

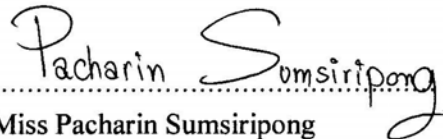
**ENHANCING THE RESILIENCE OF JUVENILE OFFENDERS
IN NARCOTIC CASE**

PACHARIN SUMSIRIPONG

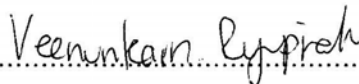
**A THESIS SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE OF
DOCTOR OF PHILLSOPHY
(CRIMINOLOGY, JUSTICE ADMINISTRATION AND SOCIETY)
FACULTY OF GRADUATE STUDIES
MAHIDOL UNIVERSITY
2016**

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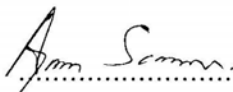
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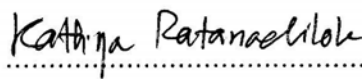
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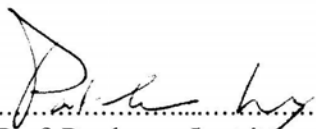
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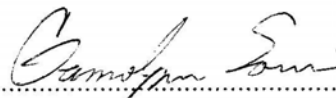
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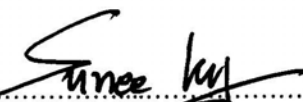
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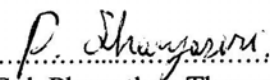
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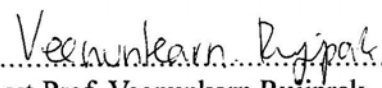
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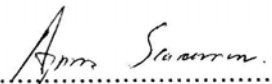
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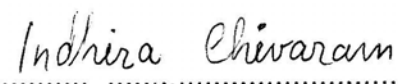

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ACKNOWLEDGEMENTS

I would like to express my utmost gratitude to my supervisor Assoc. Prof.Sunee Kanyajit,Ph.D., for all her informative suggestions and constructive comments. Without her wonderful support, this research would have not been completed. Respectful thanks were also extended to the following co-advisors: Asst.Prof. ApasiriSuwannanon,Ph.D., Asst.Prof. Veenunkarn Rujiprak,Ph.D., Mrs. Kattiya Ratanadilok,Psy.D. who have recommended useful information. I respectfully thank Miss Indhira Chivaram,Ph.D. for making useful recommendations, and Pol.Lt.Col. PhongthonThanyasiri,Ph.D. Dissertation Chair, for his guidance to the success of the dissertation.

I would like to thank all interviewers for providing me valuable information and opinions. Further thanks go to the director and staff of the Phranakhon Sri Ayudhaya Vocational Training Center for their assistance in the data collection. Also, I would like to thank everyone who directly and in directly helped me, especially Asst.Prof.Pol.Lt.Seksan Khruakham,Ph.D., and Mr.Kritt Niramitsrichai who proofread my thesis.I would like to thank the Office of Justice Affairs for providing graduate thesis grant. Special thanks to Mahidol University for giving me a chance to equip myself with more knowledge and giving me this wonderful opportunity to complete my Ph.D.

Finally, thank you my beloved family, dad, mom, sisters and nephew for your support, encouragement and trust in me.

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ENHANCING THE RESILIENCE OF JUVENILE OFFENDERS IN NARCOTIC CASE

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ABSTRACT

This research was both a qualitative and quantitative study. The aims of this research were to study the resilience of juvenile offenders in narcotic cases; to study factors related to resilience level of juvenile offenders in narcotic cases, and to study how to enhance the resilience of juvenile offenders in narcotic cases. Data were collected using questionnaire from 111 samples who were juveniles serving time in the training center and those who were released and followed up by Phranakhon Sri Ayudhaya Vocational Training Center, and by indepth interview from 20 samples including experts in juvenile justice system, multidisciplinary, and staff of Phranakhon Sri Ayudhaya Vocational Training Center.

The results showed that the majority of the samples had medium level of resilience. When comparing the level of resilience between the group of juveniles in training process and the other group of juveniles who were released and followed up, results showed that different groups significantly caused the difference in resilience. Communication within family could contribute significantly to the prediction of resilience, autonomy, and problem solving. Peer information could also contribute significantly to the prediction of problem solving. When it comes to specific Therapeutic Community activities, it was found that the encounter group could contribute significantly to the prediction of problem solving. Seminar group could contribute significantly to the prediction of resilience, autonomy, problem solving, and sense of meaning and purpose. Reward could contribute significantly to the prediction of problem solving, and sense of meaning and purpose. All variables had a positive relationships with each aspect of resilience. The research concluded that forms and activities including sense of self, sense of control, sense of connection and sense of purpose strengthen the resilience of juvenile offenders in narcotic cases. Furthermore, external support including family and society enhanced the resilience of juvenile offenders in narcotic cases as well.

KEY WORDS: RESILIENCE / JUVENILE OFFENDER / NARCOTIC

175 pages

การสร้างเสริมความเข้มแข็งทางใจของเด็กและเยาวชนที่กระทำความผิดในคดียาเสพติด

ENHANCING THE RESILIENCE OF JUVENILE OFFENDERS IN NARCOTIC CASE

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บทคัดย่อ

การวิจัยครั้งนี้เป็นการศึกษาวิจัยแบบผสม (Mixed Method) โดยมีวัตถุประสงค์ 1) เพื่อศึกษาความเข้มแข็งทางใจของเด็กและเยาวชนที่กระทำความผิดในคดียาเสพติด 2) เพื่อศึกษาปัจจัยที่มีความสัมพันธ์กับความเข้มแข็งทางใจของเด็กและเยาวชนที่กระทำความผิดในคดียาเสพติด และ 3) เพื่อหาแนวทางการสร้างเสริมความเข้มแข็งทางใจของเด็กและเยาวชนที่กระทำความผิดในคดียาเสพติด เก็บรวบรวมข้อมูลโดยใช้แบบสอบถาม (Questionnaire) และ แบบสัมภาษณ์ เพื่อใช้ในการสัมภาษณ์เชิงลึก (Indepth Interview) กลุ่มตัวอย่างที่ใช้ในการศึกษาจากแบบสอบถาม คือ เด็กและเยาวชนที่อยู่ในศูนย์ฝึกและอบรมเด็กและเยาวชนชายพระนครศรีอยุธยา ทั้งหมดจำนวน 72 คน และเด็กและเยาวชนที่เคยผ่านการอบรมจากศูนย์ฝึกและอบรมเด็กและเยาวชนชายพระนครศรีอยุธยา จากการกระทำความผิดในคดีที่เกี่ยวข้องกับยาเสพติด ที่อยู่ในระยะติดตามของศูนย์ฝึกฯ ทั้งหมดจำนวน 39 คน และผู้ให้ข้อมูลสำคัญ (Key Informants) ที่ใช้ในการสัมภาษณ์เชิงลึก ได้แก่ ผู้ปกครองของเด็กและเยาวชนอยู่ในระยะติดตาม ที่ได้ตอบแบบสอบถาม จำนวน 10 คน เจ้าหน้าที่ และ ผู้บริหาร ศูนย์ฝึกและอบรมเด็กและเยาวชนชายพระนครศรีอยุธยา จำนวน 5 คน และ สหวิชาชีพ ผู้เชี่ยวชาญ ผู้ทรงคุณวุฒิในกระบวนการยุติธรรมเด็กและเยาวชน จำนวน 5 คน

ผลการวิจัย พบว่า เด็กและเยาวชนส่วนมากมีระดับความเข้มแข็งทางใจอยู่ในระดับปานกลาง เด็กและเยาวชนที่อยู่ในศูนย์ฝึกฯ กับเด็กและเยาวชนในระยะติดตามมีความเข้มแข็งทางใจที่แตกต่างกันอย่างมีนัยสำคัญทางสถิติที่ระดับ 0.05 ปัจจัยด้านสัมพันธภาพของครอบครัวเรื่องของการสื่อสารอย่างมีคุณภาพระหว่างกันมีความสัมพันธ์กับความเข้มแข็งทางใจรวม ความเข้มแข็งทางใจด้านความสามารถในการดูแลและควบคุมตนเอง และความเข้มแข็งทางใจในการแก้ไขปัญหา ปัจจัยด้านการคบเพื่อนมีความสัมพันธ์กับความเข้มแข็งทางใจในการแก้ไขปัญหา เมื่อวิเคราะห์เฉพาะปัจจัยกิจกรรมชุมชนบำบัดพบว่า กลุ่มปรับความเข้าใจมีความสัมพันธ์กับความเข้มแข็งทางใจในการแก้ไขปัญหา กลุ่มสัมมนามีความสัมพันธ์กับความเข้มแข็งทางใจรวม ความเข้มแข็งทางใจด้านการดูแลและควบคุมตนเอง ด้านการแก้ไขปัญหา และด้านความมุ่งมั่นตั้งใจในการประสบความสำเร็จในชีวิต และการให้รางวัลมีความสัมพันธ์กับความเข้มแข็งทางใจในการแก้ไขปัญหา และด้านความมุ่งมั่นตั้งใจในการประสบความสำเร็จในชีวิต อย่างมีนัยสำคัญทางสถิติที่ระดับ 0.05 โดยปัจจัยทั้งหมดมีความสัมพันธ์ในทิศทางเดียวกัน สำหรับแนวทางการสร้างเสริมความเข้มแข็งทางใจประกอบด้วยกิจกรรมที่ใช้ในการบำบัด แก้ไข และฟื้นฟู และแรงสนับสนุนภายนอก โดยกิจกรรมที่ใช้ได้แก่ 1) กิจกรรมสร้างความเชื่อมั่นในการจัดการชีวิต 2) กิจกรรมสร้างความรู้สึกรักตัวเอง 3) กิจกรรมสร้างสายสัมพันธ์เกื้อหนุน และ 4) กิจกรรมสร้างจุดมุ่งหมายในชีวิต และแรงสนับสนุนภายนอกที่จะช่วยสร้างเสริมความเข้มแข็งทางใจประกอบด้วย ครอบครัว และสังคม

CONTENTS

	Page
ACKNOWLEDGEMENTS	iii
ABSTRACT (ENGLISH)	iv
ABSTRACT (THAI)	v
LIST OF TABLES	viii
LIST OF FIGURES	xi
CHAPTER I INTRODUCTION	1
1.1 Problem Statement	1
1.2 Objectives of the study	5
1.3 Research questions	5
1.4 Scope of the Study	5
1.5 Definition of Terms	7
1.6 Expected Outcome	8
1.7 Research limitations	9
CHAPTER II LITERATURE REVIEW	10
2.1 The concepts, theories, and research related to resilience	10
2.1 The concepts, theories, and research related to juvenile delinquency, drugs and recidivism	26
2.2 Therapeutic Community concept	48
2.3 Drug Rehabilitation and Junvenile Justice System in Thailand	54
2.4 The Phranakhon Sri Ayudhaya Vocational Training Center	59
2.6 Conceptual framework	68

CONTENTS (cont.)

	Page
CHAPTER III METHODOLOGY	69
3.1 Population and Sample	69
3.2 Research tool	70
3.3 Data Collection	72
3.4 Data Analysis	73
CHAPTER IV RESULTS	76
4.1 The analysis of general data of juvenile offenders in narcotic cases	76
4.2 The analysis of resilience of juvenile offenders in narcotic cases	90
4.3 The analysis of the factors related to the resilience of juvenile offenders in narcotic cases	97
4.4 The analysis of enhancing the resilience of juvenile offenders in narcotic cases	107
CHAPTER V DISCUSSION	124
5.1 1 st Objective; Studying of the resilience of juvenile offenders in narcotic cases	124
5.2 2 nd Objective; Factors related to the resilience level of juvenile offenders in narcotic cases	126
5.3 3 rd Objective; To enhance the resilience of juvenile offenders in narcotic cases	131
CHAPTER VI CONCLUSION AND RECOMMENDATIONS	137
6.1 Conclusion	137
6.2 Recommendations	149
BIBLIOGRAPHY	154
APPENDIX	165
BIOGRAPHY	175

LIST OF TABLES

Table	Page
1.1 The number of Juvenile Offenders Handled by All Juvenile Observation and Protection Centres in 2010 - 1013, as classified by types of offenses	2
1.2 The number of criminal cases tried in the juvenile and family court 2010-2013	2
3.1 Detail of a questionnaire	70
4.1 Frequency and Percentage Distribution of the Personal Information of the sample group	77
4.2 Average and Standard Deviation of Love and Care in Family Relationships of the Answers.	79
4.3 Average and Standard Deviation of Acceptance and Respect in Family Relationships of the Answers	80
4.4 Average and Standard Deviation of Communication in Family Relationships of the Answers	80
4.5 Average and Standard Deviation of Resolution in Family Relationships of the Answers	81
4.6 Frequency and Percentage on Peer Information	82
4.7 Average and Standard Deviation of Opinion Level to Therapeutic Community (Morning Meeting) in Phranakhon Sri Ayudhaya Vocational Training Center of the Answers	83
4.8 Average and Standard Deviation of Opinion Level to Therapeutic Community (Static group) in Phranakhon Sri Ayudhaya Vocational Training Center of the Answers	84
4.9 Average and Standard Deviation of Opinion Level to Therapeutic Community (Encounter group) in Phranakhon Sri Ayudhaya Vocational Training Center of the Answers	85

LIST OF TABLES (cont.)

Table	Page
4.10 Average and Standard Deviation of Opinion Level to Therapeutic Community (Seminar group) in Phranakhon Sri Ayudhaya Vocational Training Center of the Answers	86
4.11 Average and Standard Deviation of Opinion Level to Therapeutic Community (Weeked wrap up) in Phranakhon Sri Ayudhaya Vocational Training Center of the Answers	87
4.12 Average and Standard Deviation of Opinion Level to Therapeutic Community (Punishment) in Phranakhon Sri Ayudhaya Vocational Training Center of the Answers	88
4.13 Average and Standard Deviation of Opinion Level to Therapeutic Community (Reward) in Phranakhon Sri Ayudhaya Vocational Training Center of the Answers	89
4.14 Frequency and percentage in each level of all repondents	90
4.15 Frequency and percentage in each level of juveniles in training process of Phranakhon Sri Ayudhaya Vocational Training	91
4.16 Frequency and percentage in each level of juveniles who were followed up by Phranakhon Sri Ayudhaya Vocational Training Center	92
4.17 Different Age (F-test)	93
4.18 Difference between group of juveniles in training process of Juvenile Training Center and group of juvenileswho were followed up by the Training Center (t-test)	93
4.19 Different durations in Juvenile Training Center (t-test)	94
4.20 Different Level in Juvenile Training Center (F-test)	95
4.21 Different Number of times having been arrested (t-test)	95
4.22 Different level of Education (t-test)	96
4.23 Coefficients Autonomy	98

LIST OF TABLES (cont.)

Table		Page
4.24	Coefficients Social Competence	99
4.25	Coefficients Problem Solving	100
4.26	Coefficients Sense of meaning and purpose	101
4.27	Coefficients Resilience	102
4.28	Coefficients Autonomy (Therapeutic Community activities)	103
4.29	Coefficients Social Competence (Therapeutic Community activities)	104
4.30	Coefficients Problem Solving (Therapeutic Community activities)	105
4.31	Coefficients Sense of meaning and purpose (Therapeutic Community activities)	106
4.32	Coefficients Resilience (Therapeutic Community activities)	107

LIST OF FIGURES

Figure		Page
2.1	Therapeutic Community Model of Daytop	53
2.2	Conceptual framework	68
6.1	The difference in the level of resilience among juvenile with different personal factors	140
6.2	The factors correlated with the level of resilience	142
6.3	Therapeutic Community Activities factors correlated with the level of resilience	144
6.4	Model to enhancing the resilience of juvenile offenders in narcotic case	148

CHAPTER I

INTRODUCTION

1.1 Problem Statement

The state of social, nowadays, has more varieties and complexities than that in the past. There were lots of developments, especially juvenile delinquency which was the transitional period of child to adult (17-25 ages). In the field of Life-Course theory, it was believed that in this transition the highest amounts of criminality were found because it was the transition phases of physical and mental, especially 13-18 ages (Sampson and Laub 2003, as cited in Seksit Sawanyathipat, 2015). According to statistical data of juvenile delinquency prosecuted by the national reformatory, in 2010 – 2013, classified by age, the results showed that there were the juvenile delinquencies acted by the child, who 15 ages – lower than 18 ages, were 39,530 cases 29,967 cases 28,168 cases, and 26,091 cases, respectively. (Department of Juvenile Observation and Protection, 2010 – 2013). It could be seen that the numbers of cases in the present compared to in the past were not quite different, but when classified by offences, the results revealed that the drug offence tended to be increased compared to that in the previous year, and was the most found case, as shown in Table 1.1, which was corresponded with the statistical data of Court of Justice about the numbers of drug offence cases trail by the Central Juvenile and Family Court. In Table 1.2, the statistical cases of drug offence were higher than the others. The recidivism of juvenile tended to be increased in term of percent, and most of them were the drug offence, as shown in Table 1.1.

Table 1.1 The number of Juvenile Offenders Handled by All Juvenile Observation and Protection Centres in 2010 - 2013, as classified by types of offenses.

Offense Category	2010	2011	2012	2013
Total	44,057	35,049	34,276	36,763
Narcotic	14,695	13,845	14,773	15,530
Assets	9,742	7,078	6,800	7,260
Life and Body	5,474	4,051	4,086	4,263
Arms and Explosives	2,889	2,282	2,274	2,613
Against Public Peace, Liberty and	2,300	1,615	1,034	1,241
Others	8,957	6,178	5,309	5,856
Recidivism in every case	5,559	4,125	6,849	7,490
Recidivism in narcotic case	1,968	1,725	2,958	3,165

Source : Department of Juvenile Observation and Protection.

Table 1.2 The number of criminal cases tried in the juvenile and family court 2010-2013

Offense Category	2010	2011	2012	2013
Number of criminal cases tried in the juvenile and family court	42,609	41,844	37,148	44,952

Source : Court of Justice

There were research illustrating these problems by studying both male and female in the Juvenile Observation and Protection Center, it was found that 70% of children, who were caught in another case, had the drug experience (Ussanee puengparn, & Jitrada Areesantichai, 2010). Also, the study of monitoring of internee of drug case for avoiding recidivism, the sampling data showed that 22 recidivism internee, who were 18-25 year old, had the first criminal at the age below 18 year old or in the range of child ages (Decha Sangkawan et al., 2012).

According to the aforementioned data, it reflected the critical issue of juvenile related to drug criminal. The drug problem in Thailand was the first serious

issue in Thailand influencing economics, social, culture, environment, policy, government, and public security. The drugs will destroy the human security, which led to problems of human living and also the development of country as well. Besides, the drugs consequently impact the whole society through many violations, for example social violence, crime, accident, and immoral value (Department of Medical Science, 2006). In the case of impact of the drug problem towards country, the government and private sector have been wasted massive amounts of money to prevent and to solve the drug problem. The government budgets for preventing, suppressing, and treating of drug related problem have been increased every year since 2007 – 2011. The money consumed was approximately equal to 4,000 million Baht (33% as compared to the budget of Ministry of Justice). The money used to deal with problem still tends to be increased (Thailand Institute of Justice, 2015). According to above impact, the government has been settled the drug related issues to be the national agenda in order to diminish the violation affecting the daily life of people, the quality of life of children, and Thais. That will make every people safe and our society became safe and stable (Royal Thai Government, 2015). The problems needed to be considered by the government were treating, solving, and rehabilitation of juvenile, who had the experience of drug offence, to avoid the recidivism, as a result they will be the person, who would develop the country and would be a good adult when they grow up. However, the factors affecting the drug problems were quite complicated, and not easy to deal with (Chankanit Krittiya Suriyamanee, 2011). One factor that helps juvenile refuse drugs was resilience in case of encountering various kinds of problems (Pannapa Kittirattanapaiboon. et al., 2012)

“Resilience is an important thing needed to be practicing in the immaturity. When the people encountered any severe problem, if they do not have strength, knowledge, they, absolutely, cannot get through because they do not have something to help them. On the other hand, if they have knowledge, good civility, mind and physical strength, they will be able to get through those obstacles” the royal words of His Majesty the King bestowed upon teachers and students

of Rajavinit School at Chittralada Villa Royal Residence on Friday
31th October 2518 (as cited in Prawech Tantipiwattanasakul, 2007)

Resilience is a basic ability of human relating to the movement to solve problem, to reform when people encounter with serious problems or in high pressure situations. The child having resilience would gradually accumulate experiences, and transform those experiences to skills to solve the problems. The child could prevent, take care, and rehabilitate themselves when unexpected situations take place. The resilience accumulating process is improvable, dynamic, and genetic independent (Supawadee Nounmanee et al., 2012). The results showed, revealed that Thai youth, who was a teenage, would get the adaptation and many changes in terms of physical, mental, and social. If they lacks of resilience, they would have the deviant behaviors, poor quality of life, cause the social problem and another problem in Thai society (Orrapin Chuchom et al., 2011). The teenage, who took amphetamine, tended to have low resilience (Manas Sunthornchot, 2011). In contrast, the teenage, who had no experience about amphetamine, would have stronger resilience compared to the other (Bussarin Lhimsoonthon, 2000). For the factors relating to amphetamine quitting, the most important factor determining quitting or returning to amphetamine was resilience. In case of the patient who had no mental strength for instance weak resilience, tended to have a possibility to return to addict amphetamine (Tipawadee Amawattana, 2004).

The researcher believed that the resilience of juvenile played an important role on the human living. Therefore, this research decided to study the mentioned issue by studying the resilience of juvenile who had the drug offence, factors relating to the resilience of those people, in order to find strengthen their resilience, and to avoid the recidivism. This study was carried out at Phranakhon Sri Ayudhaya Vocational Training Center, at which was a well-known training center and received the national reward which was the best training center for rehabilitating and developing drug addicts, and 2 times pass the standard of training center for rehabilitating drug punished addicts (HA). The juvenile after getting trained would able to positively change their behavior and aspects, and also have low recidivism. The statistical data from 2011 to 2014 were equal to 2.33%, 2.27%, 3.03%, 2.12%, respectively. The

juvenilies had the way of life equal to 78.20%, 81.81%, 82.84%, and 91.45%, respectively (Statistical children-following data of Phranakhon Sri Ayudhaya Vocational Training Center, 2011 – 2014). This training center used the therapeutic community to treat and rehabilitate juvenile. Lawis Yablonsky (1986) (as cited in Suchada Ninmark, 1990) demonstrated that the therapeutic community seemed like the method to create a new society at a treatment center. The person being treated or person who had the problems must encourage each other, do activities together, and prioritize duties of each person based on the agreement of every participating person. These kinds of works made every people felt that they were one part in societies, and everybody could encourage, and monitor each other in order to living in societies with happiness.

1.2 Objectives of the study

- 1) To study the resilience of juvenile offenders in narcotic cases.
- 2) To study factor related to the resilience level of juvenile offenders in narcotic cases.
- 3) To study how to enhance the resilience of juvenile offenders in narcotic cases.

1.3 Research Questions

- 1) What is the resilience level of juvenile offenders in narcotic cases?
- 2) What are the factors relating to the resilience of juvenile offenders in narcotic cases?
- 3) How to enhance the resilience of juvenile offenders in narcotic cases?

1.4 Scope of the Study

1.4.1 Content

To study how to enhance the resilience of juvenile offenders in narcotic cases which include first time offender and repeat offenders. This research also investigated the factors contributing to the resilience of juvenile offenders in narcotics cases, in order to find ways to enhance their resilience.

1.4.2 Population

This research was conducted with five sample group. Two sample groups were studied using a quantitative approach whereas another three sample groups were studied using a qualitative approach.

1) Juvenile offenders in narcotic cases who were serving the time in Phranakhon Sri Ayudhaya Vocational Training Center.

2) Juvenile offenders who were released within one year and observed by the Department of Juvenile Observation and Protection. This sample group did not commit any offenses during the supervise release period and they were convicted of narcotic offense.

3) 5 Staff members at the Phranakhon Sri Ayudhaya Vocational Training center. Because they were responsible for correcting the juvenile's behavior, they became fairly close to these juvenile offenders. This sample group consisted of psychologists, social workers and vocational training officers who all have working experience for more than 5 years.

4) Interdisciplinary group consisted of people who have expertise and experience in juvenile offenders or a well-known figure in juvenile justice system with at least 5 years of experience. The group consisted of a career judge, an associate judge, a psychologist and two experts in juvenile narcotic offense.

5) Families of juvenile offenders who served time in Phranakhon Sri Ayudhaya Vocational Training Center. These juvenile offenders were on supervise release period for 1 year during which they were not found committing any offense. This sample group consisted of 10 parents, grandparents and guardian. Only one family member per an offender could participate in the study.

In total, there were 20 participants in the qualitative data collection.

