

# **Developing the Guide for Implementing Family Skills Training Programs for the Prevention of Drug Use in Taiwan Communities**

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## **ABSTRACT**

This pilot study aims to explore the feasibility of the guide to “Family Skills Training Programs for the Prevention of Drug Use” in accordance with the “New-Generation Strategy to Combat Drug Abuse” promoted by the Executive Yuan. In addition to maintaining people’s rights to health and preventing drug abuse, this study also serves as a reference for filing applications to the Ministry of Justice for the funds to carry out further research projects on drug control and prevention in the future.

The study adopts literature review, expert panels and Delphi Method and reaches the following conclusions.

(A) Taiwan’s earlier plans for the family anti-drug educational programs

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provide relatively valuable information on manpower recruitment and program designs to be referred to and learned from.

- (B) The information collected via literature review shows that the dilemmas arising from community and family anti-drug education are yet to be overcome. Promotional effects, family recruitment, parent cooperation and insufficient educational resources are some of the important issues to be dealt with upon promoting these programs.
- (C) Community resources should be integrated for achieving better results in family recruitment while promoting the above-mentioned “Family Skills Training Programs”.
- (D) It’s suggested that Taiwan’s local culture constructs an essential part in adjusting Family Skills Training Programs. The characteristics of the target families to be covered by the programs should also be taken into consideration. The operations of the programs should be in tune with the customs and conditions in Taiwan.
- (E) Attention should be paid to process evaluations while promoting the training programs. Researchers can record the process of the programs and carry out discussions on important issues.

(F) Performance evaluations should account for a crucial sector while promoting the training programs. On the other hand, selecting target groups and setting expected goals can actually come before the design of these training programs. By doing so, it's easier to achieve the expected results.

The core of this study aims at constructing the “Guide to Family Skills Training Programs for the Prevention of Drug Use”, which is practicable in Taiwan. The framework for 2019 pilot programs will also be planned in advance. In this study, the discussions will penetrate anti-drug educational strategies based on scientific evidence and the needs for localization. In addition, a preliminary direction will be proposed for how community health, education and police resources can be integrated. Based on the above mentioned, it is suggested that the “Guide to Implementing Family Skills Training Programmes for Drug Abuse Prevention” by the United Nations and the results of the research carried out by our Institute can serve as the strategic framework for future planning and implementation for the executive teams of 2019 programs. Meanwhile, evaluations and adjustments can be made based on practical experiences in order to come up with operational and feasible programs.

After that, the power of research can escalate and then drug-related crimes in Taiwan can be controlled and prevented in a radical way.

**Keywords:** New-General Strategy to Combat Drug Abuse, Family Skills Training Programs, Family Skills Training Programs for the Prevention of Drug Use, adolescent drug use, drug abuse

## **I. Research Background**

The “New-Generation Strategy to Combat Drug Abuse” and “Action Plan for New-Generation Strategy to Combat Drug Abuse” were passed in the Cabinet meeting on May 11, 2017 and later approved on July 21, 2017. Both the second and fourth pillars stated in this Strategy put the emphasis on joint cooperation between families, schools and communities in the mechanism of prevention of drug use at a district level. Regarding the prevention at a preliminary level, the Executive Yuan has promoted a mechanism featuring cooperation between schools and police stations in a community and establishment of patrol networks to prevent drugs from flowing into campus. The prevention at a secondary level emphasizes that individual students of high risks in drug use will receive guidance and follow-up care. At the tertiary level, the Executive Yuan has planned to provide resources to build up therapeutic services in communities and set families as a supportive center so as to encourage drug addicts to go back home (法務部, 2017). The above descriptions demonstrate that the “New-Generation Strategy to Combat Drug Abuse” aims at integrating resources from families, communities, education and police force. It is expected that families can be an initial

ground where a social security network can be established to refuse and prevent drug abuse.

“Family Skills Training Programs” have been examined and supported by scientific evidence in advanced countries. Such programs can help reduce 30% of adolescents making their first try of illegal drugs in communities. The programs also achieved an excellent CP value showing that 9 dollars were saved when 1 dollar was spent (UNODC, 2010). The mechanism of family skills training aims at strengthening communications and trust between parents and children, cultivating children’s skills in solving problems and conflicts, maintaining and enhancing the intimacy between parents and children, underpinning family’s function of supervision, and spreading and sharing good family values in order to reinforce protective factors which are able to prevent family members from drug use (Dishion & Patterson, 1996).

There is an urgent need to develop an empirically and locally supported “Guide to Family Skills Training Programs for the Prevention of Drug Use” so as to prevent drugs from permeating communities and families in Taiwan. In this guide, families play the central role and communities become the stage for drug prevention. The establishment

of a comprehensive plan and application of “Guide to Family Skills Training Programs for the Prevention of Drug Use” can serve as a platform for city and county governments, communities and schools to cooperate with each other. “Family Skills Training” teams can be formed for the prevention of drug use. The above approach can help strengthen family functions in a community and further cultivate a healthy environment for adolescents to grow up by actively preventing drug use in Taiwan.

## **II. Research Purposes**

This study is designed for the 3-year promotion of “New-Generation Strategy to Combat Drug Abuse”. This year, the study focuses on the preliminary planning and guide. It aims at establishing a comprehensive theoretical framework and an implementation model suitable for the “Family Skills Training Programs for the Prevention of Drug Use” in Taiwan. Several critical studies conducted in the past have been covered for literature review and as the theoretical basis. In terms of family protection and hazards, Sandler, Schoenfelder, Wolchik, and MacKinnon (2010) defined that parents’ protective functions include positive relationships, information provision

and suggestions, paying attention to adolescents' behavior and interactions, support to child adaptation, and interference with behavior jeopardizing positive adaptation (e.g. making friends with deviant peers). In addition, effective family skills training programs for the prevention of drug use shouldn't be fossilized measures or models. In stead, these programs should be supported by scientific evidence. This study mainly refers to the twelve principles for family skills training programs for the prevention of drug use proposed by UNODC (2010) for planning.

By consolidating the aforesaid 12 principles for family skills training programs for the prevention of drug use proposed by the United Nations, this study aims at completing an initial design of 12 assessment indexes, which serve as a reference for later application of the Delphi method.

Experts can also use these assessment indexes to examine to what extent a training program is in line with the principles proposed by the UN.

