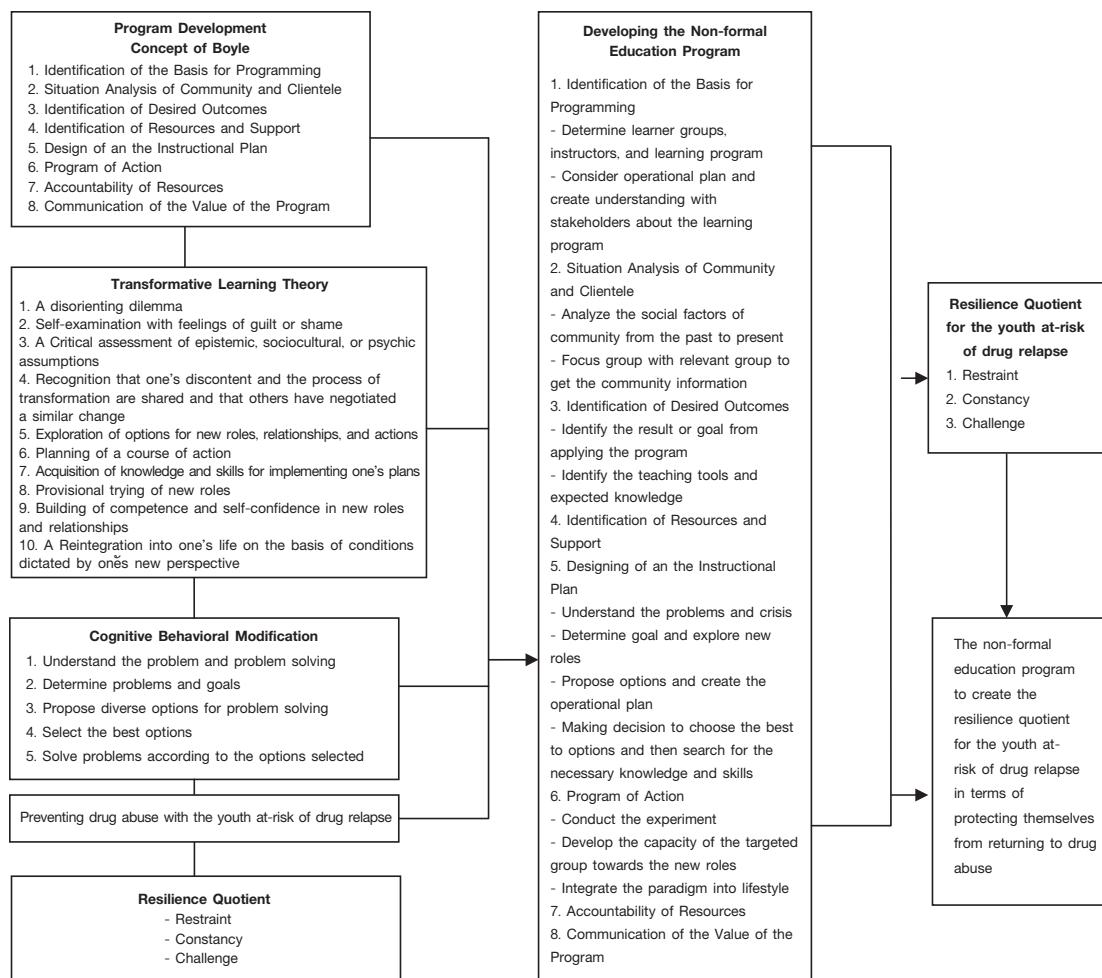
Objectives

1. To study the learning needs for the non-formal education program to build the resilience quotient for youth at risk of drug relapse, in order to create and develop the non-formal education program.
2. To develop the non-formal education program to build the resilience quotient for

the youth at risk of drug relapse in terms of protecting themselves from falling back into the cycle of drug abuse again.

3. To study the effects of applying the non-formal education program to build the resilience quotient for the youth at risk of drug relapse in terms of protecting themselves from returning to drug abuse.

Conceptual framework



Methodology

The non-formal education program to build the resilience quotient for the youth at risk of drug relapse applied the quasi-experimental research method. The researcher divided the research process into three steps as follows:

Step 1: Study the learners' needs about the non-formal education program to build the resilience quotient for the youth at risk of drug relapse.

In this step, the researcher applied steps 1 and 2 of the concept of program development of Boyle (1981).

The researcher determined the qualifications of learners, instructors, and programs for use in this research. Also, the researcher needs to consider how to access and gain a mutual understanding with the targeted community. After acquiring the learner group, the researcher studied the needs in learning for the non-formal education program to create and improve the learning program.

Then, the researcher analyzed the social, environment and community contexts, from the past until now. In this process, the focus group discussion was applied as a data collection tool. Community leaders, family representatives, youth and representatives of other groups in the community were invited to share information. All this information was used to construct and improve the non-formal education program according to the real needs of learners.