1.4.3 Scope of Area

The areas to collect the data were the Phranakhon Sri Ayudhaya Vocational Training Center in Phranakhon Sri Ayudhaya provinces, and Bangkok area.

1.4.4 Scope of Time

The duration to conduct this research is 1 year and 8 months

1.5 Definition of Terms

1) **Resilience** is the ability to deal with problems, the adaptation of person when encountering with critical, difficult, or high pressure situations, the capability to get through those situations in an appropriate way, and the ability to get experiences from those situations and to use these experiences for living afterward.

(1) **Autonomy** is the ability of people to recognize or self-understand, to believe in their potential and their qualities to reach a desired goal, to have a discipline and responsibility, and to resist any pressure from friends and societies.

(2) **Social competence** is the capabilities to communicate with other people, to comprehend the feeling of other people, to have sympathy, to respect the right of other people, to forgive and create relationships with other people, to help other people, to be participated and devoted in social activities, and to adapt to an environment surrounded.

(3) **Problem solving** is the capability to logically think, to assess risks, to properly select a way to solve problems, to have the positive thinking and the sense of humor, to flexibly solve problems, to be open-minded, to look at the problems as a challenging task that does not affect the way of living, to be autonomous, to be able to find useful resources to help for solving problems.

(4) **Sense of meaning and purpose** is the capability to set a possible goal to be reached, to live to achieve the goal, to be motivated for completing

the goal, to be energetic and have an effort, belief, and also encouragement to get success.

2) Juvenile Offender is a juvenile who was convicted guilty by the criminal code or other laws.

3) Offense in narcotic case is behavior that breaks the criminal law as related to narcotics.

4) Recidivism is first offense is in a narcotic case and the next offense is also in narcotic case.

5) Juvenile Training Center is Phranakhon Sri Ayudhaya Vocational Training Center

6) Duration in Training Center is the time the juvenile has been spending in training center to the day of data collection

7) Level in Training Center is the grade in the training center, separated by behavior and duration in training center; there are five grades.

8) The number of times having been arrested is the number of times having been arrested by the police due to criminal offense.

9) Education Level is the education level of the juvenile

10) Family Relationship is was the family members interacting with others consisting of the family members expressing the feeling of love and attention to others, respecting other opinions, qualitatively communicating, and cooperatively solving problems using the logical thinking.

11) Therapeutic Community is rehabilitation process for juvenile offender. In this research, it is the process used in Phranakhon Sri Ayudhaya Vocational Training Center.

1.6 Expected Outcome

1) To understand the resilience level and factors contributing to the resilience of juvenile offender in narcotic cases at Phranakhon Sri Ayudhaya Vocational Training Center and to understand the rehabilitation model of Phranakhon Sri Ayudhaya Vocational Training Center.

2) Research finding will benefit the enhancing the resilience of juvenile offenders in narcotic cases.

3) Research finding will benefit the development of the process of rehabilitation to juvenile offenders in narcotic cases.

1.7 Research limitations

The limitation of the study is that the number of population in Juvenile Training Center is rather small. Because of the terms of training duration, the researcher could not collect the data by pre-test and post-test in Therapeutic Community process.

CHAPTER II

LITERATURE REVIEW

Previous Research on enhancing the resilience of juvenile offenders in narcotic cases mostly emphasize on the problem, cause, and suggestion on how to make juvenile offenders in narcotic cases prevent the recidivism. The researcher has reviewed and studied the related theories, concepts and research to create a conceptual framework for this research. The theories, concepts and research are as follows:

- 2.1 The concepts, theories, and research related to resilience
- 2.2 The concepts, theories, and research related to juvenile delinquency, drugs and recidivism
- 2.3 Therapeutic Community concept
- 2.4 Drug Rehabilitation and Juvenile Justice System in Thailand
- 2.5 The Phranakhon Sri Ayudhaya Vocational Training Center
- 2.6 Conceptual framework

2.1 The concepts, theories, and research related to resilience

2.1.1 Meaning of resilience

The word “Resilience” according to the Oxford Dictionary (1989) came from Latin word “resilire”, which means rebound, and the meaning of this word in Oxford Dictionary (1989) was the capacity to recover quickly from difficulties, and elasticity, which was the ability of a substance or object to spring back into its shape or position after getting bended or shocked. After that the American Heritage Dictionary gave the meaning of this word that the capability to quickly recover from illnesses, depressive disorder, changes, accidents, or another meaning was the ability of material to recover to its shape or position after getting bended or pressed, which was referred to “elasticity.” (Ramirez, 2007). The word “Resilience” was widely used in the west countries, especially United State of America for understanding the

behavior of people encountering with a difficult situation. Resilience was the word used for positive aspects, and focused on strength instead of negative way of thinking. Resilience has recently been used in Thailand, and there were lacks of research studying the meaning of this word leading to the translation and coining into Thai language were distinct, for example resilience, power of mental health, ability to encounter with a critical situation, elasticity and endurance, recovering, rehabilitation (Somporn Rungruengkolkij and Eingkata Tokanara, 2009).

Wagnild and Young (1993) defined “Resilience” that was the capability of person that support them to have a management and good adaptation when encountering with a critical situation in order to reduce the impact of the critical situation.

Wolin & Wolin (1993) defined of “Resilience” that was the capability to adapt to risk situations containing risk factors that could lead to immoral behaviors rather than protection factors. The resilience was considered as the intrinsic behavior, the person who had resilience might help societies to be developed by interacting with a surrounded person, and might be able to solve problems when facing with a high pressure situation, wicked environment and family. The resilience reflected the ability to be autonomous, to have human relations, creativity, sense of humor, and moral.

Grotberh (1995) (as cited in Kanikaporn boonchu, 2012) gave the meaning of “Resilience” that was the potential of person, group, or community having the ability to recover, to prevent a loss, to reduce violations, to get through a tough situation. The basic of this strength or potential should be cultivated in the childhood and it could be developed no matter what the age was.

The Bureau of Mental Health Promotion and Development, Ministry of Public Health (2006) gave the meaning of “Resilience” that was the capability to solve problems and life crisis for getting recovered as fast as possible.

In Thailand, there was the person, who was Doctor. Prawech Tantipiwattanasakul (2007), purposed this concept which was well-known for the person who worked in the field of mental health. He gave the meaning of the mental strength that was the capability to solve problems and life crisis for getting recovered quickly, learned from those experiences.

Supawadee Nounmanee (2012) gave the meaning of “Resilience” that was the adaptation of a person when facing critical or high pressure situations, but that person can get through those kinds of situations and then learn the experiences for benefits of life.

After reviewing the literature reporting the meaning of “resilience”, Researcher gave the meaning of “Resilience”, herein, that was the ability to deal with problems, the adaptation of person when encountering with critical, difficult, or high pressure situations, the capability to get through those situations in an appropriate way, and the ability to get experiences from those situations and to use these experiences for living afterward.

2.1.2 Composition and Characteristic of Resilience

There were lots of research studying the composition and characteristic of resilience, the research showed that the person, who contained these compositions and characteristics helping the person to solve the problem, could be able to get through the problem, adapt to critical, difficult, high pressure situations, and able to recover as well.

The study of Bernard (1991) stated that the children, who had resilience, consisted of four characteristics, i.e.

1) social competence, which was the good respond, especially the ability to induce a positive respond from other people, flexibility, sympathy, communicative skills, and sense of humor since they were a child, tended to have positive connections with adults and friends leading to the relationships in families, school, and communities as well.

2) problem-solving skill was the capability about abstract thinking and to reflect in the way of trying to solve the problems, which were referred to intelligent problem and social problem. There were two relevant skills that were planning that supported to recognize what to do, and looked for the help from countless numbers of resources.

3) Autonomy was the recognition of personal characteristics and the capability to autonomously do anything, and to control surrounded things. The word

“autonomy” also covered the boundary of various variables, for example self-efficacy, internal locus of control.

4) A sense of purpose and future was the desire of study, insistence, and recognition of a bright future.

According to the concept of Grotberg (1995) (as cited in Kanikaporn boonchu, 2012) explained the personal characteristics that were a strong personality to deal with the problems and obstacles, it was the feeling, perspectives, and belief about oneself. They consisted of three components, i.e.

1) I HAVE was the component relating to the social and interpersonal support, for example beloved person, family rules for living with each other, good model to do a right thing, independence of thought and behavior, the person who can help when getting sick or need a suggestion for learning.

2) I AM was the inner strength in person, for example the person who was loved by other person, the person who felt happy when doing a good thing to other people, the person who respected themselves and others, the person who took responsibilities of what they did, the person who always thought that everything would be getting better.

3) I CAN was the component relating to the interpersonal and problem solving skills, for example ability to talk with other people about annoying stuffs, ability to find a solution, ability to control oneself when getting angry or disappointed, ability to determine when to talk with a person or what to do, ability to seek someone for helping when it is needed.

Wagnild and Young (2003) explains propose the attribute of the resilience which is composed of five aspects as follows ;

- 1) Meaningful Life
- 2) Perseverance
- 3) Equanimity
- 4) Self Reliance
- 5) Existential Aloneness

In Thailand, There was the researcher, who was Doctor. Prawech Tantipiwattanasakul, studied and demonstrated the four components of resilience, as followed;

1) Sense of self, the person would have the good feeling with oneself when they had the good experiences in the childhood, which led to the source of mind power when they grew up. It could be noticed that the good self-feeling occurred when the person had the good experiences of life, positive thinking. The most important thing was when the people found expertise. Then, they practiced it until they became an expert in that kind of skills, and felt proud afterward. Every person cannot change the things that happened in the past, but they can change their attitude to be positive and seek expertise for getting success in the future. Additionally, we can select to do a right thing for creating good feeling and dignity for ourselves.

2) Sense of control, everything that happens in life is caused by an uncontrollable thing. Therefore, people always encounter with the preferred or not preferred situations. The feeling about “sense of control” occurs when we believe in the problem-solving and self-control skills, have life satisfaction, believe that even in the worst situation we can choose the better way to get through, learn to admit the unchangeable thing, have an effort to achieve a goal.

3) Sense of connection, it is the moral spirit to get through problems and obstacles. It is referred to the love and understanding from beloved people. Hence, the sense of connection is one of the important parts of resilience.

4) Sense of purpose, people would have the power to deal with the obstacles when they have a goal, especially when the goal is not only for them. The capability to live with a purpose, the worth of going forward, these kinds of thoughts will help us see that the problem we faced is only the small part as opposed to another problem, and it would pass through if we try to reach our goal.

Combined the international research and the study of Thai psychologists studying about resilience (as cited in Aprisit Sitthirak, 2010), it could be concluded that;

1) Resilience is the strength that does not come from only an external factor, but also relates to an environment or another external factor as well, for example father, mother, brother and sister, teachers, friends etc.

2) Resilience is a thing that can be developed at any time by directly improving people, organizing an environment to support the development of resilience in order to build the capability to be used for later.

3) Resilience is the potential of mind that is important for living, is the power of mind as a driving force for people to adapt to any situation, to be determined and energetic to get the better quality of life.

Supawadee Nounmanee (2014) developed the assessment of resilience of juvenile, studied, and reviewed the international literature. The researcher demonstrated the characteristic of resilience consisted of 4 parts, which was in agreement with the concept of Bernard (1991), as followed;

1) Autonomy is the ability of people to recognize or self-understand, to believe in their potential and their qualities to reach a desired goal, to have a discipline and responsibility, and to resist any pressure from friends and societies.

2) Social competence is the capabilities to communicate with other people, to comprehend the feeling of other people, to have sympathy, to respect the right of other people, to forgive and create relationships with other people, to help other people, to be participated and devoted in social activities, and to adapt to an environment surrounded.

3) Problem solving refers to the capability to logically think, to assess risks, to properly select a way to solve problems, to have the positive thinking and the sense of humor, to flexibly solve problems, to be open-minded, to look at the problems as a challenging task that does not affect the way of living, to be autonomous, to be able to find useful resources to help for solving problems.

4) Sense of meaning and purpose refers to the capability to set a possible goal to be reached, to live to achieve the goal, to be motivated for completing the goal, to be energetic and have an effort, belief, and also encouragement to get success.

The resilience in this research was divided into four components based on the concept of Bernard (1991) and Supawadee Nounmanee (2014), which are Autonomy, Social Competence, Problem Solving and Sense of Meaning and purpose.

2.1.3 Factors related to resilience and the way to enhance the resilience

According to Grotberg (1995) the factors related to resilience consisted of risk factor, and protective factor. These two factors composed three components, which were referred to 1) personal factor 2) family factor 3) environmental, society,

and community factors. These three components had the interaction with each other (as cited in Somporn Rungruengkolkij and Eingkata Tokanara, 2009)

1) Risk factor was the factor that results in a negative outcome, and is an obstacle of developing, growing, and learning, which was normally found in four components, i.e. children, family, school, and community (Donald, Dower, Velez and Jone, 2006). The risk factors were always complicated because they did not come from only one factor, but they always came from several factors or the problems that gradually accumulated over times, or from a specific situation, or instantly received damage (Earvolini Ramires, 2007).

2) Protective factor was the condition to protect the impact of risk factors and a protector and a responder created by an environment factor, neighborhood, family, school (Donald, Dower, Velez and Jone, 2006). The protective factor of person or a group of person would possibly lead to the reduction of suicide, resulting in the bound back of resilience when feeling sad and also reducing the impact of risk factors (Grotberg, 1995). The protective factors consisted of;

(1) Personal factor; it composed the confidence for solving and encountering problems, resilience, self-esteem, practicing to positively think in a challenging situation, having a greatly desired goal, having well physical and mental, and suitably acting in societies.

(2) Family factor; it consisted of the good relationship in family, everybody in family helped each other, economic stability, living in a safe society, no violation and drugs

(3) Environmental, society, and community factors; they consisted of the relationships in school, cultural safeties, which were referred to the restriction of self-harm weapons, health service accessibility, the good relationships in school, stability, and confidence of cultures, beliefs, religions.

The way to strengthen resilience, corresponded with the concept of Grotberg (1995), from external factors supporting resilience had the basic as followed (as cited in Kanikaporn boonchu, 2014).

1) I HAVE: caused by

(1) Trusting relationship

(2) Structure and role at home

- (3) Role model
- (4) Encouragement to be autonomous
- (5) Access to health, Education, Welfare and Security services

2) I AM: it is the internal factor;

- (1) Loveable and my temperament is appealing
- (2) Loving emphatic and altruistic
- (3) Proud of myself
- (4) Autonomous and responsible
- (5) Filled with hope faith and trust

3) I CAN: by supporting social skills caused by learning, interacting with other people, and getting taught by other people, i.e.

- (1) Communication
- (2) Problem solve
- (3) Manage of my feeling and impulse
- (4) Gauge the temperament of myself and others
- (5) Seek trusting relationship

American Psychology Association (as cited in Kanikaporn boonchu, 2012) demonstrated the way that one person used to deal with the problem may not be worked with another one. The ten ways to strengthen resilience would help people to properly deal with stress.

1) Creating good relationship in family, friends, or colleagues would make the feeling that there were people who always supported us, and when a critical situation those people would be able to help. This thing created a hope to people.

2) Seeing every problem must be passed as all situations that happened cannot be changed, but the person can recognize and had a respond to those situations. The person should think that all those things were just a small problem, and can solve it because in the future when we look back to reconsider the problem, we would see it as a small problem.

3) Admit that any change that happened was one part of living, it could occur all the times. Something could be changed, if the situation was changed.

4) Looking forward to a desired goal, the goal should be possible to be done. After that, reaching the goal by followed the plan.

5) Self-confidence which is referred to the belief to do anything, the people will recognize that they can do things they are fear after they do it.

6) Seeking for an opportunity and learning from a situation happened in order to get it as experiences, and whenever the situation happens again the person will be able to properly deal with it.

7) An effort to see a strong point of oneself, learning problem-solving skills, and believing in our own instinct to build resilience.

8) Keeping things in mind when facing with something pained, the person should be thinking that the thing that they face causes tons of stress, then, spending appropriate times to solve those kinds of things.

9) Looking for hope, thinking about everything that happened in life is good. Closed the eyes, then the person should be looking for a thing that might happen, instead of being fear of what already happened.

10) Regularly take care ourselves, having the feeling that the body is your, doing the thing we love to do and seeking for relaxing activities, working out as usual, having the feeling that we have been taking care of our body when we face with the situation that need a strong resilience to get through.

Department of Mental Health (2009) studied about the resilience, and demonstrated the improvement of resilience consisted of three components as followed;

1) Family role; family must take care their children, the family atmosphere making children feeling that they are an important part of family and are expected to have appropriate behaviors should be provided. These kinds of atmosphere will help the children have a goal for living. In the cases of parent getting divorced or the children are an orphan, the people like grandfather, grandmother, uncle, aunt, or even the person who are not relatives for example teachers, monks, or social worker. These kinds of people can be the motivation for children for living, for instance the children will recognize what they are doing for or what they are fighting for, or when they encounter with a tough situation these feeling will be the important of resilience in terms of hope and encourage.

2) Teacher role; the children who have the strong resilience can be observed from their good behaviors and thoughts that reflect a future perspective. The

teachers could improve the resilience of children by providing the instructional process that gives the children to express their personality, their abilities and thought, group activities having a targeted goal that will help the children to be participated and be homogenous, this is the basic for living as one part of societies when they grow up.

3) Community role; the community plays an important role for creating positive thinking for reducing risk factors resulting in the weak resilience of children, for example the children who were born in the families having troubles, being inferior, living in slum surrounded by illegal drugs, drunken father, evil-minded mother, etc. If the community has a temple, social center, government officers that provide the activities for children, they are going to support the children to be a well-done and to have the strong resilience. Therefore, of the community provides the facilities for children such as classroom, vocational training, ethics training, sport/art activities, good social-value cultivating, and the activities participated by children will help them realized that they are a worth and valuable part of society, all of these activities will build the strong resilience to children.

Masten (1994) studied resilience in children in risky situations and found that children in various ages have different resilience depending on the developmental level. Baby has lower resilience than teenage does and the risks of teenage are different from that of young children such as risk from friend, faith, society and school.

Tusaie et al. (2007) (as cited in Suvinee Para, 2012) studied in the title of "A Predictive and Moderating Model of Psychosocial Resilience in Adolescence." The sampling population was 642 persons of East American teenagers, ages 14-18 year old. The results showed that 30.6% with low resilience, 45% with mediate resilience. The male and female teenagers had the statistically significant level of resilience. There were five variables that predicted the resilience, which were positive thinking, wicked experiences, gender, ages, and recognized family support. The four pairs of variable that predicted the resilience of children were positive thinking/ages, positive thinking/wicked experiences, recognized social support provided by friends/wicked experiences, recognized social support provided by friends/ages. The positive think was the most influential positive factor, and recognized family support was considered as a second. The wicked experienced were the most influential negative factor, and

ages were considered as a second factor. The recognized social support provided by friends and ages changed the negative influence into positive influence. Only, the ages and wicked experiences increased the negative influence. The recognized social support provided by friends was important for the older teenagers in case of facing with negative circumstances rather than positive circumstances combined with the age changes the negative influence into positive influence. In this research, when encountering with wicked experiences, the recognized social support provided by friends was the most powerful factor.

Pacharin Nintajan (2011) explained that each person has different resilience which depends on an individual's internal factors and being shaped by external factors. The foundation of resilience are community, school, friend and family. Developing of resilience has to deal with these main factors.

Watcharin Krasaesat (2011) studied the relationship of the nature of family and the relationship in family towards the resilience of teenagers at Phranakhon Sri Ayudhaya province, the results showed that nature of family and the relationship in family related to the teenager health making them to have the strength in physical and mental leading to avoid any risk factor even living in a risk society. Besides, the love obtained from family, family activities, boundary and rules of family, responsibility of children, these kinds of things promoted the resilience of children, which was considered as the important characteristic and components for teenagers to encounter and to get through a critical circumstance, and to get recover quickly.

Tieanthong Harabuttra (2012) studied the factors contributing to the resilience of mental illness caregivers in the community and found that the age and self-esteem have positive impact on the resilience of mental illness caregivers.

Suvinee Para (2012) investigated the resilience factors of teenagers in Bangkok; she found that females have more resilience than male in all aspects. In the field of psychology, self-esteem and adaptation have positive relation with the teenager's resilience and the self-esteem of the family. Adaptation in family and adaptation in school can predict teenager's resilience in Bangkok for 50.6%.

Maliwan Wongkhan (2015) studied the resilience factors in teenager; she found that self-esteem, emotional intelligence, family atmosphere, relationships with

friends and positive support have statistical significance positive relation with resilience.

There are many factors related to the resilience. It is mainly divided into two parts including the internal and external factors. The internal factor is one arising within the individual whereas the external factor is support from outside such as family, friend, community and environment.

2.1.4 Resilience, drugs, and crime

Practicing children to be able to develop skills necessary to adapt with any change in life is an important part to monitor a deviation of juvenile, especially father and mother are a relevant person to observe behavior of children, and to develop the resilience of children, which will help them to encounter with a critical situation and to get success in their life (Culture Surveillance Bureau, 2010).

Bernard (1991) explained that resilience is one of protective factors to protect juvenile from risk factors such as alcohol, drug, teenage pregnancy and offense.

Bussarin Lhimsoonthon (2000) studied the relation analyzing research investigating the relationships of factors relating to resilience, critical circumstances, specific personal characteristics, drug-addicted behavior of teenagers in slum. The sampling population was 232 persons with ages from 11 to 20 years, who were relaxing at the park on 3.00 p.m. to 6.00 p.m. on 1-30 April B.E. 2000. The results revealed that the resilience factor in terms of supporting force, external useful benefits, and critical circumstance recognition between the groups of teenagers who used and never used drugs were statistically and significantly different. However, the statistical significant differences in terms of internal characteristic, social skills, interpersonal skills were not found. Besides, it was found that ages, income, and educational level between these groups of people were significantly and statistically different. In chi-square test, the results showed that the gender related to the drug-addicted behaviors, the gender, resilience, and critical circumstance recognition did not have any significant relationship in term of the statistical aspect. Partial correlation coefficient analysis test revealed that critical circumstance recognition related to ages and educational level, and the resilience had the relationship with the educational level.

Jarunee Saetang (2005) studied the factors affecting the juvenile in stopping recidivism: a case study of Karuna juvenile training center; she found that the psychological factor has relation with recidivism of juvenile. More than half of not recidivism juveniles have sensitive personality and emotional instability, but they can use resilience to adapt and face problems in everyday's life.

According to the study of the office of prevention and treatment of addiction (2013), it was found that 91% of sample in risk groups (having used drugs) to repeat using drug, has low level of resilience which shows that most risk juveniles who are likely to reuse drug lack resilience to deal with the crisis.

Manas Sunthornchot (2013) studied the factor associated with the outpatient resilience to the amphetamine in the hospitals in the East; it was found that most teenagers attended hospitals or 50.70% have low level of the resilience. The resilience to amphetamine in teenagers has relation with the self-esteem. Other pressures for teenagers can be divided into 4 factors as follow:

1) Individual factors are gender, age of beginning using the drugs, self esteem (Nittaya Soomtayaporn, 2003) satisfaction of using drug, depression and fear, and facing with stress (Grotberg, 2003; Dillon et al., 2007).

2) Illness factor is the perception of the severity of the drug.

3) Family factors are the structure and size of family, interaction in family, strong family relationship, and parents using drug.

4) Social factors are economic and social status, access to drug, and support from friends.

There were many researches studying about resilience, the previous study focused on the relationship of resilience with suicide, psychotherapy patients, elder, but there were few studies focusing on the juvenile relating to illegal drugs. Researcher believed that the improvement of resilience of juvenile was considered as the potential that every person should have, especially for juvenile joining the societies surrounded by illegal drugs. This potential would help them for avoiding recidivism, getting through critical circumstances without using any drug. Therefore, researcher decided to study the resilience of these groups of juvenile and the way to strengthen the resilience of juveniles.

2.1.5 Resilience assessment

There were various assessments of resilience worldwide categorized by an age group to be measured, for example assessment of resilience for adults, elder, and children, etc. (Waraporn Erawan, 2010) In the past, the resilience assessment was usually specified, for example assessment of self-esteem, (Pavinee Yuprasert, 1997), refusing and personal potentials, etc. Wagnild and Young (1993) developed the resilience scale by qualitatively studying in elders. The equipment was Likert Scale consisted of 25 points in 5 components. After analyzing, it could be mainly divided into 2 categories; 1) personal components composed of self-reliance, independence, determination and mastery, and 2) acceptance of self and life, and flexibility. However, this tool did not contain any component of useful resources and supporting factors (Chawanrat Satheankittana, 2013).