This assessment can also be adopted as an analytical tool for examining the theoretical validity of a program. After being simplified, the 12 assessment indexes for UN family skills training programs for the prevention of drug use are as follows:

Table 1. Assessment Scale of 12 UN Principles for Family Skills Training





	performance assessment.													
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### **III. Research Methodology**

This study aims at establishing a model feasible for “Family Skills Training Programs for the Prevention of Drug Use” in Taiwan. It is also expected to outline an operational strategy and cooperative framework by integrating police administration, education and health resources. With the guidance of experts, the guidelines of “Family Skills Training Programs for the Prevention of Drug Use” will be drafted so as to serve as a reference for future program implementation.

For accomplishing the above research purposes, literature review is made to scrutinize the implementation models and development of “Family Skills Training Programs for the Prevention of Drug Use” in Taiwan and in other countries in order to make comparisons and analyses on the advantages and disadvantages of these models, and find out the operational mechanism that best suits the conditions in Taiwan. Afterwards, expert focus group interviews are called to weigh up the needs, current situations and dilemmas of anti-drug education. An examination will also be made on the feasibility of promoting “Family Skills Training Programs for the Prevention of Drug Use” by integrating resources in communities. Finally, this study applies the Delphi method

to further explore the four dimensions including the principles for family skills training, program design in line with the current conditions in Tawian, planning for recruiting and maintaining family participation, and selecting, cultivating and sponsoring leaders of “Family Skills Training Programs for the Prevention of Drug Use”.

### **A. Subjects for the Research**

This study aims at exploring the promotions and applications of “Family Skills Training Programs for the Prevention of Drug Use” in communities. It involves anti-drug projects, promotion and practice of drug prevention education, program practice principles, performance of implementing monitoring programs and other related issues. Therefore, the subjects to be invited for the research and participating in the panel of experts should have experience in anti-drug promotions in communities, implementation of Chun-Hui (Youth-Support) Project, urine tests and counselling for targeted groups at different levels of schools, and participation in “Chun Hui Team” for counselling (教育部, 2017).

Work experience for three years is a plus. The experts or scholars are expected to be knowledgeable in current education, anti-drug policies and related laws. Meanwhile, the subjects to be covered by the Delphi

method are expected to possess at least five years of experience in anti-drug related work. Additional requirements for selecting the subjects include experience in anti-drug promotions in communities, anti-drug education on campus, etc. The personnel in charge of anti-drug related work at drug abuse prevention centers, Juvenile Affairs Brigade and Women and Children Brigade of Taipei City and New Taipei City Police Department, Department of Education, and different levels of schools are the essential subjects for the authors to take into consideration for issuing invitations. Then, the experts with background of drug use education, crime prevention and control, public health and laws are also invited to make the panel more comprehensive.

## **B. Research Tools**

### **( 1 ) Expert Focus Group Interviews**

The expert focus group interview is designed based on the issues listed in line with the thesis and purposes of this study. Experts and scholars in relation to the fields and specialties covered in this study are invited. Then, a series of discussions, which can be stated in public without involving privacy, are carried out on social or policy issues in an open and harmonious manner. There are several advantages for

organizing an expert focus group. First, experts possessing knowledgeable background and practical experience are able to provide qualitative information in connection with the the topics mined in this study. Such information portrays experts' attitudes and opinions, which can be objectively organized into inductive and deductive knowledge. Second, the core issues of the study construct a springboard on which knowledgeable and experienced experts in different disciplines can work together to exchange professional suggestions, integrate opinions for reaching a consensus, or explore differentiating ideas. Third, expert focus group interviews feature several advantages, such as looking into updated knowledge, probing theoretical background, analyzing logical context, interpreting information on events, and sparking new ideas and concepts among experts with their knowledge and practical experience (Su-Feng Cheng [鄭夙芬], 2005).

It is considered in this study that expert focus group is beneficial to coming up with a feasible model of “Family Skills Training Programs for the Prevention of Drug Use” in Taiwan. Expert focus group also assists in mapping out operational strategies and a cooperative framework with the resources from the police administration, education field and health

authority. With the guidance of experts, the policies of “Family Skills Training Programs for the Prevention of Drug Use” can be drafted to serve as a reference that related programs can follow upon implementation. During the panel discussions, the authors were able to interact with the interviewees many times to fire up innovative thinking, ideas and reflections so that the results of the interviews can be verified with better reliability and validity. Furthermore, expert focus group carries expert validity in terms of guiding conceptual implementation framework. As a result, the conclusions reached by an expert focus group can be reckoned as a source while designing the Delphi Method questionnaire.

## (2) The Delphi Method

### a. Analytical Structure

This study applies the Delphi Method and form a panel of experts.

There are four constructs covered in the discussion:

1. Set up program goals, including parenting behavioral modification and juvenile behavioral modification (such as reduced risk or behavior of drug use).
2. Clarify the principles for “Family Skills Training Programs for

the Prevention of Drug Use”. Invite experts for verifying the applicability of the 12 UN principles for Family Skills Training Programs for the Prevention of Drug Use to related local programs implemented in Taiwan. Then, request experts to make suggestions for localizing these principles.

3. Make preparartions for the implementation of the programs.

Discuss how Family Skills Training Programs for the Prevention of Drug Use can be implemented in the communities in Taiwan, including four major concepts: collection of cases and environmental characteristics, flexible adjustments, establishment of program adaptation teams, recruitment and maintenance of family participation, and training program execution teams.

4. Monitoring and assessment. Discuss the process of monitoring

“Family Skills Training Programs for the Prevention of Drug Use” and assess the outcomes of program implementation.

Forge consensus on various expert suggestions on concrete approaches and strategies so as to form an evidence-based program to follow and lay a foundation for tracking and



evaluating the effectiveness of the program, and finally make suggestions to timely modify the program (UNODC , 2010).

#### b. Establishment of a Panel of Experts

In accordance with the general principles of the Delphi Method (Linstone, Turoff, 1975), the study involves the participation of scholars and experts from drug abuse prevention centers, Juvenile Affairs Brigade and Women and Children Brigade of Taipei City Police Department; personnel from the Department of Education; staff in charge of drug education at different levels of schools; personnel organizing parenting lectures; and those with backgrounds in educational policies, criminal justice and legal studies. The participants are expected to possess the qualifications of at least five-year experience in related fields, and specializing in drug abuse prevention education, crime prevention and corrections, public health, and legal policies. Previous literature pointed out that with the application of the Delphi Method, a panel of at least 10 experts is proved to carry the lowest group error and highest credibility (林倫豪 & 徐昊杲, 2012). Therefore, a panel of ten professionals is invited and formed for this study.