Step 2: Construct and improve the non-formal education program on the resilience quotient for the youth at risk of drug relapse.

In this step, the researcher applied steps 3-5 of the concept of program development of Boyle (1981).

Also, steps 1 to 7 of the transformative learning theory of Mezirow (1991) and steps 1-4 of the cognitive behavioral modification of D'Zuriila & Goldfried (1985) were integrated. Then, the researcher synthesized the program and produced the following new steps:

1) Understand the problem and crisis

In this process, the researcher assigned learners to consider the problems and crises they were encountering. Also, they had to examine their thoughts, beliefs, and traditional practices among themselves in the past. This self-assessment was applied in this process for reviewing themselves.

2) Determine the goal and explore new roles

This process provided the chance for learners to exchange similar experiences, in order to open up their perspectives and propose diverse options for coping with problems. Next, the youth selected the options and new roles together to change their lifestyles.

3) Proposed options and operational planning

This step aimed to make a plan for the changes in terms of having a greater

resilience quotient. The indicator of this step was the proposed options to cope with or how to avoid the risk of drug abuse. Making decisions depended on the best obtaining and obtaining more knowledge and skills

4) On applying the options

This was the process of selecting the best, effective, and appropriate problem solutions. Also, obtaining the relevant knowledge and skills to apply the options or solutions were necessary for this step.

Step 3: Using the non-formal education program on the resilience quotient for the youth at risk of drug relapse.

This step comprised steps 6-8 of the concept of program development of Boyle (1981). However, in step 6, the researcher also integrated steps 8-10 of the transformative learning theory of Mezirow (1991) and step 5 of the cognitive behavioral modification of D'Zuriila & Goldfried (1985).

This step was the experimental process according to the operational plan by applying all the knowledge and skills gained from the learner group and the focus group discussion with the community.

Data Collection and Data Analysis

Step 1: Study the learning needs about the non-formal education program to build the resilience quotient for the youth at risk of drug relapse.

The researcher studied the needs of the 30 youths aged 15-18, living in Klongtoey district. The researcher determined the size of research sample by applying the Taro Yamane table based on the overall 218 population. This study set the error value at 0.05 and the confidence level at 95% with a sample population of 141. Research tools were the questionnaires developed by the literature review and content analysis.

The survey found that 96% of the sample group (136 from the 141 sampled population) were eager to participate in learning about the non-formal education program on the resilience quotient for the vulnerable youth groups against drug abuse.

Step 2: Create and develop the non-formal education program on the resilience quotient for the youth at risk of drug relapse.

The researcher utilized the results from the analysis of the results from step 1. Also, the experts examined the qualitative aspects of the program, and then the researcher improved the program according to the experts' recommendations. Furthermore, the program was tried out on 30 youths aged 15-18, living in Klongtoey district before being using. Additionally, the transformative learning theory of Mezirow (1991) and the cognitive behavioral modification of D'Zuriila & Goldfried (1985) were integrated to run the program. Such results involved

ice-breaking and other learning activities comprising four activities to build up stable emotions and mind (Restraint), four activities for encouragement and optimism (Constancy), five activities for problem management (Challenge), and an activity for critical thinking were mentioned too. In total, all activities consumed 102 hours.

Step 3: Using the non-formal education program on the resilience quotient of youth at risk of drug relapse.

This study employed 60 vulnerable youths aged 15-18, living in Klongtoey district, with a history of drug abuse and tendency to relapse into drug abuse. They were divided into the experimental group and the control group, with each consisting of 30 members. The study utilized the MAX-MIN-CON Principle of Campbell and Stanley (1969) to control variance as follows.

1. The experimental group and the control group were required to answer the resilience quotient test and scale before using the non-formal education program.

2. The researcher put scores from the test in rank order, from the highest to the lowest.

3. The equal scores of each group were matched in order to find the mean and standard deviation.

4. The researcher used the non-formal education program for 30 youths in

the experimental group while allowing those from the control group to live freely in their communities.

5. After intervention, both groups were asked to do the resilience quotient test and scale.

The follow-ups for 30 members from the experimental group were taken by means of individual data collection, observation, talks and interviews with community leaders, parents and relatives. Also, a two-month-period took place for the monitoring of some unreachable people.

Results

Step 1: The youth's needs for learning to achieve the resilience quotient for the youth at risk of drug relapse

1. 91.4 percent of youth desiring to be in the program reasoned that the non-formal education program was interesting and beneficial to their life, families and communities. It even helped individuals to improve themselves, correct their attitudes regarding drug use, provide them with solutions to problems with appealing content and activities.

2. The youth reported their preferred patterns of activities. Game was the most wanted (36.9 percent), followed by role-play (23.4 percent), discussion/group discussion (21.9 percent) and lectures (17.8 percent).