Then, Grotberg (1995) (as cited in Chawanrat Satheankittana, 2013) conducted a qualitative study on the success of child adaptation when facing with problems in many countries. In Thailand, it was reported that children who would overcome the problem in life must have personal attributes and resilience factors in 3 aspects which are 1) I HAVE: Provided External Supports and Resources 2) I AM: Inner Strengths and 3) I CAN: Social and Interpersonal Skills. Besides, there are five attributes in each aspect. In 2003, after additionally studying, Grotberg adapted the name of the third aspect to be “I CAN: Interpersonal and Problem-solving Skills” and adapted to seven aspects.

Supawadee Nounmanee (2014) designed the assessment of resilience of juvenile consisting of reviewing concepts, theory, and academic research, collecting relevant components, conceptual framework, meeting with professional persons to analyze a framework, interviewing a professor and the person who had experiences of children development, interviewing children, who experienced a critical situation and had a good adaptation, from all parts of Thailand. After that, the data was analyzed, assessed, and experimented in the sampling population. The question of assessment was improved until obtained the assessment suitable with Thai juvenile, which was divided into four parts as followed;

- 1) Autonomy
- 2) Social Competence

- 3) Problem Solving
- 4) Sense of Meaning and Purpose

The reliability of assessment was 886 points. Hence, the researcher selected the assessment developed by Supawadee Nounmanee (2014) for assessment of resilience of juvenile because this assessment was considered appropriated with Thai juvenile.

2.1.6 Concepts and theories relating to resilience

2.1.6.1 Concept of positive psychology

Seligman and Csikszentmihalyi (2000) (as cited in Sumalinee Maturapodpong, 2012) talked about the concept of positive psychology that was the scientific process focusing on the positive characteristics represent in each person in order to improve and elevate a quality of life. If the person did not have the positive thinking, when they faced the problems, the quality of life would be getting worst. The positive psychology cannot only be used to help the person who had the problem, but also be used to improve the quality of life of ordinary person. The positive psychology focused on an effort to understand for making good things and developing oneself from what they had been gotten from three dimensions. (Seilgman, 2002; Snyder & Lopez, 2002, as cited in Sumalinee Maturapodpong, 2012) as followed:

- 1) Value subjective experiences
- 2) Positive individual trait
- 3) Civic vitues and the institutions

Besides, Buss (2000) demonstrated that the positive psychology was about the evolution, and gave three reasons why the positive psychology was required;

- 1) Distinct environment, therefore people have to adapt to environment.
- 2) Pressures from environment surrounded, the people surrounded would express many things, such as jealousy, selfishness etc.
- 3) Competitions to overcome obstacles to get success.

It could be concluded that the positive psychology was used for living, avoiding from a critical circumstance and some conditions from societies, and adaptation of mental status to be happy for living. Another related report was Diener (2000) (as cited in Sumaline Maturapodpong, 2012) gave the meaning of the positive psychology in term of subjective well-being that was about happiness. The report stated that it was about thought and feeling about prosperity of people. According to the mentioned description, it could be seen that the positive psychology mainly focused on happiness, ability to adapt behaviors for survival, positive thinking about the future. Thereafter, there were the researchers studied about whether temper and personality had the relationships with resilience.

2.1.6.2 Concepts and theory of self-esteem

Maslow (1970) (as cited in Suvinee Para, 2012) itemized the needs of human into 5 steps, the self-esteem was ordered in the step number 4, which was 1 step lower than the self-actualization (the highest step) The self-esteem obtained by getting respected from other people, such as father, mother, family relatives, and friends. Moreover, in order to obtain the self-esteem, the skills and some abilities of person were also required. The assessment will be tested the perspectives and belief about the possibility of getting either success or failure for doing something, how much efforts need to be used, the affliction that could be obtained if the thing was not success. In the case of positive results, the people would have the temper that they are worth and important to societies. On the other hand, if the result was negative, the people would have the temper that they had the interiority complex, were weak, dependency. Maslow (1970) divided the self-esteem into two categories;

1) Self-respect; the feeling that one is behaving with respect and dignity. This type of self-esteem consisted of various factors, i.e. strength, achievement, mastery and competent, confidence, independence and freedom.

2) Esteem from other; for example reputation, honor, prosperity, competent, getting respect and interest, importance, prestige, and proud.

Posse and Melgosa (2001) (as cited in Suvinee Para, 2012) demonstrated that the self-esteem influenced the living in societies. The self-esteem was obtained from family, school, and an environment surrounded. The person will

show the self-esteem by being a good participant. In the case of the person who received the personality reflecting their capabilities and possibilities from both family and school made the person knowing their limitations, and also be able to find a new pathway to adapt to societies, low emotional distress, social relationship tend to be good, for example heart-whole accepting being one part of societies, sharing creativity and talents, understanding abilities and thought of others. The development of self-esteem was a slow process and complicated because each person had different backgrounds depending on physical factors, which were referred to mental health, societies, home environment, differently educational background.

2.2 The concept, theories, and research related to juvenile delinquency, drugs and recidivism

2.2.1 Definition of juvenile, delinquency, and recidivism

Youth and Family Court Act and Family Case Procedure Act, B.E. 2553 legislated section 4 as followed;

“Children” means the person, who has age younger than 15 year old

“Youth” means the person who have age older than 15 year old, but younger than 18 year old.

The penal code of Thailand and its amendment (No. 20) B.E. 2551 states that the children who have age younger than 10 year old, the court shall not consider and have no any prosecution, but the children must be controlled their security according to the Child Protection Act, Article 40 (3) B.E. 2546. Therefore, the inquiry official shall notice the officers of the Child Protection Act, B.E. 2546 for providing the suitable security control (Sunee Kanyajit, 2014)

According to the matters of law, the criteria used to separate delinquent children or youth is age of people at the date of delinquency. Therefore, the delinquent children or youth are the person who has ages between 10 year old but younger than 18 year old. In general, the delinquent juvenile shall be prosecuted by the reformatory (76 places around Thailand), which have the main responsibility to control the juvenile

during prosecution of judicial order or to control the juvenile in agreement of judicial order (Journal of Ministry of Social Development and human Security, 2011).

The word “Child and youth offence” came from the English word “Juvenile Delinquency”, and “Juvenile Offender”, which were differently translated into Thai word. In the past, the word “Young Criminal”, but the meaning of this word was quite vicious. Therefore, it had been changed to “Juvenile Delinquency” (Sucha Junaem, 2010). The meaning of the word “Juvenile Delinquency” is quite broad in Thailand and another country. That is to say, there is no a precise definition. The definition of this word is different based on societies. Generally, the act which is not good and not in agreement with criterion and social value shall be considered as juvenile delinquency. (B.Kirberg and J Austin, 1978; as cited in Warunee Phusansit, 1988)

There were several studies about the male and female juveniles who were arrested in other type of crimes (non-drug case); they all had experience with drugs or drug possession (Ussanee puengparn and Jitlada Areesantichai, 2010). In the study by Decha Sangkawan et al. (2006) on the reducing recidivism in inmates in narcotic cases, it was found that all 22 samples of young inmates (18-25 years) in narcotic cases had offended when they were juvenile. For this research, Recidivism means offenses which were judged by the criminal code or other laws for more than one time, with the first offense a narcotic case and the next offense in narcotic case as well.

2.2.2 Meaning of drugs

Drugs Act, B.E. 2522 legislated as followed;

“Narcotic” means chemical substances or materials that is consumed into the body, in cases of eating, smelling, sucking, or else, then significantly impacts the body and mind, for example need more doses of drugs when getting withdrawal, physical and mental needs to consume drugs all the times, and health getting suffered. Besides, it also includes a plant or a part of plants that is the drugs, or gives the drug-addicted product, or could be used to produce the drugs or the chemical substance used for producing the drugs, according to the minister notification presented in the government gazette. However, it does not cover some nonprescription drugs according to the Drugs Act;

“Distribute” means sell, divide, and exchange

“Consume” means getting drugs into the body no matter in what way

“Treatment” means curing the person addicted to drugs, rehabilitation, and follow-up as well.

Royal Institute Dictionary (RID) (1999) defined the meaning of the word “narcotic” as drugs or chemicals. When they are injected into the body for a while, it will cause chronic poisoning, physical and mental decline. They include opium, marijuana, heroin sleeping pills, and alcohol.

World Health Organization (WHO) defined the word “narcotic” as the substances consumed lead to the physical and mental needs and the consuming person cannot stop taking them, and need more doses until causing the physical and mental diseases.

It could be concluded that the meaning of the word “drugs”, herein, was the narcotic drugs, which were chemical substances or matters, when the person consumed them by eating, smelling, sucking, injecting, or else, they will cause the negative consequences, for example need more doses of drugs when getting withdrawal, physical and mental needs to consume drugs all the times, and health getting suffered. Also, it included a plant or a part of plants that is the drugs, or gives the drug-addicted product, or could be used to produce the drugs or the chemical substance used for producing the drugs, according to the minister notification presented in the government gazette. However, it does not cover some nonprescription drugs according to the Drugs Act B.E. 2522.

2.2.3 Type of Narcotics

Narcotics can be classified into several different features depending on the criteria for classification, the researcher studied and present as below:

1) Narcotic Control Act B.E. 2522 classify drugs into 5 types as follows:

Type 1 Fatal Drug such as Heroin.

Type 2 General Drug such as Morphine, Cocaine, Codeine, Medicinal Opium.

Type 3 Traditional medicines which is a combination of drug in type2. According to announcement of Royal Gazette.

Type 4 The chemicals for manufacturing drug in type1 or type2 such as Acetic Anhydride, Acetyl Chloride.

Type 5 Drug which does belong to to any type such as Marijuana, Kratom according to Section 8(1).

2) Effects on the central nervous system (Thanyarak Songkhla Hospital, 2009).

Type 1 Depressant such as Opium, Heroin, Secobarbital.

Type 2 Stimulants such as Amphetamine, Cocain.

Type 3 Hallucinogen such as Lysergic acid diethylamide-LSD, Gasoline, Phencyclidine.

Type 4 Mixed such as Marijuana, Kratom.

3) Source of Drugs which can be divided into 2 types as follows (Kasemsarn Chotekorrapan et la, 2015):

Type 1 Natural drugs which is derived from plants such as Opium, Kratom, Marijuana.

Type 2 Synthetic Drugs which is synthesized from chemical substances such as Heroin, Amphetamine.

2.2.4 Situations and Impacts of Drugs in Juvenile in Thailand.

Juvenile are in the transition state. The outcome in this stage will affect people in terms of education, working, living, attitude toward societies in the following stages. Also, it could be said that this stage is the stage of problem, which generally occurs because the changes of physical body. Nervousness causes irritation, awareness, and bad mood. All of these emotions lead to the emotional problem and social problem of the children in this stage (Thanaporn Kietchaiyakorn, 2011). Doctor Kitkawe Phono, the director of Nakhon Phanom Rajanagarindra Psychiatric Hospital, demonstrated that the youth was in the stage finding to see, to try, to discover a new thing and personal characteristic. However, the children in this stage should be took care because analyzing, restraint, discretion are still not appropriate due to the development of brain in term of management is not completely built as in adults. Therefore, it was the beginning of trying drugs and leading to the drug addiction. The beginning was interested about trying drugs, and developed to use it sometimes

because they learned that if the doses of drugs increased, they obtained more happiness, and finally getting addicted in order to accelerate acetylcholine and happiness cycle. These kinds of behaviors created the damage to the brain, and changed the chemical agents in the brain resulting in disorders (Hfocus, B.E. 2015).

Meanwhile, Doctor Jetsada Chokdumrongsuk, the director of Department of mental Health, saying about the drug problem of juvenile in Thailand that it should be worried because nowadays the younger person who consumed drugs increased, consuming by combined more than one types of drugs increased, mixing an easily found substance, which actually had the narcotic effect, to get narcotic drugs. According to the report of Ministry of Public Health, for curing and rehabilitation of drug-addicted, person who had the mental health diseases, found that 3912 patients with mental health diseases got the treatment in hospital belong to the Department of Mental Health around Thailand. Among these patients, more than 1 of 3 or approximately 1517 patients were juvenile with ages 12-24 years. Meanwhile, the worldwide approximation results showed that the person consuming drugs with ages 15-64 years was at 3.5-5.7% of population (Hfocus, 2015). Meanwhile, the statistical data of juvenile who got the prosecution as compared to 2012-2014 tended to be increased, which were referred to 14,773 cases, 16,699 cases, and 16,679 cases, respectively. The data reflected the critical condition of juvenile relating to narcotic drugs. Drugs did not only affect physical and mental health of consumers, but also affect family, societies, and economics as well (Ministry of Public Health, 2005).

Therefore, the narcotic drug problems were the problem that should be concerned by every department, and should find the preventing ways together for benefits of juvenile as they, one day, will be the power of our country.

2.2.5 Research relating to drug use, drug addiction, drug withdrawal, and repeated drug use.

Prior researches studied causes of drug abuse. Four major topics: 1) drug use, 2) drug addiction, 3) drug withdrawal, 4) repeated drug use and were discussed in this section.

2.2.5.1 Drug Use

The relationships in family played an important role to determine whether the quality of life of people in family was good or not (Friedman, 1992). If the family could not respond with the required developments of children, it would consequently lead to the bad behavior, stress, and confusion of teenagers. The relationships between father/mother with teenagers will make them strong to face with the external problem, problem caused by the development of teenagers because the strong relationships will be recognized by teenagers that they were getting supported whenever they needed, that was so called “the family relationships” (Minuchin, 1974). If the teenagers felt that they got insufficient supporting by family or family relationship, it consequently led to stress, adaptation behavior, and social mental capability of teenagers (Shulman, Seiffge-Krente & Samet, 1987) (as cited in Watcharin Krasaesat, 2011).

Resmick et al. (1997) (as cited in Watcharin Krasaesat, 2011) demonstrated that the family relationships was a close bond with father/mother, feeling of getting take care, satisfaction of family status, feeling of being an important person in family. The family relationship will be the basic determining thought, belief, and positive attitude toward oneself, family, and help the person living with logical thinking.

Thomas and Michael (2004) studied the self-control toward drugs in teenagers (grade 6 to grade 9) under circumstances, which were 1) family life event 2) teenager life event 3) drug consuming in a group of friend. The self-control was assessed by planning along with problem-solving. It was found that the self-control related to the drug addiction, which the number of students, who had the good behavior, was decreasingly addicted to drugs.

The Office of Drug Abuse Prevention and Remedy (2002) (as cited in Methpiya Kerdphol Thangrattana, 2013) summarizes the causes of addiction into 8 aspects. There are many causes of addiction which can be the drug itself, physical, mental or social problems. In psychiatry, most of the cause of the addiction would come from primary background and individual personality. The details are as follows:

1) Being closer to the drugs, by his career, may make one learn about the properties and easily access the drug. That is using the drug to treat himself whenever in emotional instability, such as irritated, depressed, worried, strained, sleepless. When using the drug become habit; he finally becomes a drug addict.

2) Being closer to drug addicts can give one a chance to learn about the drugs first hand and often see only the benefit side. Then, he can be easily persuaded to start using the drug. Old addicts want to use money of the new addicts to buy drugs. It is likely as well that new addicts may want acceptance from the new society or maybe by hoax or being forced.

3) Using hard drugs to reduce problems. Many addicts started from using sedative to relieve strain, anxiety, and anguish from family problems such as poverty, schism, domestic violence, and misunderstanding between parents and children.

4) The curiosity of adolescents: they want to try new things without thinking about dangerous consequences.

5) Avoiding the truth. There are both happiness and suffering in everyone's life. But someone may have found himself drawing in the sea of suffering and cannot find anyway out so he might find that using drug is the way out of the problem. These people are likely to use drugs that cause hallucination such as LSD, STP and marijuana.

6) Negligence of doctors. Many drugs are used to reduce severe pain. Doctor prescribing drugs carelessly such as repetitiously used and inappropriate dose can cause a patient becoming an addict.

7) Self-medication. Sick people often think about drug to treat their illness without considering the harmful side of the drug. If not carefully used such overdose, long-term and regularly used, the user can be addicted. The Samples of the drugs which can be used to relieve pain are opium, morphine and other sedatives.

8) Using to show anti-social behavior. Any child can have a hostile feeling to the society when he confront with unfriendly interaction or injustice and wickedness. The children in this group would have psychological problems such as abnormal personality, mental health disorders and neurotic disorders. They tend to use the drugs.

According to the information of drug circumstances of juvenile at reformatory and juvenile training center at Chonburi and Rayong, the results, reported by Chulalongkron University Language, showed that the youth being caught from October 2007 to March 2008 had the background related to drugs, 91.9 % of youth getting retired before being caught, the highest education of most of them was primary school, and their work before being caught was services at an entertainment spot, karaoke, restaurant, technician, general workers. Most of youth lived in the family having the family members, who had bad behaviors, for example drunken father, marijuana, heroin, gambler, drug-addicted brother. Aside from the family relating to the drug problem of juvenile, the community environment and friend were also the important factor, 83.4% living in the community surrounded by drug-addicted people, 2 of 5 youth able to find the narcotic drugs within 10 minutes (as cited in Department of Juvenile Observation, 2010).

There are several studies investigating the causes of drug using which can be classified into 3 main causes:

1) Physical factor is providing the drug themselves because of physical illness. For example, the doctor might have prescribed Analgesic after an accident and after using the drug without consulting the doctor they involuntary become drug addicted.

2) Psychological factor is people with personality disorder such as antisocial, aggressive, always relying on others, secluded from society or depressive, nervousness, panic, Neurotic patients or psychosis with sleepless often used drug to restrain and then addicted.

3) Social factor are friends, or wanting to try, being close to addicts, social pressure such as economic problem, unemployed.

The sources of drug-addicted problem were different, and could be concluded as followed; environment such as family, community, friend, medical mistake, and mental diseases of drug-addicted person. When, people tried narcotic drugs, they will be addicted to drugs.

2.2.5.2 Drug Addiction

Addiction is when the addict continuously uses drug and substance and is unable to stop it by himself even though having physical, feeling and behavior problems from taking the drug. After addicted, they are compulsive to use more drug and tolerant when using for a long period of time. Even if he stops using the drug, he will have a withdrawal symptom. Addiction can be separated into 2 types as follows: (Methpiya Kerdphol Thangrattana, 2013)

1) Psychological Dependence in Drug Use is the use of drug to response the crave for drug which brings about happiness. For example, an individual who lives an unhappy or sometimes lonely life and facing various types of problems, be it family, social or homeless ones. When a person uses an addictive drug, he or she has the feeling of euphoria which is produced by the drug. But when the drug becomes powerless, he or she will return to the real but unhappy life again. This is the reason why that addict has to take the drug: to feel happy again.

2) Physical Dependence is the change the drug has on one's body when one is trying to stop using the drug. It is usually called "withdrawal symptoms". Drug addict has to continue using the drug because body's disorder will occur when suddenly stopping using the drug. Withdrawal symptoms are, for example, the function of the autonomic nervous system increases such as sweat, tears, high blood pressure, vomit, stomachache, diarrhea etc. The brain can be stimulated having symptoms such as anxiety, irritability, sleepless, and in severe cases convulse and also muscle and joint pain.

In the past, people believed that drug addiction was caused by the undesirable characteristics of that person such as weak personality and having no social responsibility. Also, people believed that if they seriously wanted to stop using the drug, it was not difficult to quit. However, physicians nowadays regard drug addiction as a type of brain disease or "brain addicted". According to a study of National Institute on Drug Abuse (NIDA) in the United States, it was found that first stage of drug use is from the need of the addicts but after using the drug for a while, the brain starts to change. Addicts cannot control themselves resulting in deviant behavior. Finally, they will not be able to stop using the drugs even knowing their the harmful effect. "Brain addicted" is a chronic disease that can be cured by taking good

care of oneself, avoiding behaviors and environments which can relapse it. (Methpiya Kerdphol Thangrattana, 2013)

Drug-addicted brain is the process happens gradually by trying drugs occasionally, and then the doses will be increased over times. When amphetamine entering the body, it will accelerate the nerve in midbrain, which was so called "Limbic system" that was the emotional and behavior controlling center. Amphetamine will accelerate the nerve ending to release a lot of dopamine, which was the substance that could make the people feeling happy, energetic. In the first stage, the drug-addicted person feels happy, strong, continuously work without being tired, but this kind of acceleration will generate the damage to brain and human body due to excessive amounts of energy used. Therefore, when the effects of drugs disappeared the person will be tired, drear and need more dose of drugs. Another part of brain was cerebral cortex, which was located in the midbrain that possessing the ability to remember, decide, logical think. It was also damaged and controlled by limbic system leading to low efficiencies of thinking and remembering. It could be seen that the behaviors of drug-addicted person will be changed, such as aggressive, easily fretful. The person will not be able to control themselves to stop being addicted. If the person continuously used the drugs, they would have the mental health diseases and eventually be psychosis (Department of Probation, 2015).

The process of being addicted to drugs could be mainly divided into 4 parts as followed (Department of Probation, 2015);

1) The beginning stage; in this stage the person occasionally tried drugs for a social aspect, which was joining with a group of friend. The person would have the feeling guilty.

2) Continuously consuming stage; in this stage the person felt that the drugs had benefits for them, for example releasing stress or another reason for continuously using drugs, after that the education of the person will be worst, and the person would have the withdrawal symptom when stop consuming drugs.

3) Addicted stage; the person needed more doses of drugs and more often because of the effect of drug-resistant. Other negative consequences were having low potential for education and working, often quarrel with each other, damaging the brain, degenerate thinking and remembering.

4) Critical stage; the person will deeply be addicted to drugs. They will think about and seek drugs all the times, not be interested other activities, losing life, working, and society. The drug-addicted person will not be able to be autonomous. Then, it caused the problem to family members.

Once, trying drugs, the people will need more doses of drugs for feeling about the effect of drugs. Finally, they will be getting addicted and sometimes cause the mental health problem of the person who was addicted.

2.2.5.3 Drug Withdrawal

Kwanhatai Rongkubtawanich (2001) found that family members were the key factor in stopping or recidivism of addict-treated because they are closest to the addicts. In addition, they can greatly influence the decision of the addict because he would realize that he is the head of a family and need to have more responsibility. The same findings was also found in the research of Pisamai Koopitak et.al (2528) (as cited in Kwanhatai Rongkubtawanich, 2001). It was found that family is an important factor in stopping the drug use. Pisamai Koopitak et.al study and follow the life of the treated addict. The result showed that the treated addict desperately needs acceptance and trust from his family. He feels that he is clean now so he wants to be an important person of the family. That treated addict also needs to have a close person who can understand and give suggestion in dealing with any crisis.

Piyanatta Chaochaedee (2008) studied the factors of quitting the drugs of the addicts. The first post-treatment or follow-up treatment period is an important time to quit the drug. Factors that affect the decision of the patient are readiness of mind, emotional health and social support.

1) Readiness of mind and emotional health of the patients, readiness of mind is the most important factor that affects the patients to quit. If there is no readiness of mind, for example, weakness, loneliness, or low motivation, they are likely to use the drug again. But if the patients have intention to quit, they have a chance to stop using the drug. Emotional Health has much impact on the duration of treatment. The one who has bad emotional health will need more time in treatment than a person who has good emotional health because emotional health is related to the process of logical thinking and the ability to restraint.

2) Social support, the process of treatment can be a crisis of life for many patients because there is very high strain. However, the patients can reduce the strain if they receive the social support in whatever forms such as emotion, finance and suggestion. On the other hand, if not receiving any social support, they will have more retrain and have a chance to be recidivists.

According to the study of Tipawadee Amawattana (2004), the results showed that the social support played an important role to the mental status of patients after getting treated, influenced the patient's decision. The social supports were family, beloved ones, relatives, close friends, or colleague. These kinds of social supports will build the strength to the patient, and will be able to withdraw drugs permanently.

Wimon and Wipawadee (2004) investigated the requirement of taking care of 319 drug-addicted patients after getting treatment at Thanyarak Institute in the stages of detoxifying and restoring. The results showed that 71.8% of patients suggested that the taking care after getting treatment was necessary because it would help the patient getting withdrawal when they stay at home. Moreover, the patient will get encourage. The assessment of treatment results will be precise and will lead to the improvement of fixing and modifying the treatment method afterward. Another suggestion is that who will be the one to take care of patients after getting treated. The results showed that 78.4% of patients suggested that the patients needed the relatives or family members to take care because the family was the place growing the love, worth, proud, hope of life, driving force, and the first place to help children avoiding from the drugs. The requirements of patients (from highest to lowest) were taking care of them, understanding, encourage, warmth, suggestion, love, forgiveness, not mention mistakes in the past, trust, do not angrily scold, chances, admonition, not strict too much, listening to reasons, concern, all family members staying together, not complain, do not look at them as the drug-addicted person, appropriately helping them.

It could be clearly seen that the main factor relating to the drug withdrawal was the social support, such as family, relatives, close friends, colleague. Especially, the family played an important role for generating the encouragement to

patients for quitting drugs permanently. That is to say, the patient will not be addicted to drugs again.