Afterwards, the issues and requirements concerning the research of

“Family Skills Training Programs for the Prevention of Drug Use” were brought up to the experts. Background information in relation to the issues was also provided. Meanwhile, the authors enquired the experts to identify if there was any further information to be rendered and a written form of reply from them was requested. The scholars and experts were invited to make assessments and suggestions on the indexes stated on the questionnaire by elaborating the reasons why modifications should be made, followed by pointing out what other aspects should be examined in future discussions. Next, the opinions addressed by the experts was compiled and organized into a table with a statistical technique. Opinions with similarities held by experts were collected and saved while the comments in disagreements were taken out before revising the questionnaire and distributing it again to each expert in the panel. After that, the previous expert review process was repeated again. The opinions for the issues covered in this study were collected and compiled. When all of the experts reached an agreement on the descriptions of the indexes in the questionnaire, the assessment stability could thus be maintained. For avoiding the experts from group risk shift or decision-making under group pressure, the process of reviewing and

modifying the questionnaire was carried out anonymously. The modified questionnaire was used as the evaluation tool after the compilation and reorganization of expert opinions (張博皓, 2015).

When the researchers considered that the first-round evaluation of the questionnaire reached a satisfied level of consensus, the modification of the questionnaire could thus be made in accordance with expert opinions. These indexes with the best consensus are kept to form the questionnaire as the final version while the opinions with variations held by the experts were deleted.

#### c. Determination of the availability of the questionnaire

The questionnaire with the application of the Delphi Method is semi-structured. This questionnaire is divided into four measuring constructs, including “program goals”, “program principles”, “preparations for program implementation”, and “program monitoring and assessment”. Under the four constructs, there are nine conceptual items with indexes subordinating to them. The panel of experts was invited to determine and score the relevance of these items in the questionnaire. “1” stands for extremely irrelevant (low relevance) and “10” denotes “extremely relevant” (high relevance). In between, scores

including “2, 3, 4, 5, 6, 7, 8 and 9” could be given. The higher score the item is, the better relevance it has.

The panel of experts served to determine the relevance of the indexes listed in the questionnaire and give opinions based on their professional knowledge and practical experience. The studies conducted by 張博皓 (2015) and 黃宗仁 (2010) are referred to for the Delphi expert questionnaire analysis method. This method covered two parts. The first part involves an assessment of the relevance of every conceptual item and the second part is to determine the relevance of each index. The relevance of both conceptual items and indexes was determined by averaging the scores given by the experts. The average score should be above 7.5. In addition, experts can make concrete suggestions in the blanks of the semi-structured questionnaire and determine if the statement as a guideline difficult to be put into practice. 林勁仁 (2000) once concluded in his study that a feasible index should reach a consensus of at least 75% of the experts. This study is an attempt to establish a preliminary guide, so a less strict standard, 10-point Likert scale, is adopted. With the application of 10-point Likert scale, the value not less than 70% with an average  $\geq 7$  indicates that a concept

or index being evaluated reaches the threshold value for relevance.

Regarding CDI (consensus deviation index), the studies carried out by Chang, Tsou, Yuan, and Huang (2002), and 黃宗仁 (2010) and 馮淑雲 (2006) are referred to. In these studies, CDI is defined as follows:  $CDI \leq 0.3$  denotes that opinions among experts are highly consistent;  $0.3 \leq CDI \leq 0.5$  indicates that opinions among experts vary but within an acceptable range; and  $CDI \geq 0.5$  requires a further explanation on opinion inconsistency.

Based on the above, the purpose of this study is to establish a guide for implementing “Family Skills Training Programs for the Prevention of Drug Use”. Therefore, it is acceptable when CDI is lower than 0.5, which is used to examine if the consensus level among experts exceeds 50%. When the average  $<7$  with  $SD > 1$ ,  $CDI > 0.5$  and consensus level  $< 50\%$ , it is suggested that an index or an item should be modified or it may be necessary to invite the experts for reviewing the relevance again with the Delphi method.

#### d. Research Ethics

This study aims at evaluating the feasibility for promoting the policy on “Family Skills Training Programs for the Prevention of Drug Use”.

Such training programs are prescribed tasks implemented by the public sector. Therefore, this study serves as a self-assessment of public policy, which is considered exempt review. In addition, in the assessment process, data collection will not be targeted at anything involving experts' privacy when expert focus group interviews or the Delphi method are carried out. Only the information which has been previously made known to the public under legal conditions such as experts' professional backgrounds, educational backgrounds, expertise, etc. will be disclosed. This study is agreed with the lowest risk. The chance or strength for the participants to be put in danger or experience discomfort is not greater than that in their daily lives.

#### **IV. Research Findings and Analyses**

##### **A. Compilation and Discussion of the Content from Experts Focus Group**

The experts focus group is formed to exchange views about the promotions and applications of “Family Skills Training Programs for the Prevention of Drug Use” in communities. The issues being chewed over in the focus group include the integration of existing anti-drug programs, promotions of education in drug prevention, establishment of principles

for program implementation, evaluation of program implementation results, etc. The suggestions made by the participating experts are organized as follows:

(1) Anti-drug educational program design and related international programs for the communities and families in Taiwan

National Chung Cheng University has established an anti-drug abuse educational center for anti-drug promotions. By offering well-designed tour packages that work with anti-drug promotions, the students can have fun through these educational programs. In addition, experts pointed out that the promotions for prevention of smoking and drug use targeted at high risk adolescents on campus and in communities had been started since 2013. However, it was found that families lied as the core issue for promoting the educational programs. Therefore, in 2014, NIDA in the USA authorized Taiwan for the translation of a parent effectiveness manual, in which six capabilities for strengthening parent-child relationships are encompassed: effective communications, positive encouragement, acquainting with children's friends, effective negotiation, establishment of proper boundaries, and effective supervision. Currently, training programs for these six capabilities are promoted

through parents' associations at junior and senior high schools while only three capabilities out of the six can be promoted at elementary schools. The promotions are usually carried out on family days. It is expected that these programs can help set family rules for parents and children. Meanwhile, the board games as an innovative technique were held two years ago. Board games have been developed since last year to serve as an incentive for the adolescents and their friends to take part in the training programs. Such activity can assist the adolescents through physical human connections in order to find out what they really want and like. Apart from the above, adolescents' risk of access to drugs can be reduced when proper and timely assistance is offered.