3. Regarding the learning media, 48 youths (34 percent), suggested movies or short films. Other options were games (29.1 percent), documents/manuals (19.8 percent), and video presentations (17.1 percent).

4. Regarding the content relating to the resilience quotient that these youth wanted, in terms of stable emotions and mind (Restraint), mental toughness was the first ($\bar{x} = 4.77$, S.D.=0.62), followed by emotional control ($\bar{x} = 4.68$, S.D.=0.81) and management of stress and negative emotions ($\bar{x} = 4.65$, S.D.=0.66), respectively. Concerning encouragement and optimism (Constancy), most learners needed to learn about self-encouragement ($\bar{x} = 4.62$, S.D.=0.58), encouragement from close ones ($\bar{x} = 4.60$, S.D.= 0.71) and how to create faith and encouragement ($\bar{x} = 4.53$, S.D.= 0.50) respectively. As regards problem management (Insight), they needed problem management skills the most ($\bar{x} = 4.71$, S.D.= 0.59), then skills in talking / denying ($\bar{x} = 4.68$, S.D.= 0.67) and how to adjust themselves to new situations ($\bar{x} = 4.51$, S.D.= 0.65).

Step 2: The non-formal education program to enhance the drug abuse resilience quotient of youth at risk of drug relapse

The experts suggest that the non-formal education program to enhance the drug abuse resilience quotient of youth at-risk of drug relapse can increase a higher

level of resilience quotient of youth through three dimensions at high levels: 1) Restraint, 2) Constancy, and 3) Challenge (IOC=1). The quality of the resilience quotient test was scored at a high level IOC = 0.90, $\alpha=0.88$ and IOC=0.97, $\alpha=0.92$ respectively).

Step 3: Using the non-formal education program to enhance the drug abuse resilience quotient of youth at risk of drug relapse

1. The average scores of the resilience quotient pretest of the experimental group ($\bar{x} = 11.13$) and the control group ($\bar{x} = 10.76$) were not statistically significantly different. After using the average scores of the experimental group ($\bar{x} = 16.60$) and the control group ($\bar{x} = 10.93$) the difference in statistical significance was 0.05, meaning that the former gained knowledge after participating in the program more than the latter.

2. Comparing scores from the scale before using the program, the average scores of the experimental group ($\bar{x} = 190.40$) and the control group ($\bar{x} = 178.47$) revealed no statistically significant difference. However, the posttest scores became statistically and significantly different at .05 ($\bar{x} = 213.33$ and $\bar{x} = 195.97$ respectively) implying that the experimental group had a higher resilience quotient than the control group.

3. Regarding the scores for stable emotions and mind (Restraint), the average pretest scores of the experimental group and

the control group ($\bar{x} = 3.29$ and $\bar{x} = 3.39$ respectively) did not differ. Nevertheless, their scores ($\bar{x} = 3.63$ and $\bar{x} = 3.31$ respectively) were considered different, with a statistical significance of .05 after using the program. The experimental group gained greater emotional and mental stability than the control group.

4. Regarding the scores of encouragement and optimism (Constancy) before using the program, the average pretest scores ($\bar{x} = 3.12$ and $\bar{x} = 2.94$ respectively) and the average posttest scores ($\bar{x} = 3.47$ and $\bar{x} = 3.01$ respectively) of the experimental group and the control group were insignificantly different at 0.05. This indicates that both groups had the same level of encouragement.

5. Regarding the scores for problem management (Challenge) before using the program, the average pretest scores of the experimental group and the control group scores ($\bar{x} = 3.15$ and $\bar{x} = 2.95$ respectively) were not statistically different. Nevertheless, their scores ($\bar{x} = 3.57$ and $\bar{x} = 3.04$ respectively) were considered different, with a statistical insignificance of 0.05 after intervention. The experimental group achieved better problem management than the control group.

A two-month follow-up study used for learners from the experimental group was made through individual data collection, observation, talks and interviews with community leaders, parents and relatives.

The researcher received help from the community committee to observe learners' behaviors. Furthermore, the researcher made eight visits to talk with learners and each visit happened once a week.

Overall, learners achieved a higher level of resilience quotient, implying they were less prone to drug relapse in the two-month period after intervention. In the first month, they did not return to drug use. However, nine individuals, or 30 percent of them, did once in the second month.

Discussion

Step 1: The youth's needs in learning to achieve the resilience quotient for the youth at risk of drug relapse

1. As reasoned by the youths wanting to participate in the non-formal education program, the program was interesting and beneficial to their lives, families and communities. It enabled people to develop themselves and correct their false attitudes. Similar to Knowles (1980), the person successfully learns when there is a necessity to do so and needs to improve themselves so as to utilize knowledge in tackling life's problems. Kidd (1973) similarly said that a person's learning was associated with work, role and mission and that activities derived from the person's needs would stimulate the interest to learn.