2.2.5.4 Repeated Drug Use

Muhlenklam & Sayles(1989) and Rebat (1988) state that social support will make a person have more self esteem and result in better health. Likewise, Dimon (1979) states that social support is positively related to morale building. Cobb (1976) also states that social support in terms of obtaining information will make the patients feel to be a part of the social network. There is a bond between each other. Thus, they will share methods to fight any danger in life. Pender (1987) supports that social support is a feeling of people who feel that they are part of society, being accepted and loved, so they have pride in themselves and feel valuable, and also needed from a specific social group.(as cited in Kwanhatai Rongkubtawanich, 2001)

The study of Kwanhatai Rongkubtawanich (2001) found that the reason leading to the drug-addicted repeating mostly influenced by family. The family members were an important factor to create the good feeling and bad feeling toward the addicted person because the family members were the group of people closely living with the patient. Besides, a wife or beloved one were also the factor to quit drugs of patients because the patients will be thinking that they are the leader of family, so they had to have more responsibilities and create the trust to their beloved.

Social supports have a profound effect on the patient's mind after the treatment, and have an important influence on the decision of the patient to stop or return to drugs. Social support from family and loved ones, relatives, friends or colleagues will encourage patient to strengthen in their own to avoid using drugs in the longer term. (Tipawadee Amawattana, 2004) The closer or the one who get the important from the patient will influence to stop using drugs respectively.

Kanuengnij Wihokmat (2009) studied about self-seeing in the stage of return to family and social of recidivism juvenile at juvenile training center. The results showed that when the juvenile return to society, they will have to face with the situation that impacted the mental health, for example reprobation, distrust, blaming, labeling. In order to get rid of the flaw, the juvenile created their own space to face and solve problem, such as fleeting, living with friends, being violent when

getting induced, trying to leave this kind of situation and finally return using drugs. Apart from family, friends were the important factor that made the patient returned using drugs as friends can induce the patient to return to the stage of being addicted. There was the report stating that there were two types of drug-addicted repeating, which were referred to the suggestion by friends, and need to enjoy with friends.

Pornsiri Chartiyanon et.al. (1978) found that friend suggestion is a cause of first treated and re-treated because they want to have fun with friend. Good relationship between patient and therapist can help stop using the drug too.

Kasemsarn Chotekorrapan, et al. (2015) studied the factors relating to the return of using drugs, which could be mainly divided into two factors; 1) internal factor, and 2) external factor. The internal factor was the essential factor as the patient will not recognize the negative effect of getting drugs. The patient always believed that they were not the drug-addicted person, and had no drug-related symptom. Therefore, it was not necessary to get any treatment or any support from the government. Also, the patients had physical or mind-addiction. These kinds of addictions made the patient begin to return using drugs. In the case of external factor, the results showed that 1) Family is the relevant factor to tune perspectives and behaviors of the patients for quitting drugs permanently 2) Social factor or groups of friends; it was always the intimate friends relating with the rehabilitation of drug-addicted person process. These friends will introduce a new group of drug-addicted social leading to the return of using drugs. 3) Environment factor; it was quite difficult to avoid the behavior caused by the influence of groups of intimate people relating to drugs. Therefore, this environment led to the return of using drugs. 4) Officer factor, and 5) Law factor.

The factors relating to the repetition of using drugs were numerous, it was impossible to precisely identify what sources of problems are, and the problems could be came from the combination of individual problem. It could be concluded that the return of using drugs might be due to internal factors, factor of social support, and also chances for living in societies in terms of occupation and family.

According to mentioned literature review, the causes of juvenile delinquency relating to drugs could be mainly divided into two parts, which

were referred to personal factors; i.e. mental and physical, and social factors; family, friends, communities, environment. When being tried, the effects of drugs will lead to the need of more drug doses, and eventually being addicted. Next, the causes of quitting drugs consisted of social support based mainly family, which was the important part that helped the patient to permanently withdraw the drugs. In the case of drug repetition, apart from the social support, the personal factor and the chances for living in societies were also included.

2.2.6 Concepts and Theories Relating to Juvenile Delinquency and Recidivism

The researcher, herein, proposed self-control theory, social control theory, differential association theory, labeling theory, and family relationship concept to demonstrate the juvenile delinquency and recidivism, as followed:

2.2.6.1 Self-Control Theory

It was the integration theory combined theories of biology, psychology, and sociology together, that was contrary to other theories. Moreover, integrating of this theory, as a core, with others have been carried out, such as the work of Schreck et al. (2002) or the research of Longshore et al. (2004), who believed that the self-control had been developed since the beginning of our life according to the concept of Gottfredson and Hirschi (1990). Therefore, other factors or theories came from the integration of self-control that connected to other factors, for instance the person who had low self-control will get in touch with bad friends, and absorb bad value leading to the delinquency afterwards.

According to the theory, the level of self-control of each person was produced by the treatment of family at the first ten years after they were born. Therefore, father and mother were an important part to control the behaviors of children, to observe an inappropriate circumstance, to monitor the deviation behavior of children. An appropriate control, punishment, and suggestion about an appropriate behavior will build or be the sources of self-control learning of children. If the father/mother did not fully take care of their children, it would lead to the negative self-control. The thing making the self-control theory different from other criminology

was stating about the level of important personal characteristic towards joining the criminality and social-resistant behaviors. The level of personal characteristic can be continuous, that related to the criminality, such as having the relationship with the person who had ever been a criminal. Gottfredson and Hirschi suggested that these kinds of things came from low self-control affecting the selection of environment characteristic to live and creating the relationship with others that consequently led to the criminality.

Gottfredson and Hirschi (1990) suggested that every people had the possibility to be a criminal because of lack of self-restraint. Besides, the people stayed in the environment that induced to be a criminal. Gottfredson and Hirschi suggested the core of self-control that caused by lacks of child rearing practice. The father/mother, who did not care their child so much, did not warn when children made mistakes or deviated behaviors led to the lack of self-control. The children who lacked of the warmth relationship of father/mother or their father/mother had the deviated behaviors or criminality will have the low development of self-control. The development of self-control was continuous (Gibbs and Giever, 1995). Low self-control had been developed early in life and continuously developed until adults (Agnew, 1994). Therefore, Gottfredson and Hirschi suggested the things that father/mother should do for self-control development of children were

- 1) Following behaviors of children
- 2) Identifying when the children had the deviated behaviors
- 3) Punishment when the children had the deviated behaviors.

Moreover, Gottfredson and Hirschi also stated that the low self-control might not be due to practicing or environment, but it might be due to malnutrition diseases, mind control, practicing, or that is to say, the self-control might not be due to learning behavior.

In summary, the self-control theory demonstrated the problems and causes of juvenile delinquency were due to the lack of self-control and support of father/mother. When the children lacked of self-control and support from father/mother, it could lead to consuming drugs, quitting drugs, and return of using drugs as well. It could be used to describe the delinquent variables, which were referred to background of juvenile, who committed an offence, in terms of ages,

educational levels, and family. Moreover, the self-control was also the factor related to the resilience and appropriate social expression, which were depended on family, social, and community factors used to cultivate the children.

2.2.6.2 Social Control Theory

The self-control theory is the theory that can be used to answer the question that why people become a criminal. According to this theory, it is, generally, that the deviation of human is normal, whether the human will be deviated, depended on a social institute. If the social institute is weak, the moral of human will be weak, as a result. This could be explained by the social institute is the thing that determined the constraint of human, so that when the constraint getting weak it automatically leads to the deviated behavior of human (Pakorn Maneepakorn, 2010).

Walter C. Reckless (1961), a well-known American criminologist, found the containment theory describing that there were two controlling mechanism, which were referred to inner control system and outer control system. The assumption was the inner control system, a strong mental health, and the outer control system, a strong social status, can protect the criminality. If there were a lot of criminality, it meant the inner control system and the outer control system were weak that cannot resist the pressure, social attraction, and passion of human (Pakorn Maneepakorn, 2010).

Another researcher, Travis Hirschi (1961) (as cited in Pornchai Kanti, 2010), theorized the most well-known theory in criminology that was the social bonding theory (Braithwaite, 1989; Inciardi et al., 1993). Hirschi argued that it was not necessary to explain the motivation and the stimulus of criminal behaviors because as the matter of fact the human usually did the criminality. Therefore, what we needed to explain was why human did not do the criminality. Hirschi purposed the control theory, which the core was the person who had the relationships with the organization or groups of social, i.e. family, school, and friends, tended to not to do the criminality. The assumption of this theory was “the person who had lacks of social relationship tended to do the criminality.” Hirschi divided the social bonding theory into four types (Pakorn Maneepakorn, 2010) as followed;

1) Attachment was the relationships between people, the love between people, the interest of other people thought. These relationships were the importantly fundamental component that made the people accepting social value and social norm, leading to the recognition of people that they should be the good people in societies. Therefore, the attraction was the emotional and love components of people towards societies.

2) Commitment meant the people lived in agreement with the social cultures. The people did not want to do illegal things because they would be losing their achievement.

3) Involvement meant the participation of people in social activities. Therefore, their times will be spent with the social activities, and absolutely there were no times to do the criminality.

4) Belief meant the level of belief of human towards social value and social norm. If the people had the high level of belief, so the possibility to do the criminality was low.

Hirschi emphasized that the outer control system was more important than the inner control system as the outer control system was strong, the possibility of human for doing the criminality will be low.

According to above literature review, it could be clearly seen that the social bonding theory related to the relationships between each person and behaviors. The criminality of juvenile was due to lacks of social bonding, which could be used to describe the variable in term of backgrounds of juvenile, such as educational level, family relationship, etc, that corresponded with the resilience. It could be noticed that the social bonding was the two components of resilience (Grotberg, 1995, as cited in Kanikaporn boonchu, 2012), which were referred to I HAVE that was the social component relating to social and interpersonal support, for example reliable person etc., and I AM, inner strength, that was the component relating to the mind power in each person, for example the person who believed that everything will be fine, etc.

2.2.6.3 Differential Association Theory

This theory was considered remarkable among the theories related to the social learning. In the view of Sutherland, the criminality came from the learning process of person, which was in the social cultures. It was not due to the trait or socio-economic position. Moreover, Sutherland also believed that the criminality of human was not depended on politics, administration, and legal process. The criminal skills and motivation was the results of having the relationship with the person who was a criminal, this kind of people will induce other to do the criminality (Siegel, 2000; Kanchana Kunarak, 2012)

In the criminology, edition 4 (1947), Sutherland purposed the theory “learning theory” consisting of 9 main topics as followed (Sutherland, 1947:6 - 7);

1) The deviated behaviors came from the learning process, was not due to the genetic transformation.

2) The deviated behaviors were due to the interaction with other people via the communication.

3) The learning process occurred through the interaction with intimate people.

4) In the group of intimate people, there were the criminal learning processes, motivation, perspectives, and reasons that supported for being a criminal.

5) The specific direction of motivation or driving force was the learning process defined by the law that whether it was a satisfied thing or not.

6) The person had the deviated behaviors because the definition toward satisfaction of resistance to the law was high than definition toward satisfaction to obey the law.

7) The trend of deviated behaviors were due to times, intense, emphasizing, and frequency of learning experiences. The long times, early beginning, high intense and frequency will make the person to be more accepted to the deviated behaviors.

8) The learning process of deviated behaviors was as similar as other learning processes.

9) The criminal and non-criminal behaviors were the expression of needs and social values. They were based on the basic, but different in expressions.

In summary, the differential association theory described the causes of mistakes that occurred by association with the people who had the deviated behaviors or had the possibilities to be a criminal. The close relationships led to the addiction of drugs, which corresponded with the resilience of Grotberg (1995) (as cited in Kanikaporn Boonchu, 2012). The promotion of social skills obtained by the learning process, the interaction with others were the components of resilience in terms of I CAN. This theory could also be used to describe the variables relating to friend association.

2.2.6.4 Labeling Theory

Labeling theory, which was the well-known theory, was proposed by Howard Becker. The main concept was the behaviors of criminality caused by social labeling that those behaviors were immoral. The social labeling led to the transformation of people to be an outsider. The labeling theory emphasized the character and the importance of guilt and labeling affecting behaviors of human, and also explained the originality of guilt and labeling causing the criminality (Seksan Kruekam, 2015).

For the labeling theory, the criminality was the result of people's reflection toward the things that surrounded people believed that was not moral. Actually, the people did not do anything, but the surrounding people believed, so the people began to do the deviated behaviors or the criminality. Then, the people were judged as an outsider. Consequently, the labeling was the source of the criminality problem. The labeling theory was also used in the criminal justice system. As the view of this theory, the using of the criminal justice system created the guilt toward people that caused the recidivism because as became the outsider, the people cannot normally live in the society. Then, they decided to return to do the criminality. Normally, these kinds of people were the low class society, where the people living here were decided to be the outsider. According to this theory, the criminal justice system was the source of problem rather than decreasing the numbers of criminality.

Furthermore, the labeling theory also described the development of criminality that was higher than the social labeling, which was so-called “secondary deviance.” These kinds of deviance were caused by being circulated in the criminal societies in order to survive or to flee from the government officers (Lemert, 1967). These behaviors resulted in the more violation and the varieties of criminality, some people might begin with the minor criminality, for example gambling, drug addiction. Then, they might begin to do the more severe criminality, such as stealing, raiding, distributing drugs, murdering, and eventually being a criminal (Seksan Kruekam, 2015). This theory could be used to clearly explain the return of using drugs. The important thing was a chance for transforming into a good boy. The social support was considered as the outer support that would improve the resilience of juvenile. The labeling, which was considered immoral, equaled to the negative driving force that destroyed the resilience of juvenile.

2.2.6.5 Family Relationship Concept

Sopapan Wiangperm (1998) defined the meaning of family relationship that was the family behaviors consisting of love, attention, and interaction of family members.

Suda Songdech (2003) defined the family relationship that the family behaviors, i.e. attention, love, sympathy, help each other, adapting to live with others.

Department of Women’s Affairs and Family Development divided the components of good family relationship into 4 parts, as followed;

- 1) The family members expressed feeling of love and attention to others, for instance touching, hug, smile, encourage, calling, sending a letter, or e-mail, etc. Also, doing the activities that opened for everyone to be participated, for example baby-sitting, cooking, cleaning, playing with pets, decorating tree, etc.

- 2) The family members accepted and respected each other, which was family members talking and/or listening to each other, accepting and respecting different opinion by excepting genders, ages, experiences, educational levels, different fields of study, concerning about privacy, and not infringing the privacy without permission.

3) The family members qualitatively communicated with each other, for instance the family members used the logical thinking to explain a fact by means of polite, non-emotional phrases, having a chance for members to express a suggestion, to admire, to encourage, to recognizing the worth of each other, to take care of other members in every circumstances, and the members should not distress each other. Also, the family members should trust each other, for example sharing the problems, not considering on the seniority which were forcing, intimidating, commanding because these kinds of behaviors would lead to the fear or discomfort of family members.

4) The family members helped each other to get through the problems without using violence, which was referred to the members cooperatively decided or solved an important issue using the logical thinking instead of using violence.

According to the literature review relating to the juvenile delinquency in drug cases, it can be clearly seen that the family was an important thing towards mind and behavior of juvenile. If the family had the wicked relationships with others, it could lead to the deviated behaviors of juvenile and also lead to offences. Besides, the family relationship was the components that externally support to strengthen the strong resilience (Department of Mental Health, 2009). Therefore, the meaning of the word “family relationship”, herein, was the family members interacting with others consisting of the family members expressing the feeling of love and care to others, accept and respecting other opinions, qualitatively communicating, and cooperatively solving problems using the logical thinking. The tool of family relationship assessment developed by Department of Women’s Affairs and Family Development was used in this research.

From studying and literature review, they showed the causes of juvenile offender in narcotic cases were due to the varieties of factors. The researcher reviewed the theory of self-control for describing the factors relating to the person, in terms of ages and educational level, and the self-control theory could be used to explain the family as well. Next, the social control theory, which considered on the social bond, explained the factors relating to family by focusing on the family relationship and the

friend association, which was explained by the different association theory. The last one was the concept of therapeutic community.

2.3 Therapeutic Community Concept

There were, the study showed, the varieties of curing ways used for drug addicted people (Worrapong Samranthiwawan, 2011). One of the most interesting ways that have been used in Thailand and in international countries was therapeutic community. Each country has been suitably applied this concept to be fitted with the context of their countries for healing drug addicted people to get the better quality of life, to be able to live in the societies, to not return using drugs. Therefore, the therapeutic community was drug free self-help treatment program, and this theory also believed that the person was changeable.

The therapeutic community was firstly found at Synanon in California. It began with the alcohol-quitting association used the treatment without using any drug, which was called “Alcoholics Anonymous (A.A.)”. Therapeutic community was originally called associated therapy. In the mental health conference 1974, Doctor Pon Seangsingkaew, who was the father of Thai psychiatry, changed the name of associated therapy to therapeutic community, and also explained the gist of the concept that was self-help and peer pressure. In 1950, this concept had been applied into the field of drugs because at the moment there were a lot of drug distributions. Additionally, the healing used was the detoxification. Hence, the therapeutic community was used in the way of peer-assisted helping. The therapeutic community focused on the strong resilience to permanently fight against drugs. However, the therapeutic community at Synanon in California was failed because at Synanon the leader, who was Chuck Dederich, emphasized communism leading to the problems of money and one’s own profit. After that in 1963, the concept was developed at Daytop Village, New York by Doctor Dan Castell and Doctor David Ditch along with Mosinia William BO Byron, the Catholic religious. They were induced by the violence offence of teenager gangster in New York, the groups of teenagers, who was accused as a murderer, were the drug-addicted person. These three people found the rehabilitation center at Daytop Village. Those teenagers were controlled and then successfully

healed. After that, the Daytop foundation was found in the same year, and the Daytop Village Inc. had been found to make money for the foundation (Worrapong Samranthiwawan, 2011).

The therapeutic community has been used worldwide. PENGASIH organization in Malaysia, for example, was the non-profit organization that helped the drug and alcohol-addicted person. It was found in 1987, and the therapeutic community was used to heal those people. In 1993, there was the development of cooperative working with international organizations, for example United State of America, Indonesia, Thailand, South Korea, South Africa, Singapore, Philippine, and India, etc. There were the successfully treated person was about 3,000 persons, and this organization was also the studying center and training center of other countries. According to the research in title of Therapeutic Communities: A Three Country Comparison (TC) programs, China, Malaysia, and United Stage of America (USA), there were the similar of model, structure, and social activities, in case of Malaysia the therapeutic community based on the religious and the family of drug addicted persons as a center of treatment process. In the case of United Stage of America, the individual treatment of each person and self-caring were focused. For China, the relationship between groups of friends was used. Moreover, the therapeutic community was supported by the countless amount of money provided by the government sector and USA court, and Department of Probation, which this kind of cooperation was rarely found in Asia, nowadays. USA developed the therapeutic community in many states, for instance Pennsylvania, Delaware, and New York, etc. Furthermore, the concept of therapeutic community was also spread throughout Europe as well (Worrapong Samranthiwawan, 2011).

Liptons (1995) reported the USA's research relating to the effective of treatment of detainee in drug cases, the results showed that there was the relationship between drugs and the criminality. The prison used in the case of therapeutic community had the high potential to prevent recidivism and following outcomes. Moreover, the achievement was positively related to the time of treatment.

Jainchill (1997) investigated six programs of therapeutic community in nine areas, the results revealed that there were different factors affecting the program, for example location, (urban or local areas), times of treatment (6 – 18 months), and

available officers. However, all areas contained the remarkable feature that was the basic of therapeutic community. The results showed that 45% of teenagers passed 50% of the treatment of process and had the positive change that could be observed significantly by the mind status indication.

Lawis Yablonsky (1986) demonstrated that the therapeutic community method like the creation of society, or new community at the treatment center. The person being participated in the treatment process had to support, encourage each other, doing activities together, organizing responsibilities based on rules and agreement. These kinds of processes would help the participant feeling that they were one part of the society, and everybody helped others to have the strong mind status, and to take care of each other. As a result, everybody could be peacefully living together (Suchada Ninmark, 1990).

From the aforementioned literature review, it could be clearly seen that the use of therapeutic community have been successfully applied in many countries. This method focused on the curing of mind status to be strong, changing behaviors of person to be able to permanently quit drugs. The drug free self-help treatment program used the simulated society to create the community, which was the applying of social needs and the psychology changing to change the behaviors of every person in community. All activities were designed for creating the changes in learning and rehabilitation of every people. The main person was the person living in community. The community was teachers and treatment person (Nipon Phromsen, 2002).

Among the concepts of therapeutic community, the researcher described the therapeutic community concept of DAYTOP, which was the successfully well-known concept to be used in Thailand. Actually, it was originated in Synanon community by Charles E. Dederich, who was embarked on the therapeutic community. Then this concept was further developed by DAYTOP. Therefore, it could be considered that DAYTOP was the first descendant of therapeutic community, and suggested this concept to countries worldwide from 1970 until now, under the leader of Msgr. William B. O'Brien, who was the founder of the drug healing and rehabilitating center for communities represented in many areas including North America, Latin America, Europe, and South East Asia (Nipon Phromsen, 2002).

Philosophy of Daytop Therapeutic Community by Richard Beauvias (1965) (as cited in Therapeutic community practicing handbook No.2, 2014)

We are here. Because there is no refuge,
Finally, from ourselves. Until a person confront himself
In the eyes and hearts of others, he is running.
Until he suffers them to share his secret,
He has no safety from them. Affraid to be know,
He can known neither himself nor any others; he will be alone
Where else but in our common ground, can we find such a mirror?
Here, together, a person can at last appear clearly to himself..
Not as the giant of his dreams not the dwarf of his fears,
But as a man, part of the whole, with his share in its purpose.
In this ground we can each take root and grow, not alone anymore,
As in death, but alive ...to ourselves and to others.

Tools of the House (Rorsidee Srirat et al., 2011)

- 1) Interview
- 2) Pre-Morning Meeting
- 3) Morning Meeting
- 4) Seminars
- 5) Encounter Groups
- 6) Hair Cut
- 7) Learning Experience
- 8) House Meeting
- 9) General Meeting
- 10) Extened Groups
- 11) Encounter Groups
- 12) Marathon

Chain of command in the treatment area (Rorsidee Srirat et al., 2011) is director, assistant director, staffs, coordinator, head of department, chief, assistant chief and general workers respectively. Benefits of having chain of command are following:

- 1) There is dependence.
- 2) Recognized authority
- 3) Consider, respond, and improve themselves
- 4) Learn how to succeed with patience.
- 5) Personal development
- 6) Build relationships with others
- 7) live on the fact, not imaginary
- 8) Found their own abilities
- 9) Confront with others without suspicion

Tharapeutic process by Daytop are 3 steps as follow:

- 1) Entry
- 2) Treatment
- 3) Re-Entry

The members who completed in Daytop Tharapeutic Community Program were called “Graduate” and would receive a certificate from Foundation of Daytop Village.

The three main principle of therapeutic community were no drugs, no violence, and no sex (as cited in therapeutic community practicing handbook No.2, 2014). If, the person broke any rule, they will be punished, i.e. firing from therapeutic community, or allowing for further living in the therapeutic community as long as the family members gave them a chance (Wiyada Janthong, 1999).