Next, the promotions of life skills training can be divided into two parts. First, family group or parent-child group courses are held regularly at social welfare service centers set up in the cities and counties in Taiwan. A large-scale group activity is regularly organized once a year in summer. For drug prevention at a preliminary stage, the social welfare service centers provide parent-child group programs targeting at juniors under 18 in communities. These family centers can arrange group activities for two times annually. There are six to eight sessions



in each group educational program with 12-15 participants. Furthermore, high-risk groups are the target for carrying out life skills training (LST). First, courses for altering peer relationships are designed for the 7<sup>th</sup>-9<sup>th</sup> grade junior high school students. Significant variance has been observed based on follow-up analyses. Other than the above, National Taiwan University once worked with the Department of Education to invite the physical education teachers at junior high schools in Taipei City for providing consultance and localizing LST into Positive Interpersonal & Life Orientation Training (PILOT). This PILOT program strove for enhancing adolescents' positive capabilities, including socializing, communications, refusing, emotional adjustment, dealing with stress, and ways to make friends with or refuse peers carrying negative attitudes. Moreover, LST has been extended to elementary schools. LST will be conducted after probing smoking and drinking problems faced with elementary school students. At the present, at least 6-8 group activities have been organized at several junior high schools in Taipei and Taoyuan. The second part then involves parents. Life skills training particularly designed for parents are mainly held in Taipei, New Taipei and Taoyuan. This program offers training for parenting, family

communications, family rules, parent emotion control, approaches for setting family rules, etc. The core of the program is to strengthen family protection factors. Schools are requested to recommend no more than 15 families to take part in the training.

(2) Scope, challenges and typical learning values of promoting anti-drug education in communities, families and between parents and children

NTU Children and Family Research Center worked with Ministry of Education, Health Promotion Administration and Ministry of Health and Welfare for the “Pilot Plan of Tobacco Control and Anti-Drug Parent-child Education”. Those who were out of school or out of job and below 18 were within the reach of the plan. Parents were invited to participate in the parent-child education program held at the Department of Health. The pilot plan was implemented in New Taipei City, Nantou and Kaohsiung. The material used was the parenting effectiveness manual published by Professor Hsueh-Yun Chi of Kuo Fan Foundation. However, the shift of the ruling party, significantly increasing workload and the excessive consumption of administrative resources put the pilot plan to an end after being started for only one year. NTU is working

with the Department of Judicial Protection of Ministry of Justice on the programs particularly designed for target groups. According to Article 53 Item 1 stated in the Protection of Children and Youths Welfare and Rights Act, adolescents out of school using drugs are introduced with a community prevention program after reporting to the Department of Social Welfare. On the other hand, adolescents at school are guided to participate in Chun Hui (Youth-Support) Project after reporting to the Department of Education. Community drug prevention programs targeted at children have been divided into two models since this year. The first one embraces an adolescent intervention program, in which children and parents are requested to work together. The second one is a family counselling model being performed based on suggested solutions. In other words, in accordance with Articles 53 and 54 stipulated in the Protection of Children and Youths Welfare and Rights Act, parents are required to receive four-hour parent-child education if his or her child uses drug. Cities and counties are in charge of organizing such type of parent-child education group. Starting from this year, pilot plans will be put into practice in Keelung, Ilan, Taoyuan, Hsinchu, Miaoli, Taichung, Tainan and Pingtung. And two models are available: LST parent-child

group and Multidimensional Family Therapy (MDFT). The basic principle of MDFT is to have both children and parents involved in doing something together and have shared discussions. City and county authorities can settle on the model to be offered. For example, courses, groups and individual cases are some of the forms available. Counselors can pay a family visit for providing parent-child education. Currently, the coverage of parent-child counselling programs is further expanded so that home visiting parent-child education service can be provided. The Department of Protective Services of Ministry of Health and Welfare is in charge of the pilot plans for parent-child education. The first type of parent-child education pilot plans is set courses which apply when administrative sanction is imposed provided that a case of drug use fails to report to a related authority after receiving a notice. Under such circumstance, the case is mandated to take part in the set courses. The second type is home visit directly paid by counselors so as to relieve these cases from being punished. Parent-child education is thus given during the visits. Four visits are normally scheduled with 1-hour course per visit.

The Department of Health of Taipei City Government has conducted

a special plan for juveniles. Plans of diverse therapies and assistance were designed based on the level of drug addiction. Juveniles with drug abuse were offered with help and subsidy for necessary therapies and psychological services. This plan endeavors to encourage juvenile drug addicts to shake off fear of stigmatization that hinders their way from receiving medical care. In addition to medical assistance and subsidy, these juveniles were required to attend two therapeutic counselling groups. Parents were invited at the same time to participate in a mindfulness supportive group. These juveniles were cases mostly under custody, with a report rate up to nearly seventy percent. At the beginning of promoting the plan, their parents were unable to be reached. The more pressing cases usually exhibited a condition of poorer family attendance.

The Division of Welfare Services for Children and Youth of the Department of Social Welfare of Taipei City Government has established 22 services centers for children and youth. There are six youth service centers which mainly provide assistance to the disadvantaged. Various types of parent-child educational courses are held from time to time at these service centers by considering regional characteristics and needs.

For instance, Wanhua Children Center offers both general and mandated parent-child education programs. Parents having their juveniles using class 3 and class 4 drugs would receive a notice from the Department of Social Welfare requesting participation in a mandatory parent-child education program. From 2015 to 2017, a total of 170 families received the education. Among them, parents accounted for ninety percent while grandparents and relatives accounted for ten percent to take part in the education programs. Program completion rate reached about eighty percent. For strengthening family involvement in the educational programs, the Department of Social Welfare also offers some resources such as materials as feedback, after-school classes, parent-child tours, etc. so as to better boost family participation. In particular, the Department of Social Welfare also offers educational programs for families with grandparenting. Grandparents are instructed for how they could interact and communicate with their grandchildren.

The following passage describes the effectiveness achieved. Families serve as the educational foundation for children. Strengthening parent-child relationships and parenting education can effectively lessen adolescents' biased behavior. Therefore, many scholars and experts

approve of the measures the Academy for the Judiciary has taken to promote self-study and establish family skills training programs for the prevention of drug use in communities in Taiwan. However, putting parenting education programs into practice requires resources in finance, labor and materials. Experts and scholars have reminded the Academy for the Judiciary of clarifying what its studies should direct at. Recruiting parents to attend the above said programs is not an easy task, so the cooperation with the Department of Social Welfare, Juvenile Affairs Division, Department of Education, etc. can help save on a budget upon implementing family skills training programs and be beneficial to recruitment and follow-up practice.