2. Most youths (36.9 percent) preferred games. 23.4 percent needed role-plays, 21.9 percent needed discussion/group discussion and 17.8 percent liked lectures. These findings suggest that the activities should be diverse to attract learners' attention. According to Boyle (1981), a person's changes in knowledge, skills and attitudes should arise from a variety of activities. Likewise, Caffarella (1994) said activities, for instance, listening, lecturing, discussing, brainstorming and such, would increase the learner's knowledge and open up opportunities for the learner to express different opinions and perspectives, and these constructed knowledge, understanding and the development of attitude.

3. Youths reported their desired contents. For the topic of stable emotions and mind (Restraint), most of them wanted to learn about mental strength, then emotional control and management of stress and negative emotion. As supported by Werner (1989), an individual with mental strength will obtain self-respect, acknowledge his / her abilities, and be strong. As regards encouragement and optimism (Constancy), most wanted to know about how to gain self-encouragement and encouragement from close ones, and build faith and moral support. Like the concept of Wolin and Wolin (1993), the expression and receipt of love to and from others will create good relationships, encouragement and faith. As concerns problem

management (Challenge), skills in problem solving were most wanted, followed by skills in talking / denying and adjusting to new situations. In accordance with Bernard (1993), a person with a high resilience quotient will be able to think thoroughly and try to find options in problem solving.

Step 2: The non-formal education program to enhance the drug abuse resilience quotient of youth at risk of drug relapse

This research applied the transformative learning theory of Mezirow (1991) and the cognitive behavioral modification of D'Zuriila & Goldfried (1985) to the non-formal education program. The reasons behind this were that youths who were vulnerable to slipping back to drug use had gone through a crisis and chosen the wrong path and that, consequently, their existing attitudes and thoughts should be altered. Mezirow (1991) mentioned a person would make a good start of learning when encountering a life crisis and this would lead to the learning process for changes in oneself for survival. Using D'Zuriila and Goldfried's problem solving technique, the combination of new knowledge, beliefs and experiences with existing ones would deliver the behavioral changes in the individual in a continuous manner. Youths can solve their problems if they are encouraged to do it systematically. As supported by Taylor (1998), learning for changes must be valuable

and come from inside. The researcher utilized essences of resilience quotient and related studies to develop the program's contents containing eight steps based on the program development of Boyle (1981). Similar to Ingalls (1973), the process to organize activities aiming for behavioral changes should rely on the need of the learners, communities and organizations, and specify the content bringing about genuine and sustainable changes.

Step 3: Using the non-formal education program to enhance the drug abuse resilience quotient of youth at risk of drug relapse

3.1 The average test scores of both the experimental group and control group were different with a statistical significance of 0.05. The former obtained a higher score than the latter. As Grotberg (1995) mentioned, the acquisition of knowledge, understanding and guidelines about the resilience quotient will certainly be the external support and resource that promotes resilience.

3.2 The average scores from the scale of both groups were again different with a statistical significance of 0.05. The experimental group earned a higher scale than the control group. This result parallels the concept of Smokowski, Reynolds & Bezucczko (1999). The individual receiving external encouragement to increase resilience quotient will make use of social support efficiently and overcome risks effectively.

3.3 The average scores of stable emotions and mind (Restraint) between the two groups also differ statistically and significantly at the level of 0.05. The experimental group showed greater mental and emotional stability than the control group. As proven by Goleman (1998), individuals with emotional stability cope well with their negative emotions and feelings.

3.4 The average scores of encouragement and optimism (Constancy) of both groups turned different without statistical significance at 0.05. This indicated that both gained similar levels of encouragement after the program trial.

3.5 The average scores of problem management (Challenge) were different with a statistical significance of 0.05. The experimental group could manage problems better than the control group. This concurred with what Werner (1989) stated, that an individual with a tendency to manage problems successfully will recognize his/her abilities and be able to turn undesirable situations into positive ones.

Recommendations

1. Before using the program phase, it is important to explore the community, people's lives, youths' characteristics and learning limitations. These influence the opening up for new attitudes, ideas and shared experiences.

2. During the implementation, the instructor should facilitate the learning for learners, be friendly and show trust. Learners' experience is a crucial component and favors activities for learning.

3. To implement the program, the contents of activities should fit youths' needs and agree with learning objectives geared toward improving resilience quotient.

4. Program activities should be continued for resilience quotient in youths so that they can have stable emotions and

minds (Anguish), encouragement (Awaken) and problem management (Insight). If they have these, youths can apply them in life.

5. In the follow-up study after using the program, it is necessary to seek collaboration from the community's committee and learners' parents. These people are the learners' close ones and live in the same community and can observe behavioral changes in the learners consistently. As a result, the data gained from the follow-up will become complete at the end.

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