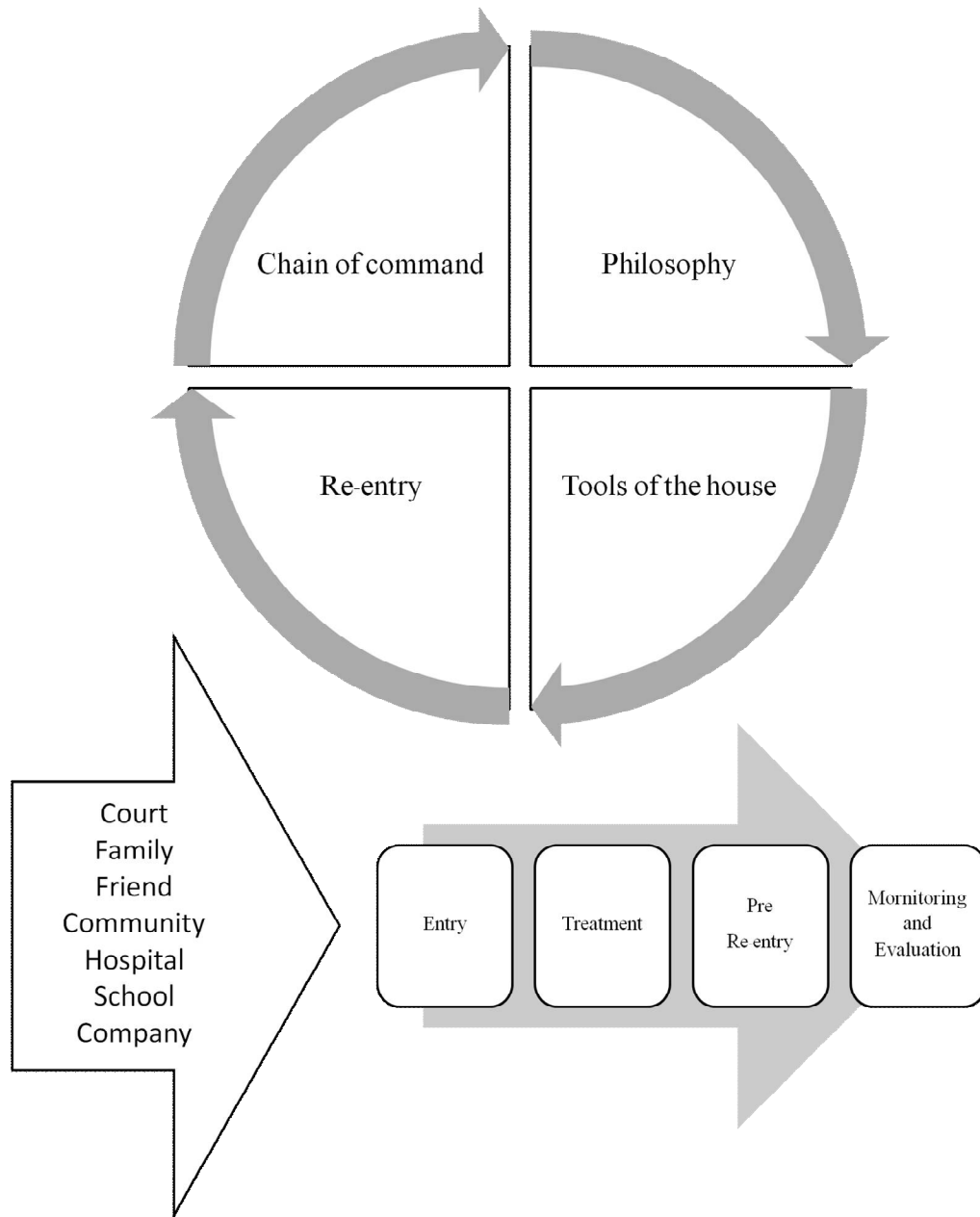


Figure 2.1 Therapeutic Community Model of Daytop

Source: Therapeutic community practicing handbook No.2 (2014)

Figure 2.2 revealed the processes of therapeutic community according to the direction of DAYTOP, which was the concept applied by Phranakhon Sri Ayudhaya Vocational Training Center. The details of activities will be discussed below.

Form the literature review above, the therapeutic community process was one of the treatment processes of drug-addicted person by means of simulating a community possessing the environment that one person helped another person, resulting in the people in community will learn in what way to live with others and the strong resilience could be improved under this kind of environment.

2.4 Drug Rehabilitation and Juvenile Justice System in Thailand

2.4.1 Drug Rehabilitation in Thailand

The patients who participated in the system were mainly divided into three categories i.e. voluntary system, compulsory system, correction system (Arpasiri Suwannanon, 2013).

1) Voluntary system; according to the Drug Act B.E. 2522, title 94 noticed that the drug-addicted person, who volunteered to be treated at the clinic that in agreement with the rules and who was certified by the government officers before any offence appeared, was excused based on the process of healing and habilitating drug-addicted person in the volunteering system.

2) Compulsory system; according the Narcotic Addict Rehabilitation Act B.E. 2545 claimed that the drug-addicted person was a patient, nor a criminal. They should be medically treated in mental and physical abilities. The gist of the Act was when the officer caught the alleged offender in 4 cases based on types, categories, quantities determined by the ministry rules. The officer had to bring the offender to the court to be investigated the drug addiction by asking the drug rehabilitation subcommittee to investigate the medical and social records. After the investigation, if the subcommittee confirmed that the alleged offender was the drug-addicted person. This person will be medically treated for rehabilitation in the period of 6 months, and the person, after getting the treatment, will be assessed the results of rehabilitation. In the case of the treatment result was failed, the person will be further treated again for 4 months (less than 3 years in total). In the case of the result was satisfied by the subcommittee the person will be excused. The Ministry of Probation, Ministry of

Justice is the office that takes the responsibility. The certified rehabilitating center in Thailand is about 91 places.

3) Correction system; it was the process of rehabilitating the drug-addicted person, who committed an offence relating to drugs and was imprisoned, must be rehabilitating in the clinic in agreement with the law (Drug Act B.E. 2522). The responsible offices were the Department of Correction and the Department of Juvenile Observation and Protection. The certified rehabilitating center for narcotic-addicted person was about 179 places in Thailand.

2.4.2 Juvenile Justice System in Thailand

The juvenile can also commit an offence as similar as an adult. Nevertheless, the prosecution of juvenile was different because the juvenile had no feeling about responsibilities and less awareness compared to adults (Sunee Kanyajit, 2014). The juvenile who committed an offence will be prosecuted at the Central Juvenile and Family Court, which was located in every province. The Department of Correction was in charge of seizing an inquiry and trial. In the case of the court informed the training command, the juvenile will be took to the juvenile training center for boys (Department of Juvenile Observation and Protection, 2015). In addition, the law for juvenile was also distinct from adults. The Juvenile and Family Court and Juvenile and Family Case Procedure Act, B.E. 2553 was used for the juvenile, the act focused on the protection of rights and safety of the offended juvenile. The criminal law considered that the person who will be prosecuted in the criminal law must be older than 10 years (Department of Juvenile Observation and Protection, 2015).

The juvenile who committed an offence shall be prosecuted according to the process of judgment cooperated by institutes, which were referred to the Central Juvenile and Family Court and the Department of Juvenile Observation and Protection. The beginning of juridical processes consisted of presenting to the government official directly, or getting caught by officers. The officers will firstly interrogate the juvenile, and then take them to the Central Juvenile and Family Court for investigating seizure within 24 hours. After the court verifying seizure, the court might temporarily release or control the juvenile at the reformatory or another suitable

place (Researchers of the report of the development of assessment of classifying and transferring juvenile, 2012).

The main responsibilities of the reformatory were;

1) investigate and analyze a fact and environment surrounded the juvenile or another person, and then report the results and comments of offence, next the report will be sent to an inquiry official for considering on whether the offence should be sent to the prosecutor, in the case of the prosecution occurred the report with the comments of prosecution or the process to prosecute the juvenile must be reported.

2) Management and cooperation with another organization to help, to solve, to rehabilitate the juvenile

In the case of the court notice that the juvenile must be trained, these children will be sent to the reformatory, where the assessment and training plan will be suitably organized. In some cases, the court might determine the minimum and maximum times for training. If, the juvenile did benefits or had the training progress, they will consequently be considered to get benefits, for example promotion, leave, decrease training times, or training break. Moreover, the juvenile who can pass the training course, the court can early release them even before the minimum time of training. Contrary to the former one, if the juvenile, who did not obey the training rules and not concentrate on the training course, trying to fleet, did a chaos situation, must be prosecuted to decrease their benefits or to be trained until reaching the maximum training time, or the court shall extent the training times (Department of Juvenile Observation and Protection, 2010).

The Department of Juvenile Observation and Protection applied the classifying technique for juvenile in every step; getting caught, transferring the reformatory, waiting for the judgment, and training course according to the judgment. These processes were systematically managed for benefits of juvenile to suitably get caring, treatment, fixing, and rehabilitating corresponded with the nature of each problem. The system could be mainly divided into 3 processes (Department of Juvenile Observation and Protection, n.d.):

1) Initial classifying; this process included collecting the data of each juvenile in terms of family background, educational levels, health, behavior problem, and information of parents for considering on;

- (1) Temporary releasing
- (2) Ways to treat the juvenile
- (3) Deviated cases outside processes
- (4) Transferring the juvenile to further classifying processes

(finding the source of offence)

2) Classifying to seek the source of offence and determining the solution by collecting and studying the factors relating to psychology for risk assessment (sources of offence), need assessment, analyzing the possibilities of recidivism of each juvenile. These data will be useful for suitably determining the treatment, fixing, rehabilitating processes for each juvenile.

3) Classifying for solution and preparing readiness for returning into societies was the reviewing of data classifying juvenile to suitable determine and plan the treatment process for each juvenile in the period of training course in agreement with the judgment of the court. The training periods could be separately into short (1 - 6 months) and long (upper than 18 months) courses and the training course to prepare readiness of juvenile in the reformatory must be involved.

The treatment and rehabilitation processes using the program of the Department of Juvenile Observation and Protection could be divided into three groups (Arpasiri Suwannanon, 2013);

1) Consuming group; giving the rehabilitation process, emphasizing the self-recognition about the drug association and the outcome of drug association, improving skills to prevent them for returning to use drugs (times spent 15 hours within 3 months).

2) Addict group; giving them the rehabilitating course, emphasizing the self-recognition the outcome of using drugs, improving the drug resistant skills. This group of juvenile had the long experiences of using drugs, so there was the possibility to return to use drugs many times (times spent 30 hours within 4 months).

3) Hardcore; using the therapeutic community (times spent 1 year).

Currently, the reformatory and the training center in Thailand were about 96 places including 1) juvenile training center 19 places, 2) remand center 33 places, 3) no-remand center 44 places (Department of Juvenile Observation and Protection, 2015) the Phranakhon Sri Ayudhaya Vocational Training Center was unique because

it was the training center using the therapeutic community to treat and to rehabilitate the person addicted to drugs or the person who had the unsuitable behaviors by emphasizing the self-recognition of juvenile, for example knowing who I am, What was the problem for returning to use drugs, to have unsuitable behaviors and negative thinking. After that, the juvenile can be adapted their behavior to the new person living in societies (Phranakhon Sri Ayudhaya Vocational Training Center, 2014). The statistical data of juvenile delinquency from 2011 – 2013 were 30,817 cases, 28,133 cases, and 30,907 cases, respectively. The numbers of juvenile, who were prosecuted to be controlled at the training center, were 6,044 cases, 5,570 cases, and 6,912 cases, respectively (Department of Juvenile Observation and Protection, 2011-2013).

The Phranakhon Sri Ayudhaya Vocational Training Center had the responsibilities to control, to take care, to rehabilitate, to solve the juvenile relating to the drugs according to the verdict or the command of juvenile and family court. Moreover, there were the improvements of behaviors, study of general education and vocation training, advocate and cooperatively work with associated institutes, which were divided into 1 party and 2 working groups, i.e. general administrative group and behavior improvement group and treatment, solving, and rehabilitating groups (Paphada Meeshuseph, 2010). The disciplines to receive the juvenile were as followed:

- 3) Male with ages younger than 14 year old.
- 4) The juvenile who had one of these drug-related behaviors
 - (1) Using drugs often, and continuously more than 6 months
 - (2) Getting the treatment process, but return to use drugs.
 - (3) Using more than 2 types of drugs
 - (4) Committing an offence relating to drugs
 - (5) Increasing drug doses)
- 5) Final judgment
- 6) Training times less than 1 year and 6 months
- 7) No mental, nerve, and brain-related diseases.
- 8) Physical body did not have any pestilence or have abnormality that affect the rehabilitating process of therapeutic community.
- 9) The maximum number was 80 persons

2.5 The Phranakhon Sri Ayudhaya Vocational Training Center

The Phranakhon Sri Ayudhaya Vocational Training Center had ever received the outstanding performance award of treatment and rehabilitation of drug-addicted person on 28 June 2009 given by the Office of the Narcotics Control Board). The remarkable success of Phranakhon Sri Ayudhaya Vocational Training Center was the institute operating treatment, rehabilitating, and modifying behaviors of juvenile to not return associating with drugs by means of the concept of therapeutic community since 2008. Moreover, it had been developed to be the treatment and rehabilitation center, and to be the preliminary training center for the development of treatment standard. In addition, the training center was certified to pass the quality control (Ministry of Justice, 2013).

The Phranakhon Sri Ayudhaya Vocational Training Center belonged to the juvenile observation and protection center was officially found on December 26, 1998 by using the therapeutic community according to the concept of DAYTOP, which was the concept relating to treat, and rehabilitate juvenile who committed a drug-related offence in agreement with the judgment. The area of the training center was limited, contained 2 small dormitories without space for organizing activities. If, the Phranakhon Sri Ayudhaya Vocational Training Center received the juvenile more than 80 people, it will be crowded and not in agreement with the principles of therapeutic community, i.e. no sex, no drug, no violence. The perspectives of the training center were “being the best training center for treatment, solving, and rehabilitating drug-related juvenile in Thailand.” There were four missions as followed (therapeutic community practical handbook No.2, 2014).

1) Treatment, solving, and rehabilitating drug-addicted juvenile according to the concept of therapeutic community.

2) Cooperatively work and create a network in community, government and private sectors for treatment, solving, rehabilitating, and modifying behaviors of drug-addicted juvenile.

3) Supporting the prevention of right and safety of juvenile.

4) Developing the officers and administrative procedure to be suited with the treatment standard.

The objectives of the Phranakhon Sri Ayudhaya Vocational Training Center were

- 1) Treatment, rehabilitating, and modifying behaviors of drug-addicted juvenile, especially the juvenile must not return to associate with the drugs.
- 2) Family, communities, and societies participating in treatment, rehabilitating, and modifying behaviors of drug-addicted juvenile.
- 3) To prepare the juvenile before returning to societies and to suitably suggest the direction for them about jobs and studies.

For preliminary data collection of Phranakhon Sri Ayudhaya Vocational Training Center data (2015), the results showed that the Phranakhon Sri Ayudhaya Vocational Training Center had the 71 persons of juvenile getting trained, and all of those were men who committed a drug-related offence, and had 39 officers.

The juvenile in the training center was divided into 5 groups by means of grade system, as followed (Phranakhon Sri Ayudhaya Vocational Training Center, 2014).

1) Grade 5 was the juvenile who repeatedly committed an offence, was difficult to change behaviors, no progress in training course, the juvenile should change their behavior, thought, perspectives or the honest juvenile who was brave to drop guilt in terms of the therapeutic community, recidivism obtained by learning experience for self-consider benefits.

2) Grade 4 referred to the juvenile who firstly attended, so they should be suggested by the officers and the juvenile who committed an offence or learned suitably specific experiences, for example participating in self-fixing activities, obeying the rules, cooperating with each other, expressing based on context, responsibilities, presenting when participating in activities, changing behaviors and perspectives, having a good relationship with others, planning their own future. The honest juvenile who bravely expressed the drop guilt learned experiences for self-improvement.

3) Grade 3 referred to the juvenile, who can get through the assessment, will be free from the officers as they can learn and adapt their behaviors with the training center environment, and begin to be the leader by taking responsibilities of people in a group according to the therapeutic community.

4) Grade 2 referred to the juvenile who passed the assessment of Grade 3 by attending the treatment, fixing, rehabilitating behaviors. They had the better performances and positively changed behaviors, and also can be able to be the leader in the group of juvenile.

5) Grade 1 referred to the juvenile who passed the assessment of Grade 2, had the continuous development, had the great progress, and they also had the better performances and positively changed behaviors, and also can be able to be the leader in the group of juvenile.

The researcher selected Therapeutic Community activities used in Phranakhon Sri Ayudhaya Vocational Training as follows:

1) Morning Meeting, in the TC, the day starts with a morning meeting. It is a daily ritual attended by the entire community and facilitated by a senior member or staff. It normally lasts for an hour. The ritual of the morning meeting is divided into two parts; (1) public announcements and community pull-up, and (2) community-spirit building. The first part of the meeting consists of public announcement calling the attention of the community to important event that will be taking place, activities or important business that some resident must attend, or general information of which the community must be aware. The morning meeting is the first major community activity of the day and focuses on reviewing how well the community, as a whole, went about its business the previous day. During the meeting, the staff and members point out lapses in behavior and failure of some members to live by the community norms. An importance practice during this part of the meeting is the reading of the pull-ups: expressions of concern by members over behavioral lapses of community members, and invitations to publicly admit the mistakes. The transgressors, in a spirit of humility and openness, are given the opportunity to admit their faults voluntarily before the community, while the rest are encouraged by facilitator to “elaborate” (expound) on the impact of the transgressions to the community and their implications in the person’s recovery process.

The pull-up is followed by public affirmations for good deeds, or commendable display of responsible concern, or unselfish acts by some residents. While the pull-up is the main focus of the morning meeting, raising personal concerns

or making public affirmations for positive behaviors by the members are also given equal attention.

The community suggests a theme of the day, which sets the tone or direction of what the community should strive to achieve. The second part of the meeting, usually lively and entertaining, is purposely designed to raise the morale of the community as everyone leaves the morning meeting and starts the day. In some TCs, the morning meeting opens with the reading of the Philosophy (Fernando B. Perfas, 2003)

2) Static Group, General issues in treatment, coping with the TC. Environment, mostly issue in the “here and now”. Held once a week, this group is facilitated by a staff member with residents who are in his counseling caseload. There are several static groups in a large TC that are simultaneously in session on a designated day of the week. Essentially, every member of the TC is assigned to a particular static group that he attends throughout his stay in the TC, hence the term “static”. The static group provides immediate emotional support to a resident, particularly during the early phases of treatment when he has to grapple with adjusting to the rules, norms, and lifestyle of the TC, plus his own personal issues and the temptations to give up and leave the TC. The weekly two-hour session is spent in providing support to members in distress, discussing and providing assistance on how to cope with the life and culture of TC and concerns about families they have left behind, or disclosing certain personal issues and conflicts that have to be resolved. The group is primarily supportive, but confrontation, feedback, identification, affirmation, etc. are also employed to help each member gain insight or awareness about himself. The group may focus on an individual’s past, but the discussion is always brought back to how past history is played out in one’s behavior in the here and now. (Fernando B. Perfas, 2003)

3) Encounter group, Ventilate anger. Express concern or confront peers about attitude or behaviors that go against TC norm. Focus in the “here and now”. The encounter group of the 1960’s and 1970’s the emphasized the “no holds barred” genuine encounter among members and leader survived to be incorporated as an important behavior-shaping tool of the TC. It’s a therapeutic tool designed primarily as a safety valve in the highly pressured and structured social setting of the TC. The

encounter group, that take place several times a week, are the only arena where members of the community could verbally ventilate hostilities, anger, frustrations, and other negative feelings toward others without fear of reprisals. Although there are designated facilitators, who are senior members or staff, their place in the encounter group is as an equal, without "titles" and subject to all the rules and structure of the group. There are strict rules for an encounter group, such as "no violence or threat of violence," "no attack on personal dignity," "speak only for one's self," "remain seated," etc. The language used in expressing hostile or negative feelings is seldom curtailed; nevertheless, residents are held accountable for what they say and how they say it. The rules are designed to make the encounter group as physically and emotionally safe as possible. It is structured in such a way that members who have written or "dropped encounter slips" to other prior to the group are put in the same group. There are several phases to the group process of the encounter group as outlined by De Leon(1999).

What the encounter group, as well as other TC groups, is able to accomplish, besides its function as an emotional safety valve, is to teach residents how to develop better self-awareness by recognizing and acknowledging their feelings, managing them appropriately by not acting on them impulsively, and expressing them adequately at the right moment. This is the third type, and what each resident aspires to achieve, when he can respect his feelings by not ignoring or denying them, be able to control rather than be controlled by them, and ventilate them without causing or intending harm to himself and others. (Fernando B. Perfas, 2003)

4) Seminar Group was aimed to create a communication activity for for and with every member in the Training Center. Its purpose is to develop, intelligence and leadership. Therefore, members are able to express themselves with confidence. Also, the juveniles will get updated news and information which will benefit their learning and self-development. The process begins with identifying the topics of the seminar which should interest all members or related to lifestyle, and rehabilitation therapy. Then, all members will be provided an opportunity to participate within their group.

5) Weekend wrap up was aimed to train juveniles to think about how they have felt in the previous week. They are encouraged to practice their public

speaking skill sharing their experience or thinking with friends. They might talk about their impressive moment when visiting their family or having a family visit them. The process are as follows; 1) Starting by telling the purpose of the activity, 2) Then, ask if anyone want to say something, and then choose one after another to speak, and 3) Finally, let the group summarize how to live in the community, and encouraging the children and juvenile in academy and training center.

6) Tool of the house for changing behaviors, tool of the house, daily life in the training center could be changed in both positive and negative ways. The fellowship and officers should be helping to decrease the continuous negative behavior, which was considered no progress. Therefore, the behaviors of people in the training center will be told by friends and officers, they will be learning themselves. If they did a mistake, they will get a punishment. On the other hand, if they did something good, they will receive a reward. According to the tool of house, the people will be punished only when they lacked of responsibilities or broke the rules of the therapeutic community, they will be punished according to the violence of those mistakes. The punishment will teach them that what they did was not acceptable in the community.

The punishment was the tool to change behaviors, when the juvenile broke the rules of training center by different level methods, for example for the minor mistake, they will have to review themselves, in the case of severe mistake, the juvenile will get the limbo, which was waking up 1 hour early before others, sleep 1 hour late compared to others, calling for eating, drinking, going to the toilet, almost working being done when kneeling. If the behaviors will not be improved, the officer can inform the court considering on the tool of punishment from the lowest to the highest levels. In addition, the frequency of punishment should be less because the high frequency will lead to the resistance and the punishment will be less effective.

In community, there were the rules and cultures to cultivate the people. Rewarding was the standard for inducing and controlling people in the group being stayed in the frame. Rewarding in the therapeutic communities was as followed:

1) Getting more responsibility for example turning an ordinary member into a leader of a group.

2) Decreasing in responsibilities for example decrease amounts of works or working days.

3) Rewarding for example the notebook that unique than other members, letter paper, stamps, soap, etc.

4) Applauding in each event for example morning meeting, family relation event, etc.

5) Noticing the person who did a merit on board

Changing behaviors, tool of the house, daily life in the training center could be changed in both positive and negative ways. The fellowship and officers should be helping to decrease the continuous negative behavior, which was considered no progress. Therefore, the behaviors of people in the training center will be told by friends and officers, they will be learning themselves. If they did a mistake, they will get a punishment. On the other hand, if they did something good, they will be rewarded. Therefore, the punishment and rewarding the juvenile was the tool of house using for changing behaviors of juvenile to be able to fix a weak point, and also the tool to cultivate moral perspectives towards juvenile. After that, they will be able to remember the principles and logical thinking for using in the reality.

The Treatment Program at the Phranakhon Sri Ayudhaya Vocational Training Center has three stages according to the concept of Daytop. (Phranakhon Sri Ayudhaya Vocational Training Center, 2014)

1) Entry is during the first three months. There would be an interview, orientation, and physical check-up. This stage is aimed for the members to understand and find their weakness or faults in themselves. It prepares them to enter the treatment process. Thus, staff should be very close and take a special care to members in this stage.

2) Rehabilitation, is from the third to twelfth months. This second stage is aimed to improve the behavior and attitude of members by using Therapeutic Community principles.

3) Re-entry is the last stage in the treatment program. It prepares the members in almost every aspect before they can go back to live in the society.

4) For the evaluation, the Phranakhon Sri Ayudhaya Vocational Training Center would follow up and supervise the juvenile after they were released. There are five times within one year after release.

- 1) 1 month after being released
- 2) 3 months after being released
- 3) 6 months after being released
- 4) 9 months after being released
- 5) 12 months after being released

The follow up would be done by 1) Telephone, Line or Facebook, 2) Letter, 3) visit at home, and 4) meet when they visited at Juvenile Training Center.

In the system of therapeutic community, there were the division of working that would help the participant to be learning, and the activities focusing on the responsibilities of each child. These kinds of activities will help then learning that in reality every people have to work and appropriately used times. If, the juvenile having goodness, being diligent, relying on responsibilities, they will be rewarded such as participating in outside activities, extending holidays, going back home, etc. These activities could change the behaviors of juvenile to be learning many skills for example, resistance, discipline, patience, and appropriately social living skills. According to the learning theory, the results came from time spending, emphasizing, and learning frequency. Therefore, the researcher selected the therapeutic community activities and behavior changing based on punishment and rewarding according to Paphada Meeshuseph (2010) studying and designing the questionnaire with 7 titles that the juvenile in the training center familiar and usually doing, which included 1) Morning meeting, 2) Static group, 3) Encouter group, 4) Seminar group, 5) Weekend wrap up, 6) Punishment, and 7) Reward. Hence, the mentioned questionnaire was selected in this study

In the literature review, the researcher studied the resilience level of juvenile offenders in narcotics casseand compare the resilience level between different age, duration in training center, grade, number of times having been arrested, and education. The researcher also investigated the relationship between resilience and dependent variables (Autonomy, Social Competence, Problem Solving, and Sense of Meaning and Purpose. According to Bernard(1991)) independent variables include 1)

Family relationship, explain by the concept of family relationship. 2) Peer Information, as explained by the Differential Association Theory. and 3) Therapeutic Community Activities (Morning meeting, Static group, Encounter group, Seminar group, Weekend wrap up, Punishment, and Reward)

2.6 Conceptual framework

This research used a mixed-methods approach. The quantitative section used a questionnaire and collected data by cross sectional study. This tool was used to study the difference and relationship between variables. Picture 2.2 shows the conceptual framework of this research. The researcher conducted an in-depth interview with the experts who work in the juvenile justice system to investigate ways to enhance the resilience of juvenile offenders in narcotic cases.