Government authorities have encountered certain challenges while providing anti-drug education. Some experts have addressed that currently some micro films are produced to attract cases of drug use to get involved in the training program. However, it requires further study to find out the effects of micro films on boosting anti-drug education and promotion. The promotional effect of micro films can be unchallengingly dominated by film themes, content and quality. Micro films can only create interim promotional effect so it would be tough to

determine their cost effectiveness. Furthermore, the Department of Education has provided care and assistance to the cases of high risks at 10 high care schools. So far, it has been found that poor family support, complicated human connections outside school and poor school attendance are the characteristics which stand out of these individual cases. However, the evidence showed that it was difficult for schools to play the role in interfering with family improvement; on the other hand, those dysfunctional families were not showing their intention to cooperate with schools. Many experts with practical experiences expressed that the factors such as parents busy at work, parents' low intention to cooperate, possible stigmatization after program participation, short-term rotation of chiefs of behavior and chiefs of life counselling at school, and insufficient school resources have shaped great challenges when the authorities in charge invited parents to participate in the activities and asked for parents' support to counselling programs. Finally, experts advised that among all students, some reached the age of adult or some were homosexual drug addicts at a high social and economic status. Such cases had weak connections with families. Hence, it is suggested that these cases should be regarded as an



independent category so that proper program adjustments can be made based on their characteristics.

(3) Approaches and Procedures for integration of community resources and promotion of “Family Skills Training Programs”

Scholars have reminded that treatment designed for preliminary prevention and secondary counselling differs from each other, which leads to diverse focuses and follow-up counselling measures. It is recommended that Juvenile Counselling Committee or Chun-Hui Project at schools can be a start for high-risk groups. It would be more effective to skip repetitive recruitment that exacerbates the dilemmas to encourage resident participation if the related units for implementing these programs are able to establish a particular organization or team extended from the groups already existing. Recruitment can be started from a certain organization followed by targeting at desired groups and discussing locations available for counselling. Meanwhile, the approach to main caretakers for drug addiction cases helps pave the way to issue invitations for participation in the programs. After inviting target groups, a variety of teaching materials concerning parenting, life skills, social adaptation, legal education, human communications, career planning, etc. can be

selected. The final step is to integrate the materials designed by scholars in the past with UN guidelines. After target groups are decided, it is available to make a prediction for possible results. Thus, an intervention program can be designed based on the expected results. By doing so, it is more likely to achieve the goals including preventing recidivism, and strengthening family functions, parent-child communications and legal awareness.

As to recruitment plans, scholars considered that recruitment strategies could be flexibly tuned. Diverse and more attractive activities can be organized, such as paying outdoor visits, recording and producing shows, playing videos, and organizing lucky draws. Aside from the above, a scholar mentioned that for facilitating parent participation, the demerits attached to children could be cancelled if parents took part in such activities. Parents' awareness of their aid to the cancellation of children's demerits is an indication of the existence of family functions. Such measure intends for encouraging parents to continuously get involved in the programs. However, attention should be paid to parents who lose interests in participation after fulfilling the need for writing off children's demerits. For eliminating the above parent mindset, other

countermeasures can be taken; for example, participation for four times entitles them to receive a bottle of soy sauce or a pack of rice and six times to be awarded a book from an online bookstore or a gift under NTD 250 in order to keep parents in the growth groups. The above-mentioned plans feature small groups. Therefore, qualitative research with records and interviews is conducted.

Regarding the arrangement of lecturers, an expert advised that the rehabilitated can be invited for peer counselling. Programs facilitating parent-child interactions can be provided on family days. For example, parent-child tours, basketball camp, or other camp activities which require cooperation between parents and children can be introduced to enrich parent-child experience and increase opportunities in interactions and communications.

The last suggestion made by experts and scholars is that some designs can be produced as an integral part in the space in the Education Building to add some colors and spark off children's passion for the anti-drug programs. For example, the organization for drug abuse prevention and control in Japan was designed with a slide in which rotating neons lights were installed to create a dizzy effect. The ride of

the slide which creates the same effect of dizziness makes children realize what it's like to have drugs. This is one of the measures which can be taken into consideration. Apart from the above, anti-drug promotions should be classified into different levels. For promotions at the third stage, the omission of "anti-" helps reduce drug addicts' resistance.

(4) Adapting family skills training programs by combination with local culture in Taiwan

Scholars mentioned that it is vital to set directions for research plans. The plans put into practice should not be theory-oriented but focused on coverage rate and frequency. However, reliability, validity and extrapolation are some of the aspects which cannot be overlooked for research plans. Program design at a right angle is crucial. UN programs such as life skills training do not well fit the needs in Taiwan. Therefore, localization including translation, transformation and adaptation should be done by taking local requirements into consideration. Some issues such as progression of time, emerging drugs and grandparenting should be thought over. Besides, it is necessary to reconsider the definition of family. For some cases, families can be defined as parents or guardians. In practice, it is necessary to consider if

the education provider for a child is his or her orientation family or foster family, or even other people involved in giving education, or those who have created great influence on the child such as relatives of intimate relationships. Therefore, “family” may not be the only choice of word to name these plans or programs.

Next, the following passage explains the conditions of carrying out parent-child education courses. Parents’ willingness to work with program providers differs due to family and community patterns when promoting parent-child education programs. Hence, these programs should focus on target groups. After that, teaching materials and methods of recruitment can be determined accordingly. For example, Da An District is a popular meeting place for the high-risk adolescents. It is more likely to encounter challenges upon recruitment if high-risk counselling programs are promoted here while it would be easier to promote the programs to general families in the said district and invite them to take part in education programs. Parents without children using drugs are more likely to attend parent-child education. Meanwhile, for adapting the programs to the ones suitable for local culture in Taiwan, children under protective measures should be the main subjects to be

targeted by the programs. According to Article 84 Item 1, the juvenile court may order parents to take a parenting course if it is found that they failed to well educate the juvenile in the family.

The Hope Group promoted by Shihlin District Court together with Department of Health of Taipei City Government or Holiday Counselling and Treatment Group held at Taipei District Court are two examples to be referred to. Taipei District Court has taken in the highest number of drug abuse cases so the subjects receiving holiday counselling had averagely less serious biased behavior. Therefore, the cases under protective measures can be the main source while practicing an optional or compulsory program at the tertiary stage. On the other hand, parenting education creates a better access to high-risk groups since their parents may also be drug users. In this case, more effective results can be achieved when both parents and children receive the training.

Further to the suggestion on working with Taiwan's currently available system for maintaining family participation and attendance, the conditions are described below. At present, social workers are the main role in charge of tracking family participation. Social workers hold incentive resources in their hands to encourage family participation. For

example, social workers who provide assistance to the mentally and physically challenged people from low-income or middle-low-income households can help them with obtaining a monthly subsidy of NTD 4,800 or resources from a food bank. Therefore, they are a good connection that can help the organizers of counselling groups to maintain family attendance and participation. In addition, Juvenile Court can decide to hand a juvenile to the juvenile investigator for a six-month observation before finalizing the case by putting or not putting the juvenile under protective measure or applying the protective measure that best suits based on the observation report by the investigator. The six-month observation ruled by a judge is the onset of stabilizing the conditions of a juvenile. Therefore, it's a good opportunity to invite both the child and his or her parents to take part in a parent-child course.

Finally, meetings are held periodically by Taipei District Court, Shihlin District Court, Taipei City Police Department, Drug Abuse Prevention Center, and Department of Education for exchanging information on different or shared cases of drug abuse juveniles. Experts in practice also mentioned that future promotion of family skills training programs may involve departments in charge of the same

tasks. It is necessary to set up a platform for these departments to exchange information in order to avoid repetitions, waste of resources or disturbance to participating families.

## B. Delphi Method Statistical Analyses

In this study, the Delphi Method is adopted and a semi-structured questionnaire for experts is designed. This questionnaire is divided into four measuring constructs, including “program goals”, “program principles”, “preparations for program implementation”, and “program monitoring and assessment”. Under the four constructs, there are nine conceptual items with 69 indexes thereunder.

The first round of expert Delphi questionnaire is semi-structured. It is used for collecting answers from a panel of experts based on their professional knowledge and practical experience for the purpose of determining the relevance of all items and indexes and at the same time give opinions. A total of ten copies of this questionnaire were distributed on August 2, 2018 via printed mail or email. By September 10, 2018, ten copies had been collected with a response rate of 100%. Meanwhile, there are two parts in the first round of expert Delphi



questionnaire. The first part involves determination of the relevance of each conceptual item while the second part is designed to assess the relevance of each index. The assessment is made on the basis of the concrete suggestions made by the experts in the questionnaire. In addition, expert consensus is determined consistent if the average of the points given by experts on each index is greater than 7 and CDI (consensus deviation index) is smaller than 0.5 (鄧振源, 2002); contrarily, expert consensus is considered inconsistent if the average is smaller than 7 and CDI greater than 0.5. Inconsistency suggests the need for modifications on indexes according to expert suggestions or further communications with experts. The points of each item and index in the first-round questionnaire, expert suggestions for modifying the first-round questionnaire, and the modified results of the first-round questionnaire are described as follows.

#### (1) Statistics on Conceptual Items in the Expert Delphi Questionnaire

By referring to the answers given in the first-round questionnaire, calculations are made to obtain mode, mean and SD for finding out the relevance of each item. Mean is used to determine the availability of each conceptual item and index. The relevance and SD obtained after

measurements are used to determine the dispersion of the scores given to each item by the panel of experts. Mode stands for the most frequent score given to an item by the experts. In the questionnaire, the design of the first part calls for the experts to evaluate the relevance of each conceptual item under each construct. Two conceptual items are under the construct of “1. Program goals”; there is only one conceptual item under the construct of “2. Program principles”; there are four conceptual items under “3. Preparations for program implementation”; and two conceptual items are under “4. Program monitoring and assessment”. To add up, there are a total of 11 conceptual items.

The statistics show that the 9 concepts are with a mean greater than 7, which explains that the experts thought the items were relevant. Then, no conceptual item is with CDI greater than 0.5. The above figures confirm that the experts have reached a preliminary consensus in the first round so it's not necessary to conduct the second round of Delphi questionnaire survey. The conclusions concerning the nine conceptual items in the first round of survey are described below.

1. Mean < 7, CDI > 0.5: 0 item.
2. Mean > 7, CDI > 0.5: 0 item.

3. Mean $>7$ , CDI $<0.5$ : 9 items.

4. Mean $<7$ , CDI $<0.5$ : 0 item.

Table 2. Statistics of Conceptual Items in the Expert Delphi

Questionnaire

Construct	Item No.	Conceptual Item	Minimum	Maximum	Mode	Mean	SD	CDI <0.5	CDI %
1. Program goals	1-1	Changed parenting behavior can be included as a training program goal.	5	10	5	7.20	1.98886	0.2762	72.38%
	1-2	Changed adolescent behavior (inclusive of reduced drug abuse risks or behavior) can be set as a training program goal.	3	10	6 <sup>a</sup>	7.20	2.29976	0.3194	68.06%
2. Program principles	2-1	12 UN principles for Family Skills Training Programs for the Prevention of Drug Use should serve as the basis for local training programs.	5	10	8	7.80	1.61933	0.2076	79.24%
3. Preparations for program implementation	3-1	Information of cases and related environment should be collected and flexible adaptation should be made by training programs.	8	10	9 <sup>a</sup>	9.33	.70711	0.0758	92.42%
	3-2	A program adaptation team should be set to plan and supervise training.	8	10	9 <sup>a</sup>	9.33	.70711	0.0758	92.42%
	3-3	Recruitment and family participation should be arranged and maintained.	5	10	10	9.00	1.65831	0.1843	81.57%
	3-4	Training should be provided to cultivate a	6	10	10	9.33	1.32288	0.1417	85.83%

		program implementation team.							
4. Program monitoring and assessment	4-1	The implementation of a program should be monitored.	8	10	10	9.56	.72648	0.0760	92.40%
	4-2	The effectiveness of a program should be assessed.	9	10	10	9.67	.50000	0.0517	94.83%

Source: compiled by the authors

Remarks: 1. Number of samples: 10 (persons)

2. "a" denotes the maximum value appearing for at least 2 times.

## (2) Expert suggestions and modifications on the Delphi questionnaire

A total of ten copies of the expert questionnaire were collected.

Every expert made suggestions or expressed opinions towards the concepts stated in the questionnaire after compiling the answers to the open questions. Even though the 4 concepts and 69 indexes in the questionnaire reach an accepted level of consensus and convergence, it is necessary to take expert opinions into consideration by referring to the answers to the open questions. Then, the authors are able to modify the concepts and indexes based on these expert opinions. Or these responses from the experts can be incorporated in this study for reference so as to serve as a guide to promote the programs.