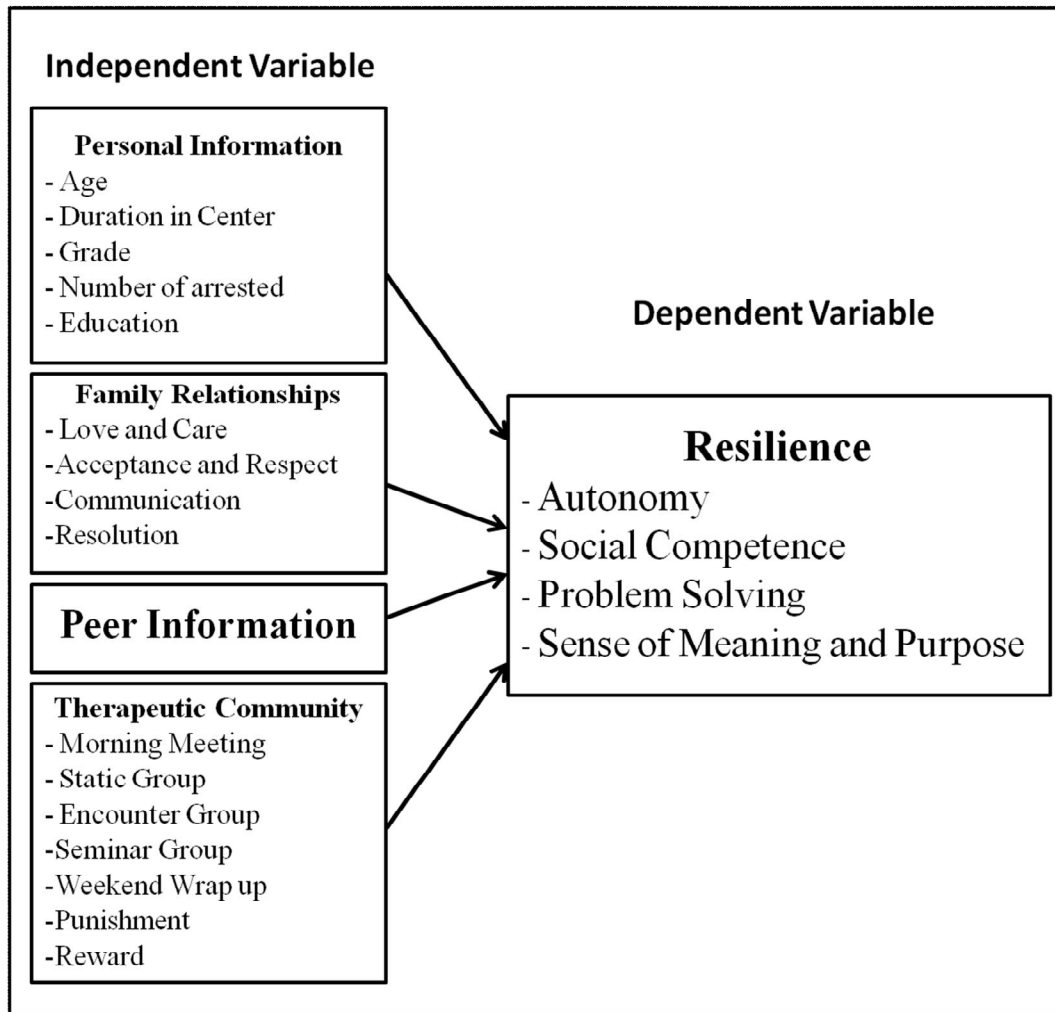


Figure 2.2 Conceptual framework

Hypothesis

What are the factors relationship with Resilience level of juvenile offenders in narcotic cases?

CHAPTER III

METRODOLOGY

This research used a mixed-methods approach. The quantitative section used a questionnaire, while the qualitative section used document analysis, in-depth interviews. Both types of data were used to integrate results and were interpreted as follows.

3.1 Population and sample

3.2 Research tool

3.3 Data Collection

3.4 Data Analysis

3.1 Population and sample

There are two sample groups. The first group was to answer the questionnaire. The other group is for an In-depth Interview. The researcher used purposive sampling technique and chose key informant to suit the research problem.

3.1.1 Quantitative Section

The population in this research answering the questionnaire was 72 juveniles who were in the rehabilitation process at the Phranakhon Sri Ayudhaya Vocational Training Center. The other population was 63 juveniles in narcotic cases were following up by Juvenile Training Center (1 Year) and not recidivism. The researcher was able to collect data from 39 out of 63 people (15 people were not in the sample group, 4 people wanted to be anonymous and 5 people were unreachable)

3.1.2 Qualitative Section

The researcher used the purposive sampling technique for the selection of 20 key informants. The first group consisted of 10 parents of the juveniles in narcotic

cases who were released and supervised by Phranakhon Sri Ayudhaya Vocational Training Center and not recidivism (1 person per 1 family). The second group consisted of 5 staff members who work in the Phranakhon Sri Ayudhaya Vocational Training Center. The last one was a group of 5 experts who work in Juvenile Justice System (1 Judge, 1 Associate Judge, 1 Psychologist and 2 other professions). The informants in the second and the last groups had more than 5 years of work experience.

3.2 Research Tools

The tools used in this research are the Questionnaire and In-depth Interview. These tools covered the research objective as follow:

1) The researcher created a questionnaire to collect the data from juveniles in narcotic cases; it can be divided into six sections as follow:

Table 3.1 Detail of a questionnaire

Section	Subject Matter	Detail	Sources of question	Reliability	
				Sources	This research
1	Personal Information	Age Duration in Training Center Level in Training Center The number of times having been arrested Education	-	-	-
2	Family Relationship	Love and Care Acceptance and Respect Communication Resolution	Family relationship Assessment of Department of women's affairs and family development	-	0.748

Table 3.1 Detail of a questionnaire (cont.)

Section	Subject Matter	Detail	Sources of question	Reliability	
				Sources	This research
4	Therapeutic Community activities	Morning Meeting Static group Encounter group Seminar group Weekend wrap up Punishment Reward	Questionnaire of Paphada Meeshuseph (2010) Aspect of juveniles in Therapeutic Community activities at Phranakhon Sri Ayudhaya Vocational Training Center.	0.886	0.951
5	Resilience	Resilience Assessment for Juveniles	Resilience Assessment for Juvenile (13-18 years old) of Supawadee Nounmanee (2014) Department of mental health	0.886	0.817
6	Suggestions	-	-	-	-

2) The researcher created an in-depth interview to collect the data from 20 key informants. These data will bring about ways to enhance the resilience of juvenile offender in narcotic cases, and find the factors relating to the resilience of juvenile offenders in narcotic cases. The researcher also conducted an in-depth interview with official in Juvenile Training Center at Phranakhon Sri Ayudhaya Province and the expert who work in Juvenile Justice System. The data is divided into three sections.

General Information of key informant (Occupation, Duration of time in duty).

(1) Guidelines to enhance the resilience of juvenile offender in narcotic case.

(2) Suggestion.

An in-depth interview for parent of juvenile in narcotic cases who were released and supervised by the Juvenile Training Center and not recidivism. The questions in the interview can be divided into four sections.

General Information (The relationship with juvenile, juvenile's case, duration in training center of juvenile)

(1) Behavior of juvenile after being released with regard to the resilience

(2) Guidelines to enhance the resilience of juvenile offender in narcotic cases.

(3) Suggestion

The researcher had the advisor, co-advisors and outside advisor check the validity and reliability of the qualitative tools. Then, these three advisors would check the Index of Item Congruence (IOC).

3.3 Data Collection

This research used a mixed-methods approach. Both quantitative and qualitative data were therefore collected.

Initially, the researcher filed the request for approval and permission to collect the data from Faculty of Social Sciences and Humanities. Then the researcher's request was approved and permitted, receiving the Certificate of MU-SSIRB

The researcher used the questionnaire to collect data from juveniles who were in rehabilitation process of Juvenile Training Center at Phranakhon Sri Ayudhaya Province and the juveniles in narcotic cases who were released and supervised by Juvenile Training Center (1 Year) and not recidivism. Meanwhile, the qualitative research approach involved collecting data from the parents of juvenile in narcotic cases who were released and supervised the Juvenile Training Center and not

recidivism, the staff members at the Phranakhon Sri Ayudhaya Vocational Training Center, and the experts who work in the Juvenile Justice System.

Finally, the questionnaire was examined to check if any data was missing. When the data gathering was completed, the information acquired was entered into the SPSS. As for in-depth interview data, it was summarized and analyzed according to the data analysis.

3.4 Data Analysis

The research used a mixed-methods approach. Data analysis was thus separated into quantitative and qualitative sections.

3.4.1 Quantitative data analysis

In this section, after data collection from the interviews was completed, the researcher would process and analyse the data with the program ‘Statistical package for the Social Sciences (SPSS)’. The statistics used for data analysis are as follows;

1) Percentage, frequency, mean, standard deviation will be used to describe the characteristics of samples.

Section 2 : The level of Family relationship would be interpreted as follows.

2.51 to 3.00	is Often
1.51 to 2.50	is Seldom
0.00 to 1.50	is Never

Section 4: The level of Aspect of juveniles in Therapeutic Community activities at Phranakhon Sri Ayudhaya Vocational Training Center would be interpreted as follows.

4.51 to 5.00	is Most strongly agree
3.51 to 4.50	is Strongly agree
2.51 to 3.50	is Moderately agree
1.51 to 2.50	is Less agree
0.00 to 1.50	is Least agree

Section 5: There are 48 questions to measure the Resilience Level. Number 1- 12 measure Autonomy, 13-24 measure Social Competence, 25-36 measure Problem Solving, and 37-48 measure Sense of Meaning and Purpose. Meaning of score, 0 is not true, 1 is some true, and 2 is absolutely true. These meaning are except for number 11 28 35 42 and 47, the meaning of number 11 28 35 42 and 47, 0 is absolutely true, 1 is some true, and 2 is not true. The level of resilience would be interpreted as follows.

Lower than 16 years old

Autonomy

00 to 13	is Low
14 to 21	is Medium
22 to 24	is High

Social Competence

00 to 12	is Low
13 to 19	is Medium
20 to 24	is High

Problem Solving

00 to 13	is Low
14 to 21	is Medium
22 to 24	is High

Sense of Meaning and Purpose

00 to 12	is Low
13 to 21	is Medium
22 to 24	is High

Resilience

0 to 59	is Low
60 to 80	is Medium
81 to 96	is High

16 -18 years old

Autonomy

00 to 13	is Low
14 to 21	is Medium
22 to 24	is High

Social Competence

00 to 13	is Low
14 to 21	is Medium
22 to 24	is High

Problem Solving

00 to 14	is Low
15 to 21	is Medium
22 to 24	is High

Sense of Meaning and Purpose

00 to 13	is Low
14 to 21	is Medium
22 to 24	is High

Resilience

00 to 62	is Low
63 to 82	is Medium
83 to 96	is High

2) T-test, F-test were used to study the difference in the level of resilience among people with different personal factors. Multiple regression were used to test the hypothesis, statistically significant at the $p < .05$ level.

3.4.2 Qualitative data analysis

After transcribing the interview, the researcher would used the typological analysis with the qualitative collected data according to conceptual framework and correlate the data with the research's objectives.

CHAPTER IV

RESULTS

The research aims to enhance the resilience of juvenile offenders in narcotic cases. Data were collected by means of a questionnaire, responded by 111 participants and by means of in-depth interview with 20 participants. The the data analysis is presented in the following 4 aspects;

4.1 The analysis of general data of juvenile offenders in narcotic cases.

4.2 The analysis of resilience of juvenile offenders in narcotic cases.

4.3 The analysis of the factors related to the resilience of juvenile offenders in narcotic cases.

4.4 The analysis of enhancing the resilience of juvenile offenders in narcotic cases.

4.1 The analysis of general data of juvenile offenders in narcotic cases

There were 111 participants who completed the questionnaire. The findings were analyzed as follows:

4.1.1 Personal Information

The Personal data includes 1) Age 2) Duration in Training Center 3) Level in Training Center 4) The number of times having been arrested and 5) Education. The analysis of the Fundamental Statistics on Personal data is as follows;

Table 4.1 Frequency and Percentage Distribution of the Personal Information of the sample group

Personal Information	Frequency	Percentage
1. Age		
15 years	2	1.8
16 years	15	13.5
17 years	33	29.7
18 years	61	55.0
Total	111	100
2. Duration in Training Center		
Less than 3 months	23	20.7
3 – 6 months	18	16.2
7 – 9 months	14	12.6
10 – 12 months	24	21.6
12 months and 1 day – 2 years	31	27.9
more than 2 years	1	0.9
Total	111	100
3. Level in training center		
Grade 1	26	23.4
Grade 2	7	6.3
Grade 3	21	18.9
Grade 4	9	8.1
Grade 5	9	8.1
Released	39	35.1
Total	111	100

Table 4.1 Frequency and Percentage Distribution of the Personal Information of the sample group (cont.)

Personal Information	Frequency	Percentage
4. The number of times having been arrested		
1 time	69	62.2
2 times	31	27.9
3 times	7	6.3
4 times	4	3.6
Total	111	100
5. Education		
Lower elementary	1	0.9
Elementary	42	37.8
Junior high School	55	49.5
High School / Vocational	13	11.7
Total	111	100

Tables 4.1 shows the Personal Information of the juvenile offenders at the training center in Ayudhaya province. It was found that the majority of the participants's age was 18 years old with 61 participants or 55 percent, 33 people have the age of 17 (29.7%), 15 people have the age of 16 (13.5%); and 2 juveniles have the age of 15 (1.8%).

For the duration in Training Center, the majority was 1-2 years with 31 juveniles (27.9%), followed by the duration of 10 – 12 months with 24 juveniles (21.6%) whereas 23 people (20.7%) stay in the Training Center for less than 3 month; 18 people (16.2%) for 3 – 6 months, 14 people (12.6%) for 7 – 9 months, and the minimum duration was more than 2 years with 1 juvenile (0.9%).

The majority of the sample group's level in Training Center was Released with 39 juveniles or 64.9 percent, followed by Grade 1 with 26 juveniles or 23.4 percent, Grade 3 with 21 juveniles or 18.9 percent, Grade 4 and Grade 5 with an equal number of 9 juveniles or 8.1 percent, and the least was Grade 2 with 7 juveniles or 6.3 percent.

The majority of the sample group’s numbers of times having been arrested was 1 time for 69 juveniles or 62.2 percent, followed by 2 times with 31 juveniles or 27.9 percent, 3 times with 7 juveniles or 6.3 percent, and the least was 4 times with 4 juveniles or 3.6 percent.

For the highest educational level of the sample, the majority was junior school with 55 juveniles or 49.5 percent, followed by elementary school with 42 juveniles or 37.8 percent, junior high school with 13 juveniles or 11.7 percent, and the least was lower elementary with 1 juvenile or 0.9 percent.

4.1.2 Family Relationships

The researchers divided the analysis of family relationship into 4 parts: 1) Love and Care, 2) Acceptance and Respect, 3) Communication, and 4) Resolution. The results are as follows;

Table 4.2 Average and Standard Deviation of Love and Care in Family Relationships of the Answers

Questions	Mean	S.D.	Interpreted
1. Love and Care	2.51	.386	Often
1.1 Family members regularly express their love and care such as touching, encouraging, talking, writing and so on.	2.46	.584	Seldom
1.2 Family memers help do housework, such as cooking, cleaning and so on.	2.65	.498	Often
1.3 Family members share their routine together, such as having meal, entertainment, exercise etc.	2.43	.612	Seldom

Table 4.2 showed that overall love and care in family relationships is often (mean = 2.51, S.D. = .386). In descending order, family memers help do housework is often (mean = 2.65, S.D. = .498), followed by family members express their love and

care is seldom (mean = 2.46, S.D. = .584), and the least is family members share their routine together is seldom as well (mean = 2.44, S.D. = .612).

Table 4.3 Average and Standard Deviation of Acceptance and Respect in Family Relationships of the Answers

Questions	Mean	S.D.	Interpreted
2. Acceptance and Respect	2.50	.376	Seldom
2.1 Family members talk and / or listen to each other.	2.69	.463	Often
2.2 Family members accept different opinions without being blocked with age and / or level of experience and / or a different status.	2.22	.638	Seldom
2.3 Family members respect their privacy each other.	2.59	.610	Often

Table 4.3 showed that overall acceptance and respect in family relationships is seldom (mean = 2.50, S.D. = .376). In descending order, family members talk and / or listen to each other is often (mean = 2.69, S.D. = .463), followed by family members respect their privacy of each other is often (mean = 2.59, S.D. = .610), and the least is family members accept different opinions without being blocked with age and / or level of experience and / or a different status, that is seldom (mean = 2.22, S.D. = .638).

Table 4.4 Average and Standard Deviation of Communication in Family Relationships of the Answers

Questions	Mean	S.D.	Interpreted
3. Communication	2.43	.369	Seldom
3.1 Family members talk nicely and / or with reason.	2.70	.459	Often
3.2 Family members are able to argue, comment and give an advice to each other.	2.52	.570	Often
3.3 Family members express their admiration and appreciation for each other.	2.55	.535	Often

Table 4.4 Average and Standard Deviation of Communication in Family Relationships of the Answers (cont.)

Questions	Mean	S.D.	Interpreted
3.4 Family members take care of each other.	2.77	.461	Often
3.5 Family members are able to find a peaceful solution when they have a problem.	2.20	.903	Seldom
3.6 Family members do care feeling, when there is conflict between each other such as neglect or abandonment.	2.05	.862	Seldom
3.7 Family members have trust to share any stories.	2.55	.599	Often
3.8 Family members do not threaten, control or order each other.	2.05	.862	Seldom

Table 4.4 showed that overall communication in family relationships is seldom (mean = 2.43, S.D. = .369). In descending order, family members take care of each other is often (mean = 2.77, S.D. = .461), followed by the family members chat nice and / or with reason is often (mean = 2.70, S.D. = .459), and the least is family members do care feeling, when there are any conflict each other such as neglect or abandonment, that is seldom (mean = 2.05, S.D. = .862).

Table 4.5 Average and Standard Deviation of Resolution in Family Relationships of the Answers

Questions	Mean	S.D.	Interpreted
1. Resolution	2.57	.395	Often
4.1 Family members make important decisions	2.41	.564	Seldom
4.2 Family members solve a problem with reason.	2.50	.601	Seldom
4.3 Family members hurt each other with they got any conflict.	2.80	.464	Often

Table 4.5 showed that overall resolution in family relationships is often (mean = 2.57, S.D. = .395). In descending order, Family members hurt each other with

they get angry is often as well (mean = 2.80, S.D. = .464), followed by family members solve a problem with reasons is seldom (mean = 2.50, S.D. = .601), and the least is family members make important decisions together, that is seldom (mean = 2.41, S.D. = .564).

1.1.3 Peer Information

The analysis of peer information is as follows;

Table 4.6 Frequency and Percentage on PeerInformation

Peer Information	Frequency	Percentage
1. Friends involve in vices and illegality.		
Yes	76	68.5
No	35	31.5
2. Friends are in the criminal gang.	a	
Yes	13	11.7
No	98	88.3
3. Friends use drugs		
Yes	79	71.2
No	32	28.8
4. Friends are drug dealers.		
Yes	61	55
No	50	45
5. Friends have been convicted of crimes.		
Yes	55	49.5
No	56	50.5
6. Friends are a notorious gang leader.		
Yes	30	27
No	81	73
7. Friends are very important to .you		
Yes	50	45
No	61	55
Total	111	73

Table 4.6 showed that peer information, more than half of respondents have friends involve in vices and illegality which consisted of 76 persons or 68.5 percent, whereas having no friends involve in vices and illegality was 35 persons or 31.5 percent. Their friends are in the criminal gang with 13 persons or 11.7 percent, while their freinds are not in the criminal gang with 98 persons or 88.3 percent. Their friend use drug 79 persons or 71.2 percent, not using drug 32 persons or 28.8 percent. Their friends are drug dealers with 61 persons or 55 percent, whereas having no friend as drug dealers with 50 persons or 45 percent. Their friends have been convicted of crimes with 55 persons or 49.5 percent, havingno friends convicted of crime 56 persons or 50.5 percent. Their friends are a notorious gang leader with 30 persons or 27 percent, while no having no friends as a notorious gang leader 81 persons or 73 percent. Finally, friend is very important to them 50 persons or 45 percent, and friend is not very important to them 61 persons or 55 percentages.

1.1.4 Therapeutic Community(TC)

It was found that Therapeutic Community activities at Phranakhon Sri Ayudhaya Vocational Training Center are 1) Morning meeting, 2) Static group, 3) Encounter group, 4) Seminar group, 5) Weekend wrap up, 6) Punishment, and 7) Reward.

Table 4.7 Average and Standard Deviation of Opinion Level to Therapeutic Community (Morning Meeting) in Phranakhon Sri Ayudhaya Vocational Training Center of the Answers

Questions	Mean	S.D.	Interpreted
1. Morning meeting	3.99	.827	Strongly agree
1.1 The meeting encourages you.	4.39	1.002	Strongly agree
1.2 The meeting makes you feel honest.	4.26	.941	Strongly agree
1.3 The meeting let you know other people in the training center.	3.93	1.101	Strongly agree
1.4 The meeting is helpful to you.	3.94	1.038	Strongly agree
1.5 Members are pleased in the meeting.	3.65	1.203	Strongly agree
1.6 The meeting is interesting.	3.68	1.177	Strongly agree
1.7 The meeting let members have leadership.	4.13	1.071	Strongly agree

Table 4.7 showed that overall aspect of respondent to morning meeting is strongly agree (mean = 3.99, S.D. = .827). In descending order, the meeting encourages you is strongly agree (mean = 4.39, S.D. = 1.002), followed by the meeting makes you feel honest is strongly agree (mean = 4.26, S.D. = .941), and the least is members are pleased in the meeting, that is stlongly agree as well (mean = 3.65, S.D. = 1.203).

Table 4.8 Average and Standard Deviation of Opinion Level to Therapeutic Community (Static group) in Phranakhon Sri Ayudhaya Vocational Training Center of the Answers

Questions	Mean	S.D.	Interpreted
2. Static group	4.59	.498	most strongly agree
2.1 Counselors provide good advice.	4.79	.541	most strongly agree
2.2 Static group is able to make members release any frustration.	4.53	.840	most strongly agree
2.3 Counselors are able to help members when they are unhappy or uncomfortable.	4.53	.698	most strongly agree
2.4 Counselors are trusted for members.	4.66	.595	most strongly agree
2.5 Static group teaches members to learn similar problems of other members and get resolution.	4.43	.758	Strongly agree

Table 4.8 showed that overall aspect of respondent to static group is most strongly agree (mean = 4.59, S.D. = .498). In descending order, counselors provide good advice is most strongly agree (mean = 4.79, S.D. = .541), followed by counselors are trusted for members is most strongly agree (mean = 4.66, S.D. = .595), and the least is static group teaches members to learn similar problems of other members and get resolution, that is strongly agree (mean = 4.43, S.D. = .758).

Table 4.9 Average and Standard Deviation of Opinion Level to Therapeutic Community (Encounter group) in Phranakhon Sri Ayudhaya Vocational Training Center of the Answers

Questions	Mea	S.D.	Interpreted
3. Encounter group	3.99	.910	Strongly agree
3.1 Encouter group makes you and the group members to reduce tensions.	3.87	1.063	Strongly agree
3.2 Encouter group makes you and the group members to adjust behavior.	3.92	1.063	Strongly agree
3.3 Encouter group is able to make members to control emotions and feelings with others people.	4.08	1.054	Strongly agree
3.4 Encouter group is able to encourage to face and talk to the parties with no violence.	4.14	1.022	Strongly agree
3.5 Encouter group reduce any conflict or misunderstanding between members completely.	3.91	1.083	Strongly agree
3.6 Encouter group will train to understand the truth and admit their own problem.	3.99	1.140	Strongly agree

Table 4.9 showed that overall aspect of repondent to encouter group is strongly agree (mean = 3.99, S.D. = .910). In descending order, encouter group is able to encourage to face and talk to the parties with no violence is strongly agree (mean = 4.14, S.D. = 1.022), followed by encouter group is able to make members to control emotions and feelings with others people is strongly agree (mean = 4.08, S.D. = 1.054), and the least is encouter group make you and the group members to reduce tensions, that is strongly agree as well (mean = 3.87, S.D. = 1.063).