Based on the above descriptions, most modifications were made in accordance with the opinions given by the experts. Few opinions

involve details concerning indexes, which will be discussed later in the section of index modifications. Some suggestions are related to future practice of the programs, so it's not appropriate to be included in the guide. However, they will be provided to the teams for further discussion while putting the programs into practice. The modifications of the conceptual items are described below.

Table 3. Expert suggestions and modifications for the conceptual items in the Expert Delphi questionnaire

Concept	Expert No.	Expert Opinions	Modification	Expert consensus %
1-1	2	Parenting behavior can be replaced by “parenting relationship”. “Can be included” can be replaced by “should be included.”	Modified version: Changed “parenting skills” can be included as a training program goal.	72.38%
	5	Parenting behavior is a broad concept, which is associated with attitude and value and hard to measure. Maybe the phrase can be replaced by “parenting skills”.		
	6	1. What can be changed? How can changed behavior be measured (stated by parents or children)? Knowledge, attitude, and behavior		
	6	How long is it for the observation and tracking?	The definitions of long-term and short-term tracking are modified in the indexes under 1-1-5 and 1-1-6.	
	8	It requires a long-term plan for changed behavior.		
1-2	2	“Can be set” is suggested to be modified to “should be set”	Adolescent behavior is specified under the indexes from 1-2-1 to 1-2-6. For the purpose of flexible applications and program goal setting by the	68.06%
	5	Adolescent behavior is a term of a really broad sense. The term can be more specific. Meanwhile, parent-child pair interaction programs should be arranged to measure adolescent behavior.		
	6	Minors: inclusive of those under 12		

		with a risk of drug use?	execution teams after referring to the guide, the description of “can be set” remains. Age groups and analytical approaches of future cases are left to program implementation teams to decide. It is not necessary to make them fixed rules in the guide.	
	6	How long is it for observation and tracking? Risk assessment and behavioral assessment indexes?		
1-others	9	It’s suggested to add new conceptual items: mental health, job burnout, parental burnout, study burnout, etc. Is it possible to include goals such as parents’ and adolescents’ perception of and attitudes towards substance/drug use/addiction? After that, observations can be made on behavioral change. It takes time to see behavioral change. I’m not sure how long it will take in future programs. Maybe such goals can make the programs more flexible and complete.		-
2-1	2	“Should serve” is suggested to be changed to “may serve”.	Modified version: 12 UN principles for Family Skills Training Programs for the Prevention of Drug Use may be referred to for local training programs.	79.24%
	3	Is it possible to include general principles that particularly apply in Taiwan?		
	8	Delete “programs”. “Should” lacks flexibility. Many factors contribute to family conditions. The text can be modified to: ...12 UN principles for ..... serve as the basis for local training programs”.		
2-1 Others	5	Training programs should be based on the evidence-based effective strategies stated in the second edition of UN International Standards on Drug Use Prevention.	The teams putting the programs into practice will refer to the said document.	-
3-1	2	Environment->family. “flexible adaptation” is clear in meaning.	3-1 is modified as follows: “Information of cases and families	92.42%
	2	adaptation->assessment and		



		promotion; planning, supervision and flexible adaptation should be done for the training and its implementation.	should be collected for training programs and timely assessment and promotion should be made accordingly.” Information sharing by departments or divisions is not covered in 3-1 but in 3-2.	
	5	The diversity of families where the adolescents are from, social support and family life cycle should be taken into consideration.		
	6	Information articulation, sharing and real-time communication between departments or divisions are the keys.		
	7	Cases and environmental resources should be collected and timely adapted for training programs.		
3-2	5	Rolling assessment	3-2 is modified as follows: “A program adaptation team should be set for making rolling assessment on training conditions.”	92.42%
	6	Are parents the subjects receiving training? Who is in charge of supervision?		
	7	A program adaptation team should be set to examine and adjust training conditions.		
	8	“plan” and “monitor”		
3-3	5	What type of family? Is this random sampling or qualitative sampling? What can be done to maintain attendance? Does this involve power and control or an incentive? All of these factors can dominate the results. There are atypical families. There are also parents and children, major caretakers, independent teenagers, etc. Adolescents are also classified into different types. How do you confirm the subjects to receive services?	The statement remains unchanged. Discussions have been made on families with potential to attend the training programs in the experts focus group. The decision of the type of participating families will be	81.57%
	6	Who in the families is going to participate? Is it mandatory?		
	6	Families having problems (as a factor		

		to determine if parents will be invited to participate in a program)?	left to the implementation teams. This guide in the study only serves as a reference.	
3-4	2	Training should be provided to cultivate a program integration and research team.	The statement remains unchanged. In this study, tenders are invited for undertaking the training programs and only one team will successfully bid for them. Training should be provided to cultivate teams for program implementation and achieve better program promotions.	85.83%
	5	How many training teams are there? In case of two or three teams, it is essential to have one team leader in order to avoid inconsistency caused by several leaders. In case of many teams, the appropriateness of educational materials and group dynamics should be carefully and specifically handled so as to prevent different levels of development among groups.		
	6	Professional background of implementation teams, and professional network and connections		
3-Others	5	Make a list of and integrate resource systems necessary for the programs.	The opinions mentioned here will serve as reference for future implementation teams.	-
	6	Background: children are not always the ones who have issues. Children's drug use is often a reflection of their family (parents), school and community. The unit receiving intervention or treatment is "family".		
	6	It is very important for social workers, school counsellors and clinic professionals in the teams to connect and cooperate with legal advisers/police.		
4-1	5	Program monitoring should be more	No need to revise.	92.40%

		specifically planned.	This will be discussed later in the section of indexes.	
	6	Structure, process and result: is program monitoring a type of process assessment?		
4-2	3	What are the indexes for effectiveness?	No need to revise. This part will be discussed later in the section of indexes.	94.83%
	5	Please pay attention to intervention program design and assessment approaches.		
	6	Both should be done. But what are the assessment indicators (objective and subjective)? Who is in charge of the assessment? How often is a program assessment? What scenior requires an assessment?		
4-others	5	In case of many programs, regular supervision should be carried out to facilitate program implementation.	This will be discussed later in the section of indexes and will serve as a reference for future implementation teams.	-
	5	Records of the programs should be kept for qualitative analyses.		
	6	Changed drug use and parenting behavior is normally observed once every half a year.		

## V. Conclusions and Prospects

A. Previous family anti-drug education programs in Taiwan serve as models to learn from

Many education-related units promoted family anti-drug education in communities in the past. For example, NTU Children and Family Research Center worked with Ministry of Education, Health Promotion

Administration and Ministry of Health and Welfare for the “Pilot Plan of Tobacco Control and Anti-Drug Parent-child Education”. Those who were out of school or out of job and below 18 were within the reach of the plan. However, the administrative resources were mainly drained to support and encourage parent participation, which brought the pilot plan to a halt a year later.

According to Article 53 Item 1 stated in the Protection of Children and Youths Welfare and Rights Act, NTU is working with the Department of Judicial Protection of Ministry of Justice to introduce adolescents out of school using drugs with a community prevention program after reporting to the Department of Social Welfare. For adolescents at school, Chun Hui (Youth-Support) Project applies after reporting to the Department of Education. Community drug prevention programs targeted at children have been divided into two models since this year. The first one involves an adolescent intervention program, in which children and parents are requested to work together. The second one is a family counselling model being executed based on suggested solutions. In other words, in accordance with Articles 53 and 54 stipulated in the Protection of Children and Youths Welfare and Rights Act, parents are

obliged to receive four-hour parent-child education if his or her child uses drug. Cities and counties are in charge of organizing such type of parent-child education group. These models are crucial references for promoting the 2019 “Family Skills Training Programs for the Prevention of Drug Use” covered in this study.

B. Challenges to promote family anti-drug education in communities are yet to be overcome

In terms of the challenges of promoting family anti-drug education in communities, the experts focus group for this study illuminated that the effectiveness of microfilms against drug use is questionable because their themes, content and quality are the dominant factors which may compromise the goals expected to achieve. In fact, the promotional effect of microfilms does not last long. Consequently, it’s hard to determine the cost effectiveness of microfilms. What’s more, the Department of Education once approached to ten high care schools which were considered with more high-risk cases exposed to drug use. So far it has been found that these cases face challenges of poor family support, complicated human connections outside school, and poor school attendance. While introducing an intervention program, the evidence

suggested that schools were generally at a less advantaged position to help improve family conditions of the students. The families lacking desired functions did not necessarily have the intention to cooperate with schools. In particular, parents were often busy at work and thus revealed low intention to work with school. They might be worried that participation in such programs could be stigmatized. Other factors such as short-term rotation of chiefs of behavior and chiefs of life counselling and insufficient resources at school have led to great challenges when the program organizers invited parents to participate in a variety of activities or supporting and counselling programs. Inevitably, the above mentioned difficulties and challenges remain the essential issues to strive for and overcome while promoting the 2019 “Family Skills Training Programs for the Prevention of Drug Use” covered in this study.

#### C. Integration of community resources as a bedrock for promoting “Family Skills Training Programs”

In this study, both the panel of experts and the Delphi method stated that the integration of communities resources serve as a bedrock for promoting “Family Skills Training Programs”. Experts and scholars specified that the programs to be implemented next year can be based on

the existing groups already recruited by different program organizers. A new team or a group can be extended from these existing groups in order to avert repetitive recruitment that consequently gives rise to the above-mentioned dilemmas. As to recruitment procedures, an experienced program organizer can be positioned as a start followed by focusing on a specific group for receiving education, deciding on possible places for counselling, seeking for major caretakers for the cases, and finally consulting the families before issuing an invitation to both parents and children for attending the programs. After deciding on a specific group, instruction materials on the issues including parenting, life skills, social adaptation, legal education, human communications, and career planning can be determined accordingly.

On top of the above, the Delphi method analysis also illustrated that the organization of a program adaptation team can consist of a program planner, manager, supervisor, and community representatives. While initiating family recruitment, community leaders, educational organizations, and social groups can be consulted with about those families meeting the conditions for program participation. Chiefs of villages, parents' associations, charities and so on should be considered as

the core of community resources to refer to while promoting training programs in 2019.

#### D. Family skills training programs should be adapted to local culture in Taiwan

The panel of experts urged us to set a precise cut-in position for planning the programs. Theories are peripherals when it comes to put plans into practice. Coverage rate and activities count more in significance. However, reliability, validity and extrapolation cannot be overlooked for research projects. These programs require careful and precise designs. UN programs such as life skills training do not totally fulfill the needs in Taiwan; hence, translation, transformation and adaptation should be carried out to accomplish localization to be in line with the local conditions in Taiwan. By the same token, the Delphi method analysis revealed that the proper tuning should be made to the training programs being implemented in other communities. A program adaptation team can be organized for planning and supervising program adaptation that fits local culture. Meanwhile, the search for target groups should be made. Risk and protection factors for the target groups should be set forth in the guide. The above recommended



measures will be the directions for promoting the 2019 training programs upon evaluating how UN programs can be adapted by combining local culture in Taiwan.

E. Program promotions should involve process assessment (monitoring)

The Delphi method analysis indicated that future family skills training programs for the prevention of drug use should contain process assessment; for example, first, attendance record and drop out rate, second, verification of training progress with course syllabus and submission of a checklist, and third, review and record of the reasons leading to good or poor progress of training programs and discussion on important issues in the process of program implementation. Apart from the above, professionals specializing monitoring should be invited to collect and interpret the data and information arising from program implementation.

F. Program promotion should focus on outcome evaluation or be planned

based on selected target groups

The Delphi method analysis demonstrated that future family skills training programs for the prevention of drug use should focus on an

outcome evaluation. In other words, the following measures should be taken. For example, “designing an evaluation tool by incorporating expected program results and measuring the expected results of program implementation in a scientific method”; “collecting data and information necessary for evaluating the outcome by program organizers”; “ensuring follow-up contacts with participating families and making measurements in one or two years so as to explore the effect of a program on the participants”; and “research and evaluations involving the participation and design by experienced and professional research institutes”. Most indexes have mostly been modified by the panel of experts. The consensus illustrated experts’ intensive emphasis on an outcome evaluation. This is an important facet that program implementation teams should not underestimate.

Above all, the panel of experts in this study concluded that selecting a target group can be the first step less impeding for goal setting on the condition that program organizers are hesitant about the orientation of an intervention program. In terms of the goals such as warding off recidivism, reinforcing family functions, parent-child communications, or legal awareness, the design of an intervention program can be set out by

deducing from expected outcomes. By realizing the above said suggestions, the challenges lying ahead can be minimized so as to better achieve what is expected.

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