Table 4.10 Average and Standard Deviation of Opinion Level to Therapeutic Community (Seminar group) in Phranakhon Sri Ayudhaya Vocational Training Center of the Answers

Questions	Mean	S.D.	Interpreted
4. Seminar group	4.13	.767	Strongly agree
4.1 Seminar group practices members to show their views more.	4.14	.989	Strongly agree
4.2 Seminar group gives members an opportunity to share ideas and experiences to each other and adapt for routine.	4.11	1.003	Strongly agree
4.3 Seminar group trains members to reduce nervousness when speaking on stage.	3.98	.904	Strongly agree
4.4 Seminar group gives members the skills to listen and accept other people's opinions.	4.21	.983	Strongly agree
4.5 Seminar group support members to think and study new knowledge.	4.13	.885	Strongly agree
4.6 Seminar group encourages members to find ideas with reason and experience to solve problems and apply appropriately.	4.23	.881	Strongly agree

Table 4.10 showed that overall aspect of respondent to seminar group is strongly agree (mean = 4.13, S.D. = .767). In descending order, seminar group encourages members to find ideas with reason and experience to solve problems and apply appropriately is strongly agree (mean = 4.23, S.D. = .881), followed by Seminar group practices members to show their is strongly agree (mean = 4.14, S.D. = .989), and the least is seminar group trains members to reduce nervousness when speaking on stage, that is strongly agree as well (mean = 3.98, S.D. = .904).

Table 4.11 Average and Standard Deviation of Opinion Level to Therapeutic Community (Weeked wrap up) in Phranakhon Sri Ayudhaya Vocational Training Center of the Answers

Questions	Mean	S.D.	Interpreted
5. Weeklywrap up	4.31	.675	Strongly agree
5.1 Weekly wrap up practices members to show their views more.	4.51	.761	Most strongly agree
5.2 Weekly wrap up trains members to recognize the events that happened in a week.	4.38	.832	Strongly agree
5.3 Weekly wrap up is interesting.	4.06	.897	Strongly agree
5.4 Weekly wrap up makes you feel courage.	4.27	.934	Strongly agree

Table 4.11 showed that overall aspect of respondent to the weekly wrap up is strongly agree (mean = 4.31, S.D. = .675). In decending order, the weekly wrap up practices members to show their views more is most strongly agree (mean = 4.51, S.D. = .761), followed by weekly wrap up trains members to recognize the events that happened in a week is strongly agree (mean = 4.38, S.D. = .832), and the least is weekly wrap up is interesting, that is strongly agree (mean = 4.06, S.D. = .897)

Table 4.12 Average and Standard Deviation of Opinion Level to Therapeutic Community (Punishment) in Phranakhon Sri Ayudhaya Vocational Training Center of the Answers

Questions	Mean	S.D.	Interpreted
6. Punishment	3.88	.819	Strongly agree
6.1 Speaking warnings of staff can change bad or inappropriate behavior.	3.97	.948	Strongly agree
6.2 Warned people are able to respond with reason.	3.65	1.157	Strongly agree
6.3 You may remember and improve yourself when you have been warned by the staff.	4.13	.964	Strongly agree
6.4 Prospect chair let members think about their behavior is right or wrong.	3.90	1.035	Strongly agree
6.5 Prospect chair can practice patience of members.	3.91	1.164	Strongly agree
6.6 Punishment by learning experience (L.E.) let members improve their behavior.	3.84	1.210	Strongly agree
6.7 Limbo let members improve their behavior.	3.76	1.193	Strongly agree

The table 4.12 showed that overall aspect of respondent to punishment is strongly agree (mean = 3.88, S.D. = .819). In descending order, you may remember and improve yourself when you have been warned by the staff is Strongly agree (mean = 4.13, S.D. = .964), followed by speaking warnings of staff can change bad or inappropriate behavior is strongly agree (mean = 3.97, S.D. = .948), and the least is warned people are able to respond with reason, that is strongly agree as well (mean = 3.65, S.D. = 1.157).

Table 4.13 Average and Standard Deviation of Opinion Level to Therapeutic Community (Reward) in Phranakhon Sri Ayudhaya Vocational Training Center of the Answers

Questions	Mean	S.D.	Interpreted
7. Reward	4.31	.776	Strongly agree
7.1 Promotion reward can increase the morale of the juveniles.	4.44	.901	Strongly agree
7.2 Reward by reducing working is able to encourage juveniles.	4.05	1.065	Strongly agree
7.3 Rewarding makes the juveniles happy and intend to be good.	4.41	.879	Strongly agree
7.4 Reward by compliment in any opportunities let youth be willing to improve their behavior.	4.34	.955	Strongly agree
7.5 Reward by admirable posting on public board make youth intends to amend behavior.	4.41	.928	Strongly agree

Table 4.13 showed that overall aspect of respondent to reward is strongly agree (mean = 4.31, S.D. = .776). In descending order, promotion reward can increase the morale of the juveniles (mean = 4.44, S.D. = .901), followed by the rewarding makes the juveniles happy and intends to be good and reward by admirable posting on public board make juvenile intend to amend behavior are strongly agree (mean = 4.41, S.D. = .879), (mean = 4.41, S.D. = .928) respectively, and the least is reward by reducing working is able to encourage juveniles, that is strongly agree (mean = 4.05, S.D. = 1.065).

4.2 The analysis of resilience of juvenile offenders in narcotic cases

The researcher conducted an analysis of the resilience level of 72 juveniles in Phranakhon Sri Ayudhaya Vocational Training Center and 39 juveniles who were released and followed up by Phranakhon Sri Ayudhaya Vocational Training Center. It was found that the difference in resilience among people resulted from different personal factors which are 1) Age, 2) Duration in Training Center, 3) In training or released, 4) Level in Training Center, 5) The number of times having been arrested, and 6) Education. The results are as follow:

Table 4.14 Frequency and percentage in each level of all respondents (111 persons)

Areas of Resilience	Low		Medium		High		Total	
	person	%	person	%	person	%	person	%
Autonomy	5	4.5	89	80.2	17	15.3	111	100
Social Competence	14	12.6	85	76.6	12	10.8	111	100
Problem Solving	15	13.5	74	66.7	22	19.8	111	100
Sense of Meaning and Purpose	8	7.2	81	73	22	19.8	111	100
Resilience	21	18.9	74	66.7	16	14.4	111	100

Table 4.14 shows frequency and percentage of all respondents in each resilience level. It was found that in Autonomy, the majority 80.2 percent had medium level followed by high level was 15.3 percent, and the least was low level 4.5 percent. In Social Competence, the result shows that the majority had medium level with 76.6 percent, followed by low level with 12.6 percent, and the least was high level with 10.8 percent. In Problem Solving, the majority had medium level that with 66.7 percent, followed by high level with 19.8 percent, and the least was low level 13.5 percent. In Sense of Meaning and Purpose, the majority had medium level with 73 percent, followed by high level with 19.8 percent, and the least was low level with 13.5 percent. In Resilience, the majority had medium level with 66.7 percent, followed by low level with 18.9 percent, and the least was high level with 14.4 percent.

Table 4.15 Frequency and percentage in each level of juveniles in training process of Phranakhon Sri Ayudhaya Vocational Training Center (72 persons)

Areas of Resilience	Low		Medium		High		Total	
	person	%	person	%	person	%	person	%
Autonomy	3	4.2	62	86.1	7	9.7	72	100
Social Competence	12	16.7	52	72.2	8	11.1	72	100
Problem Solving	20	27.8	51	70.8	1	1.4	72	100
Sense of Meaning and Purpose	5	6.9	57	79.2	10	13.9	72	100
Resilience	17	23.6	49	68.1	6	8.3	72	100

Table 4.15 shows frequency and percentage of 72 juveniles in training process of Phranakhon Sri Ayudhaya Vocational Training Center in each resilience level. It was found that in Autonomy, the majority had medium level with 86.1 percent, followed by high level with 9.7 percent, and the least was low level with 4.2 percent. In Social Competence, the majority had medium level with 72.2 percent, followed by low level with 16.7 percent, and the least was high level with 11.1 percent. In Problem Solving, the majority had medium level with 70.8 percent, followed by low level with 27.8 percent, and the least was high level with 1.4 percent. In Sense of Meaning and Purpose, the majority had medium level with 79.2 percent, followed by high level with 13.8 percent, and the least was low level with 6.9 percent. In Resilience, the majority had medium level with 68.1 percent, followed by low level with 23.6 percent, and the least was high level with 8.3 percent.

Table 4.16 Frequency and percentage in each level of juveniles who were followed up by Phranakhon Sri Ayudhaya Vocational Training Center (39 persons)

Areas of Resilience	Low		Medium		High		Total	
	person	%	person	%	person	%	person	%
Autonomy	2	5.1	27	69.2	10	25.7	39	100
Social Competence	2	5.1	33	84.6	4	10.3	39	100
Problem Solving	1	2.5	23	59.0	15	38.5	39	100
Sense of Meaning and Purpose	3	7.7	24	61.5	12	30.8	39	100
Resilience	4	10.3	25	64.1	10	25.6	39	100

Table 4.16 shows frequency and percentage of 39 juveniles who were followed up by Phranakhon Sri Ayudhaya Vocational Training Center in each resilience level. It was found that in Autonomy, the majority had medium level with 69.2 percent, followed by high level with 25.7 percent, and the least was low level with 5.1 percent. In Social Competence, the majority had medium level with 84.6 percent, followed by high level with 10.3 percent, and the least was low level with 5.1 percent. In Problem Solving, the majority had medium level with 59 percent, followed by high level with 38.5 percent, and the least was low level 2.5 percent. In Sense of Meaning and Purpose, the majority had medium level with 61.5 percent, followed by high level with 25.6 percent, and the least was low level with 7.8 percent. In Resilience, the majority had medium level with 64.1 percent, followed by high level with 25.6 percent, and the least was low level with 10.3 percent.

Table 4.17 Different Age (F-test)

Areas of Resilience	15-16 years old (n=17)		17 years old (n=33)		18 years old (n=61)		F	p-value
	Mean	S.D.	Mean	S.D.	Mean	S.D.		
Autonomy	17.29	2.932	18.45	3.042	18.95	2.539	2.429	.093
Social Competence	16.12	3.740	17.15	3.858	18.59	2.837	4.568	.012
Problem Solving	15.94	2.772	16.91	3.348	18.05	3.283	3.341	.039
Sense of Meaning and Purpose	17.00	3.021	17.88	3.435	19.03	3.311	3.047	.052
Resilience	66.35	9.367	70.39	11.721	74.62	9.133	5.227	.007

According to Table 4.17, the difference in age significantly caused the difference in social competence, problem solving, and resilience at the level of .05. The researcher then tests multiple comparisons by using Games-Howell’s range test and found that the age group of 15-16 years old had less social competence, problem solving, and resilience than the group of 18 years old. The others had no significant difference.

Table 4.18 Difference between group of juveniles in training process of Juvenile Training Center and group of juveniles who were followed up by the Training Center (t-test)

Areas of Resilience	Training Process		Follow up		t	df	p-value
	Mean	S.D.	Mean	S.D.			
Autonomy	18.07	2.602	19.44	2.945	-2.521	109	.013
Social Competence	17.57	3.722	18.18	2.761	-.979	98.528	.330
Problem Solving	16.14	2.865	19.69	2.792	-6.294	109	.000
Sense of Meaning and Purpose	17.92	3.305	19.23	3.360	-1.988	109	.049
Resilience	69.69	10.112	76.54	9.467	-3.480	109	.001

In comparing the level of resilience among group of juveniles in training process of Juvenile Training Center and group of juveniles who were followed up by the Training Center (Table 4.18), the researcher found that different groups significantly cause the difference in Autonomy ($t(109) = -2.521, p = .013$), Problem Solving ($t(109) = -6.294, p < .001$), Sense of Meaning and Purpose ($t(109) = -1.988, p = .049$), and Resilience ($t(109) = -3.480, p = .001$) at the level of 0.05. The group of juvenile offenders who were serving time at the Juvenile Training Center had lower level in these aspects of resilience than the group of juveniles who were followed up by the Training Center. While different group did not significant cause the difference in Social Competence at the level of .05.

Table 4.19 Different durations in Juvenile Training Center (t-test)

Areas of Resilience	≤ 1 year		> 1 year		t	df	p-value
	Mean	S.D.	Mean	S.D.			
Autonomy	18.15	3.073	18.72	2.667	-.977	109	.331
Social Competence	17.36	2.924	17.96	3.605	-.842	109	.402
Problem Solving	16.85	2.830	17.62	3.472	-1.120	109	.265
Sense of Meaning and Purpose	17.76	2.948	18.64	3.516	-1.266	109	.208
Resilience	70.12	8.936	72.94	10.878	-1.310	109	.193

In comparing the level of all aspects of resilience among samples with different durations in Juvenile Training Center (Table 4.19), the researcher found that different duration in Juvenile Training Center did not significantly cause the difference in all aspects of resilience at the level of .05.

Table 4.20 Different Level in Juvenile Training Center (F-test)

Areas of Resilience	Follow up (n=39)		grade 1 (n=26)		grade 2-5 (n=46)		F	p-value
	Mean	S.D.	Mean	S.D.	Mean	S.D.		
Autonomy	19.44	2.945	18.42	2.301	17.87	2.762	3.509	.033
Social Competence	18.18	2.761	18.23	3.216	17.20	3.964	1.170	.314
Problem Solving	19.69	2.792	16.27	2.878	16.07	2.886	19.683	.000
Sense of Meaning and Purpose	19.23	3.360	18.54	3.088	17.57	3.404	2.699	.072
Resilience	76.54	9.467	71.46	8.990	68.70	10.658	6.723	.002

According to Table 4.20, the difference in level in the Juvenile Training Center significantly caused the difference in autonomy, problem solving, and resilience at the level of .05. The researcher then tests multiple comparisons by using Scheffe's range test and found that juveniles in grade 2-5 had less autonomy, problem solving, and resilience than juveniles who were followed up, and juvenile in grade 1 had less problem solving than juveniles who were followed up as well. The others had no significant difference.

Table 4.21 Different Number of times having been arrested (t-test)

Areas of Resilience	1 time		more 1 time		t	df	p-value
	Mean	S.D.	Mean	S.D.			
Autonomy	18.90	2.860	17.98	2.609	1.703	109	.092
Social Competence	17.70	3.340	17.93	3.571	-.347	109	.729
Problem Solving	17.87	3.356	16.60	3.085	1.999	109	.048
Sense of Meaning and Purpose	18.29	3.396	18.52	3.359	-.353	109	.724
Resilience	72.75	10.739	71.02	9.789	.851	109	.397

In comparing the level of resilience among samples with different number of times having been arrested (Table 4.21), the researcher found that different number

of times arrested significantly cause the difference in Problem Solving ($t(109) = 1.703$, $p = .048$) at the level of 0.05. The samples who had high numbers of times arrested had lower Problem Solving than who had low numbers of times arrested. While different number of times arrested did not significant cause the difference in Autonomy, Social Competence, Sense of Meaning and Purpose, and Resilience at the level of .05.

Table 4.22 Different level of Education (t-test)

Areas of Resilience	Lower Junior high School		Junior high School or higher		t	df	p-value
	Mean	S.D.	Mean	S.D.			
Autonomy	17.58	3.103	19.16	2.404	-2.843	73.308	.006
Social Competence	16.79	4.109	18.41	2.744	-2.285	65.750	.026
Problem Solving	16.42	3.660	18.00	2.917	-2.518	109	.013
Sense of Meaning and Purpose	17.14	3.668	19.16	2.930	-3.209	109	.002
Resilience	67.93	12.464	74.74	7.828	-3.203	63.102	.002

In comparing the level of resilience among samples with different level of education (Table 4.22), the researcher found that different education significantly cause the difference in Autonomy ($t(73.308) = -2.843$, $p = .006$), Social Competence ($t(65.75) = -2.285$, $p = .026$), Problem Solving ($t(109) = -2.518$, $p = .013$), Sense of Meaning and Purpose ($t(109) = -3.209$, $p = .002$), and Resilience ($t(109) = -3.203$, $p = .002$) at the level of 0.05. The samples who graduated from Lower Junior high School had lower level in all aspects of resilience than those who graduated from Junior high School or higher.

4.3 The analysis of the factors related to the resilience of juvenile offenders in narcotic cases

Multiple regression analysis is employed to find out which independent variable can predict the level of resilience (autonomy, social competence, problem solving, and sense of meaning and purpose). The independent variables include Family Relationship (love and care, acceptance and respect, communication, and resolution), peer information, and Therapeutic Community activities (morning meeting, static group, encounter group, seminar group, weekend wrap up, punishment, and reward). The results were as follows:

4.3.1 The analysis of the relationship between Family relationship, types of friends, and Therapeutic community activities with Resilience

Table 4.23 Coefficients Autonomy

Independent Factors	Unstandardized Coefficients		Beta	t	p-value
	B	Std. Error			
Constant	6.077	3.348		1.815	.073
Family Relationship					
Love and Care	.387	.688	.054	.563	.575
Acceptance and Respect	-.259	.730	-.035	-.355	.724
Communication	1.742	.790	.230	2.205	.030
Resolution	-.033	.665	-.005	-.049	.961
Peer information	-.232	.128	-.165	-1.813	.073
Morning meeting	.398	.395	.118	1.008	.316
Static group	.736	.553	.131	1.331	.186
Encounter group	-.341	.382	-.111	-.891	.375
Seminar group	.581	.626	.160	.928	.355
Weekend wrap up	.506	.573	.122	.884	.379
Punishment	.609	.395	.179	1.543	.126
Reward	-.415	.385	-.115	-1.076	.284

$R = .559$, $R^2 = .312$, $F = 3.709$, p -value $< .001$

Table 4.23 shows that 1 variable (communication within family ($F = 3.709$, $p < .001$)) could contribute significantly to the prediction of autonomy. Communication within family had positive relationship with autonomy, indicating that if communication increases, autonomy will change in upwards direction as well. But if communication decreases, autonomy will change in downward direction.

Table 4.24 Coefficients Social Competence

Independent Factors	Unstandardized Coefficients		Beta	t	p-value
	B	Std. Error			
Constant	-.926	4.297		-.216	.830
Family Relationship					
Love and Care	-.176	.883	-.020	-.199	.843
Acceptance and Respect	1.429	.937	.157	1.525	.131
Communication	1.344	1.014	.145	1.325	.188
Resolution	.557	.854	.064	.652	.516
Peer information	.058	.164	.034	.353	.725
Morning meeting	-.102	.507	-.025	-.200	.842
Static group	1.245	.710	.181	1.752	.083
Encounter group	-.211	.491	-.056	-.431	.667
Seminar group	.225	.804	.050	.279	.780
Weekend wrap up	.293	.735	.058	.399	.691
Punishment	.899	.507	.216	1.774	.079
Reward	.129	.495	.029	.260	.795

$R = .492$, $R^2 = .243$, $F = 2.615$, $p\text{-value} = .005$

Table 4.24 shows that there is no relationship between the social competence and the independent variable with statistically significant at .05 level.

Table 4.25 Coefficients Problem Solving

Independent Factors	Unstandardized Coefficients		Beta	t	p-value
	B	Std. Error			
Constant	-1.242	3.501		-.355	.724
Family Relationship					
Love and Care	.571	.720	.067	.793	.430
Acceptance and Respect	1.183	.763	.135	1.549	.125
Communication	2.432	.826	.272	2.944	.004
Resolution	1.241	.696	.148	1.783	.078
Peer information	.265	.134	.160	1.977	.051
Morning meeting	.793	.413	.199	1.918	.058
Static group	-.117	.579	-.018	-.202	.840
Encounter group	-.555	.400	-.153	-1.388	.168
Seminar group	.750	.655	.174	1.145	.255
Weekend wrap up	-.058	.599	-.012	-.097	.923
Punishment	.367	.413	.091	.890	.376
Reward	.305	.403	.072	.757	.451

R = .679, R² = .462, F = 7.004, p-value < .001

Table 4.25 shows that 2 variables (communication within family ($\beta = .272$, $p = .004$), peer information ($\beta = .160$, $p = .051$)) could contribute significantly to prediction of problem solving. Communication within family had a positive relationship with problem solving, indicating that if communication increases, problem solving will change in upwards direction as well. But if communication decreases, problem solving will change in downward direction as well. Peer information had a positive relationship with problem solving, indicating that if associated with good friends, problem solving will change in upwards direction as

well. But if associated with bad friends, problem solving will change in downward direction.

Table 4.26 Coefficients Sense of meaning and purpose

Independent Factor	Unstandardized Coefficients		Beta	t	p-value
	B	Std. Error			
Constant	2.456	4.156		.591	.556
Family Relationship					
Love and Care	-.217	.854	-.025	-.254	.800
Acceptance and Respect	1.302	.906	.145	1.437	.154
Communication	1.643	.981	.180	1.676	.097
Resolution	-.084	.826	-.010	-.101	.919
Peer information	-.190	.159	-.113	-1.199	.234
Morning meeting	.193	.491	.047	.393	.695
Static group	1.114	.687	.165	1.621	.108
Encounter group	-.473	.475	-.128	-.996	.322
Seminar group	.834	.778	.190	1.072	.286
Weekend wrap up	-.335	.711	-.067	-.471	.639
Punishment	.298	.490	.072	.608	.545
Reward	.673	.478	.155	1.407	.163

$R = .521$, $R^2 = .272$, $F = 2.636$, $p\text{-value} = .002$

Table 4.26 shows that there is no relationship between the sense of meaning and purpose and the independent variables with statistically significant at .05 level.

Table 4.27 Coefficients Resilience

Independent Factors	Unstandardized Coefficients		Beta	t	p-value
	B	Std. Error			
Constant	6.365	11.411		.558	.578
Family Relationship					
Love and Care	.565	2.346	.021	.241	.810
Acceptance and Respect	3.655	2.488	.132	1.469	.145
Communication	7.161	2.693	.254	2.660	.009
Resolution	1.682	2.268	.064	.741	.460
Peer information	.629	.436	.121	1.442	.152
Morning meeting	1.282	1.347	.102	.952	.344
Static group	2.978	1.886	.143	1.579	.118
Encounter group	-1.579	1.303	-.138	-1.212	.228
Seminar group	2.390	2.135	.177	1.120	.266
Weekend wrap up	.407	1.952	.026	.209	.835
Punishment	2.174	1.346	.172	1.615	.109
Reward	.692	1.313	.052	.527	.599

$R = .658$, $R^2 = .433$, $F = 4.836$, $p\text{-value} < .001$

Table 4.27 shows that 1 variable (communication within family ($\beta = .254$, $p = .009$)) could contribute significantly to the prediction of resilience. Communication within family had positive relationship with resilience, indicating that if communication increases, resilience will change in upwards direction as well. But if communication decreases, resilience will change in downward direction.

4.3.2 The analysis of the relationship between Therapeutic Community activities and Resilience

Multiple regression analysis is employed to find out which independent variable in Therapeutic community activities can predict the level of resilience. The results were as follows:

Table 4.28 Coefficients Autonomy (Therapeutic Community activities)

Independent Factors	Unstandardized Coefficients		Beta	t	p-value
	B	Std. Error			
Constant	9.140	2.451		3.729	.000
Morning meeting	.366	.391	.108	.937	.351
Static group	.585	.563	.104	1.039	.301
Encounter group	-.462	.379	-.151	-1.220	.225
Seminar group	1.222	.597	.336	2.046	.043
Weekend wrap up	.124	.578	.030	.215	.830
Punishment	.507	.398	.149	1.273	.206
Reward	-.103	.385	-.029	-.268	.789

$R = .477$ $R^2 = .228$, $F = 4.345$, $p\text{-value} < .001$

Table 4.28 shows that 1 variables (seminar group ($\beta = .336$, $p = .043$)), could contribute significantly to the prediction of autonomy. Seminar group had a positive relationship with autonomy, indicating that if the juveniles strongly agree with the seminar group, autonomy will change in upwards direction as well. But if the juveniles weakly agree with the seminar group, autonomy will change in downward direction.

Table 4.29 Coefficients Social Competence (Therapeutic Community activities)

Independent Factor	Unstandardized Coefficients		Beta	t	p-value
	B	Std. Error			
Constant	5.940	3.083		1.927	.057
Morning meeting	-.381	.491	-.092	-.776	.440
Static group	1.296	.709	.189	1.829	.070
Encounter group	.384	.477	.102	.805	.423
Seminar group	.932	.751	.209	1.240	.218
Weekend wrap up	.207	.727	.041	.285	.776
Punishment	.711	.501	.171	1.419	.159
Reward	.335	.485	.076	.691	.491

$R = .429$ $R^2 = .184$, $F = 3.310$, $p\text{-value} = .003$

Table 4.29 shows that there is no relationship between social competence and Therapeutic Community activities with statistically significant at .05 level.

Table 4.30 Coefficients Problem Solving (Therapeutic Community activities)

Independent Factors	Unstandardized Coefficients		Beta	t	p-value
	B	Std. Error			
Constant	9.301	2.844		3.271	.001
Morning meeting	.561	.453	.141	1.239	.218
Static group	-.200	.654	-.030	-.306	.760
Encounter group	.969	.440	.267	2.204	.030
Seminar group	2.123	.693	.493	3.064	.003
Weekend wrap up	-.543	.670	-.111	-.809	.420
Punishment	.100	.462	.025	.216	.830
Reward	.879	.447	.207	1.965	.052

$R = .506$, $R^2 = .257$, $F = 5.077$, $p\text{-value} < .001$

Table 4.30 shows that 3 variables (encounter group ($\beta = .267$, $p = .030$), seminar group ($\beta = .493$, $p = .003$), reward ($\beta = .207$, $p = .052$)), could contribute significantly to the prediction of problem solving. ncounter group, seminar group, and reward had a positive relationship with problem solving, indicating that if the juveniles strongly agree with encounter group, seminar group, and reward, problem solving will change in upwards direction as well. But if the juveniles weakly agree with encounter group, seminar group, and reward, problem solving will change in downward direction.

Table 4.31 Coefficients Sense of meaning and purpose (Therapeutic Community activities)

Independent Factor	Unstandardized Coefficients		Beta	t	p-value
	B	Std. Error			
Constant	7.469	3.009		2.482	.015
Morning meeting	.058	.479	.014	.122	.904
Static group	.985	.692	.146	1.424	.157
Encounter group	.698	.465	.188	1.500	.137
Seminar group	1.654	.733	.377	2.256	.026
Weekend wrap up	-.588	.709	-.118	-.828	.409
Punishment	.122	.489	.030	.249	.804
Reward	.962	.473	.222	2.033	.045

$R = .448$, $R^2 = .201$, $F = 3.695$, $p\text{-value} = .001$

Table 4.31 shows that 2 variables (seminar group ($\beta = .377$, $p = .026$), reward ($\beta = .222$, $p = .045$)), could contribute significantly to the prediction of sense of meaning and purpose. Seminar group, and reward had a positive relationship with the sense of meaning and purpose, indicating that if the juveniles strongly agree with the seminar group, and reward, sense of meaning and purpose will change in upwards direction as well. But if the juveniles weakly agree with seminar group, and reward, sense of meaning and purpose will change in downward direction .

Table 4.32 Coefficients Resilience (Therapeutic Community activities)

Independent Factors	Unstandardized Coefficients		Beta	t	p-value
	B	Std. Error			
Constant	31.850	8.726		3.650	.000
Morning meeting	.605	1.390	.048	.435	.665
Static group	2.666	2.005	.128	1.329	.187
Encounter group	2.513	1.349	.220	1.863	.065
Seminar group	5.931	2.126	.438	2.790	.006
Weekend wrap up	-.799	2.057	-.052	-.388	.699
Punishment	1.439	1.418	.114	1.015	.313
Reward	2.072	1.372	.155	1.511	.134

R = .540, R² = .292, F = 6.070, p-value < .001

Table 4.32 shows that 1 variables (seminar group ($\beta = .437, p = .006$)), could contribute significantly to the prediction of resilience. Seminar group had a positive relationship with resilience, indicating that if the juveniles strongly agree with the seminar group, resilience will change in upwards direction as well. But if the juveniles weakly agree with the seminar group, autonomy will change in downward direction as well.

4.4 The analysis of enhancing the resilience of juvenile offenders in narcotic cases

Researcher uses indepth interviews to collect data. Questions are divided into two groups; the first is a question to interview parents of juvenile who had ever committed drug case that were trained from Phranakhon Sri Ayudhaya Vocational Training Center and were in follow up by Phranakhon Sri Ayudhaya Vocational Training Center will not recidivism for 10 people; second group of questions to

interview officers who involved in the training center for 5 people, specialists and experts in juvenile justice system for 5 people, which focus on approach to enhance the resilience of juveniles. The results of the interviews the researchers divided guidelines to enhance the resilience to 3 topics: 1) enhancing the resilience with activities 2) enhancing the resilience from supporter, including family and society, and 3) Other suggestions.

4.1.1 Enhancing the resilience with activities

To enhancing the resilience with activities form Training Center for juvenile who are trained and in follow up, the researchers divided the category of activities that enhancing the resilience into particular resilience and overall resilience

4.4.1.1 Activities to enhance the resilience, autonomy

Key informant suggests a significant activity that builds confidence in life management that is called “Sense of self”

“The resilience to care and control themselves. We are able to strengthen it by Sense of self, which let them consider themselves, optimistic, and develop existing talent to be success. For instant Emotion controlled and released activity, My Idol activity” (Sixth Key Informant)

The Data, which conform to other key informants focusing activities, those build self-confident then self-control

“Sending children to participate in Buddhist camp to train moral – ethics. Moreover using psychology therapy, both group and individual. Those events will focus on strengthening the resilience directly. Individually activity concentrates on self-control or self talk. Group activities such as anger management, Impulsiveness management, anxiety control and etc., the purpose of the group activities focusing on children and young

people to recognize themselves, both their emotionally thought and behavior that coming, and to develop their own talent through a process of self-learning group and be self proudly successful. As well as in activities should have the evaluation process and praise the juvenile. Provide them a sense of appreciation when they succeed." (Second Key Informant)

Many key informants also recommend a variety of activities that focuses making them feel good about themselves, training about patience, tolerance and responsibilities.

4.4.1.2 Activities to enhance the resilience, Social competence

Key informant suggest activities that make children feel good about themselves that is call "Sense of Control" as below,

"Sense of control" to recognize and develop their existing skills to be proudly successful. Sense of control is a training process to accept the reality of own lives or accept what cannot be changed. At the same time the trainees try to do what it can achieve, learn to manage their emotions properly and solve problems creatively. Activities such as "when critical situation is a chance, Stressed story, Help me how to do?" (Sixth Key Informant)

In addition, the data also suggest using tools in the activity. These tools are beneficial or harmful to juveniles. So that juveniles can be in society.

"The tools make children to learn and live together in society, and assisting each other. If any mistake occurs from whomever these tools will assist and solve. With rules that the

children are involved setting up, so they has learned to obey the rules, unaccepted violated person, and respect the rules of the training center. These activities will train children to recognize, adapt, consider, communicate, and control themselves without making any trouble and live peacefully with other in society.”
(First Key Informant)

As well as activities which one key informant have presented is “Ambassadors”. This activity enhances the resilience in terms of social abilities including self-control abilities and solving abilities. The key informant describe this activity as below

“The creation of a group of children by naming a child as ambassadors. He will collect the need of children and be representative to talk to the warden, as well as setting up the punishment for those who break the rules that are issued by them in youth center. The penalties for violating the rules that they have set up, it must be accepted by all parties.” (Seventh Key Informant)

4.4.1.3 Activities to enhance the resilience, Problem solving.

Key informant recommends method that train juvenile to face and learn to solve problems correctly as the rapprochement event (Sense of connection).

“The rapprochement event (Sense of connection) support to overcome problems. It is knowledge how to develop with other, having good communication skills, understanding each other, be able to trust and forgive. Those are powerful source of encouragement in life. Activities such as Be thoughtful, Say NO, Just understand, and Why is this?” (Sixth Key Informant)

"Assignment duty and responsibility of each group of children. They have to find a solution for each job responsibility. Also the training center has got activities that provide skills to children such as, reading article and daily news, and analysis problem and consequence of articles and news. These practice a ability to solve problems for children."
(First Key Informant)

Including psychology therapy, both individual and group processes, are adapted properly with the group of juveniles that involved with drugs case in the training center as follows.

"Children will receive individual psychotherapy using CBT techniques or Art Feeling, for group process using sub-programs of various activities. To train children how to deal with issues such as anger management, impulsiveness management, anxiety and depression control, thought modification. Ideas and processes used by the community health system practices are adapted such as routine. There is a nanny to take care of new children before, to train him to take responsibility for themselves and others, learning how to live with others, assisting to find a group solution. The groups of thought modification focus on training to deal with what they like and do not like in the right way, due to this training with skills to deal with emotional problems. Children who manage life with confidence are able to go right. There are also group specialized skills, to increase the resilience to children when the unexpected event happens. They are able to handle and find a solution. Even they are in the worst situations, they can choose the better way for their life." (Second Key Informant)

4.4.1.4 Activities to enhance the resilience, sense of meaning and purpose

These activities assist juvenile how to set goal in life correctly. Key informant suggests the activities to train for setting up life purpose (Sense of purpose) as follows.

"Sense of purpose is to train themselves to always have a goal in their life. Also learning how to set proper goals in vary life situation, both positive and negative situations, activities such as the important things in life, deadline approaching, the dream comes true. Including activities that encourage children to be inspired, such activities, outstanding person, my idol, and my goal. Also including counseling and teaching from judicial person." (Sixth Key Informant said)

Meanwhile, other key informant also talks about the process of therapeutic community and group psychotherapy to help enhancing the resilience (Sense of purpose).

"In the process, the group based therapeutic community and group psychotherapy. To develop children has a purpose in life, by focusing on setting actual goals, both short and long-term. The training aims to make life valuable and try to reach their goals. For example Training Center persuade new member to leave a nanny in 1 month, support children develop their behavior to promote by using a reward to exchange, also let their family take part planning in their life after be released into society. At the same time rewarding when children do well because it is important to motivate children to feel that they are valuable and want to do something good in the future as well." (Third Key Informant)

The juvenile must be pointed that the advantages and disadvantages of the life decision, including an awareness of their future.

"As juvenile want to have a family, home, and have a good life. So they must be diligent, setting a plan. The success will come if they do hard working, capable, knowledgeable. Let them focusing on education, saving for the future, their will be a good life. Their children also learn from parents and be efficient people." (Eighth Key Informant)

Some key informant also suggests the important activities for juvenile who committed in narcotic case is dharma, art, and sport to get emotional control and meditation.

"Dharma treatment is still necessary activities that do not need to only meditate. It may use introspection, and evenings and mornings pray. Another idea is dharma recording into CD. They will get both knowledge and meditation from recording and then send home as a gift on Father's Day, Mother's Day, and New Year's Day. Some children can play music almost every kind. They must take real concentration. Some of the art of painting, if you do not focus, you could not draw. In the case of narcotic, the sport is very important. Because it can amend drug effect and also be relaxed. In terms of rehabilitation and drug treatment, exercise will help to relax in mind and also know teamwork. How do I help my team to win the group? . Sport is very important." (Seventh Key Informant)

The results of the research above found the guidelines enhancing the resilience has divided the main activities that help strengthen their mind, activities that make children feel good about themselves (Sense of self) activities to build confidence in life (Sense of

control.) activities rapprochement (Sense of connection) and activities setting up life purpose (Sense of purpose) in order to increase the resilience on each side. Some activities also help strengthen the mind in many sides at the same time. So we should hold many activities to support children to be strong in every side. These activities will help children to be more relaxed and conscious.

4.4.2 enhancing the resilience, from supporter.

Some key Informant also suggests about enhancing the resilience from supporter such as family and society.

4.4.2.1 enhancing the resilience, from family.

Mostly key informants say family is the most important. Enhancing the resilience, besides making by own, the family is an important factor to support children to go to the right way.

"The strength children mostly are from their parents. Because if there are problem in their families such as separated or inattentive family. The resilience of those children are low. When they grow to teenager, they will seek a group of friends." (Ninth Key Informant)

"The child is still a young. When they returned to family with same circumstance, inattentive parent. They feel lonely and their mind is not strong enough to deny." (Tenth Key Informant)

According with data, which is the parent of a juvenile who will not recidivism that pays more attention to juveniles since the juveniles have been released.

"We always talk about his opinion. I also teach about living, satisfied what they have. Do not need to compete or beat someone else." (Nineteenth Key Informant)

"Before, we did not care him. He does whatever he wants. But from now our children are in charge, we ask whatever he does. Mostly he would tell us, coming home often. Family makes him realize that he must be more responsible for himself." (Sixteenth Key Informant)

"His father had no time to him. His father was not too good, too. Also there are drugs in that community a lot. After leaving the training center, and we took care of him seriously. We always ask him, warn him if coming home lately. We must pay attention to him." (Eighteenth Key Informant)

Most key informants have suggestions for building relationships with families of children. There are different ways;

"Try to keep parents involved in events, such as Post-Training, A family affair then it will have a meeting between family, children and training officer." (Thirteenth Key Informant)

Another key informant proposed the Satir method. This activity treats to change characteristic both inside and outside, focusing on the family to support. This activity emphasizes to talk openly between children and their families about uncomfortable and unlike thing, explain both children and families to have mutual understanding. Key informant described activities below.

"Satir activity has three steps. In first and second focus on children, third look their parents. First step of activity

consider the cause of offender, who I am and what you want. Second, find the cause why they commit, what they really want deep down. When searching for first and second steps, there is also a family map of children. We will see their family circumstance that makes them feel good or uncomfortable, and also how their family behavior. Third step is letting their parents also write family map for them to see what they received from their parent (grand-father and grand mother of children) and compare to their children. They will see what parents unlike, their children also unlike. Parents will understand their children compare to their childhood then parent will adapt how to treat their children and they understand more each other. They also listen to children more." (Ninth Key Informant)

In addition, the key informant also explains the important role of the government sector to help to promote activities about relationship between children and parent after being released, using media to create value in the relationship of the family.

"The state may give a hand to this. The event about family relation has been held for released children. It may not only children who have been released but also children who live in circumstance involved drug problem. That is obvious cause." (Tenth Key Informant)

"The media is now easy reachable, it also influences children a lot. Therefore, the government may find campaign to make people realize about family. They might create a movie, which is not boring, but have nice commentaries with their idols as actors. So they are inspired to want to do." (Third Key Informant)

"One thing we should realize. Juvenile offenders mostly, do not like to be aggravated. So as associate judge, it has to be careful in consulting. How to make children feel like we are reliable? I'm ready to talk to you openly whether they are in punishment or been released. Sometimes children may come back to the same society. The family has no time to look after. When children face a trouble, they could find a wrong solution again. So we do the best. Ready to guide children when they have problems, not only in the process of justice." (Eighth Key Informant)

"Some children live without family, may be orphans, parents are not ready to take care. These kinds of children will be taken to the Orphanages. Therefore, they should make children feel like a family. They can talk to when they have problems or guide them the way of their life." (Seventh Key Informant)

Enhancing the resilience from family is very important. The key informants have suggested several activities between parents and children for building a good relationship each other, and also the role of government to promote family events, support homeless children, Advertise to the public to aware how importance of family.

4.4.2.2 Enhancing the resilience, from society.

Besides family, other external supporter that many key informants describe are, communities and environment. In summary the feedback from society provide whether opportunities for children who have been released. The environment, which the juvenile lives, is important. If they live with the same environment, old Friends, the drug zone, children who have not enough resilience may also return to the same problem. So some key informant suggests providing them a chance to return and live in a normal society.

"Maybe the cooperation from community by leaders to prepare for children who have been released back to their home. The community can take care of them." (Third Key Informant)

"The opportunity for communities and organizations both the government and private sectors take part in preparing the children, as well as an opportunity from community to understand and accept that the juvenile." (Sixth Key Informant)

There are also explanations from the key informants. The important things are children's education and career after their release, which conform to data from parents of children who do not commit again. They improve their behavior and mostly have a career and education.

"He's much better now, he intends to apply for the police and care about parents more." (Eleventh Key Informant)

"He gave flowers to dad in Father's Day. He looks hopeful with his own more. When he was able to work, he hurried to find a job. He has job now and prepare to be ordained." (Fifteenth Key Informant)

"He has more responsibility, gentle, unaggressive with anyone. He are studying and working." (Thirteenth Key Informant)

Some key informants emphasize how important for the role of government, to support careers and education for children, to establish and develop shelters for children feel like as their home, to manage and prepare before their release

to the society with community cooperation, to organize model school without drugs and vice project, and to promote and develop the way of consultant as follows;

"If released children has a good support such as military, it will have the opportunity to reject bad thing. In my experience show that the released children that go into the military will have the chance to change habits a lot better, because he does not have time with and probably because he has strong resilience enough. Family or community gives him an opportunity. It is likely to be better than repeatedly commit. Community leaders are important. Some are not soldiers, would rather go to school." (Fifth Key Informant)

"There should be a resolution for children, which both before and after the release as well as providing social services in various fields. To relieve children that have problems, especially children who live without relatives, hopeless, or unwilling to return to their family have a place to live and get the chance to develop skills while waiting for work or study. As well as providing opportunities for communities and organizations both the government and private sectors take part in preparing for children." (Sixth Key Informant)

"Each school should have a school psychologist. Not a guidance teacher, she does not have a class as teacher. She is a counselor, generous aunt to hear that "I was attacked in class room", "My father violated me", or "I was bullied by teachers". This kind of teacher is required to scan children that have problems whether. This ministry of education should consider. Another proposed for court and Bangkok Metropolitan Administration is to request all schools that responsible. 1) Do not dismiss children who are in case. 2) Seriously establish

school without drugs and vice project. They could rapidly do drug inspection in some months. Children will be aware and careful. It would help to solve the problem. 3) There should be a teacher who coordinates with the court when children are in court. There is another way of consultation. We do have a phone consultant. We have to publicize center with this purpose, then people might notice and access to his center, using line application or social network to reach children easily. They actually wanted to talk with. It is not only just for kids, but also for people, especially parents." (Seventh Key Informant)

The key informants suggest a guideline for enhancing the resilience from social support, which focuses on the operations of government, to create activities, preparation for the released children with training; career or education, to convince their origin community to understand when children is back, Establishment and development of homeless children shelters, School without drugs and vice that provide an opportunity when children committed, To have a good guidance teacher, and advertising the counseling center which is easy to access.

4.4.3 Other suggestion

For other recommendations, Key informant suggested a significant cause of young offenders by describing the social values. This problem should be solved at this point too.

"Today's the enticed things are a lot in the world. Media is so fast. It is sensitive for children, they want to have what other people has. Social values require luxury, so the way to get a lot of money for buying those things. Some children went to the drug trade in order to have much money to spend. So the important thing is how to cultivate them about enough, satisfied what they have. We also should refrain from creating

social values that is not good as well." (Seventeenth Key Informant)

"Many children who came into the center that we have talked with. They mostly have luxury value and desire, so they find illegal way to get much money in a short time. So what we should fix is social values of Thailand, making yourself to appreciate what you have." (Fourth Key Informant)

Many key informants also describe the problems about inadequate staff such as almoner and psychologist. So they recommend finding volunteer to help in this process, to allow people to use the training center or detention center for create activities to the public.

"Personnel is not enough whether the psychologist, almoner, or officer that let the process ineffective. In vocational training session, although we have the equipment but we lack of people to teach. Thus, we should increase number of staff especially the personnel follow up after release, and also children counselor. Also there should be an opportunity to support campaign for volunteers to participate the process helping to protect and promote the subject of children. Retired people age's 60-65 years old still has the capacity. If we take these groups into the process, it will enhance children a lot and these groups will not be lonely as well." (Tenth Key Informant)

"It should encourage the training center or detention center as another path for people to make CSR as same as orphanage, or almshouse. We may organize event for them that is useful in many ways. These children, they used to do wrong, but we are going to help them better like CSR. Children will receive

care from society and people who are not related to them and cannot abandon them.” (Seventh Key Informant)

Key informant also suggests law enforcement approach to enhance the resilience. It makes parents realize to care for their children more.

“I want to enforce the laws that are already existed more clear and decisive. The Act Protection of children, we already have. This should take family in path. When children commit crimes, family responsibilities have to be involved. Because there are some cases, children were back better then they need encouragement but family did not get. The family cannot accept them, because of bad habit in the past. These children feel bad to do something good. So parents should help. Children need family support. If their parents turn back to them, they may go back to the wrong way that they have done before no matter how strong resilience they have.” (Fourth Key Informant)

For other suggestion, Key informant describes the social values problem and inadequate staff to follow up children after the release. They also proposed using law enforcement in Juvenile Protection Act more seriously.

In summary, the results of this research present both quantitative and qualitative. The quantitative research is survey, the survey of juvenile offenders in narcotic cases under the vocational training in Phranakhon Sri Ayudhaya Vocational Training Center and children who are in follow up process, to study level of resilience in this group and the factors that are correlated with the strength of resilience. The qualitative research data were collected by in-depth interviews, interviewing parents of children who are in follow up process for 10 people; 5 officer in training center, and 5 specialists and experts in juvenile perpetrator, to find the guideline to enhancing the resilience. This study has been discussed by integrating information in the next

chapter. The data of the quantitative research was classified as resilience as fourth in terms, which are autonomy, social competence, problem solving, and sense of meaning and purpose. It describes the level of juvenile resilience that has been collected and also the factors that are correlated with the resilience. The qualitative results, the research is divided into two areas: form and activities that help strengthen the resilience to juvenile offenders in narcotic cases and external support to help to enhance the resilience to the children. The external support, the research is divided into two components, encouragement from family and support from society. The research also explains other suggestions that key informants suggested as well.

CHAPER V

DISCUSSION

This research aimed 1) to study the resilience of juvenile offenders in narcotic case. 2) to study factors related to the resilience level of juvenile offenders in narcotic case. And 3) to study enhancing the resilience of juvenile offenders in narcotic case. This chapter were discussed in the three sections as follows;

1st Objective; Studying of the resilience of juvenile offenders in narcotic cases.

2nd Objective; Factors related to the resilience level of juvenile offenders in narcotic cases.

3rd Objective; To enhance the resilience of juvenile offenders in narcotic cases.

5.1 1st Objective; Studying of the resilience of juvenile offenders in narcotic cases

The study of the resilience of juvenile offenders in narcotic case reflected the resilience of juvenile in case of problem solving ability. The results showed that the resilience of these juveniles was low, i.e. 13.5% (15 juveniles) of out 111 juveniles. The results obtained by the Office of the Narcotics Control Board (2002) revealed that one source of the problem was the need of escape reality, when they had the critical problem. Therefore, they, juveniles, would like to get into a new world. It was correspond with the study of Kanuengnij Wihokmat (2009) that the juveniles who had low problem-solving skill would be induced to do an illegal act, and consequently lead to recidivism. Contrary to the former one, Jarunee Saetang (2005) studied the factors relating to avoiding recidivism. The results showed that the person who can

avoid the criminality contained the strong resilience to adapt, and to encounter with the problems in reality.

The result of the effects of ages of sampling population was significantly different, illustrating that the younger person tended to have weaker resilience compared to the older one, which was in agreement with the second generation of resilience (as cited in Watcharin Krasaesat, 2011) demonstrating the relationship between ages and resilience. Similarly, Tusaie et al. (2007), who studied the topic of "A Predictive and Moderating Model of Psychosocial Resilience in Adolescence", showed that the age was one of factors predicting the resilience.

In the case of time spending in the training results, it was not significantly different, which might be due to the personal factor that each person used times for absorbing and responding to activities differently. Edwin H. Sutherland (1939) described the learning that was not only composed of times, but also another factor, for example intensity, emphasis and learning frequency, which consequently lead to the change of behavior.

The difference of grades was significantly different. The researcher divided into 3 groups, i.e. 1) grade 1 2) Grade 2-5 and 3) released juvenile. The results showed that the released juvenile, who avoided recidivism, had the strong resilience than the juvenile staying in the training center. It could be noted that after getting trained in the training center the resilience of juvenile was improved because of various activities in the training center focusing on improving the resilience of juvenile. Also, when the juvenile being released, there were the factors relating to family, societies, and environment. Grotberg (1995) described the components of risk factors and protecting factors including 1) personal factor 2) family factor 3) environmental society, and community factors. These factors interacted with each other to build the strong resilience.

The result of frequency of being arrested was significantly different. It could be noticed that the juvenile who did only one mistake contained the stronger resilience than others who did mistakes several times, which might be due to several factors including the resilience of juvenile was elevated after getting trained at the training center or this group of juvenile already had the strong min strength at the beginning, so after training their resilience was further improved. Siwalee Juraworn

(1997) described that readiness of resilience was one of the important factors to help the person to “quit” or “return.” Therefore, when the juveniles possessed the strong resilience, and knew the correct way to solve the problem, was ready to face problems, they will not return to do mistakes, as a result.

The result of the difference in educational levels was significantly distinct. It could be concluded that the educational levels were related to the resilience for achieving a desired goal. The results of this study corresponded with the social bonding theory theorized by Travis Hirschi (1969), who believed that the human originally contained the thought to be a criminal, but this thought was controlled by the social bonding including relationship, obligation, social participation, and belief. The educational level was the component to get success in life, the person who concentrated on these kinds of things will not be a criminal. Additionally, it was in agreement with the study of Bussarin Lhimsoonthon (2000) claiming that the resilience related to the educational levels.

5.2 2nd Objective; Factors related to the resilience level of juvenile offenders in narcotic cases

The researcher, herein, studied the factors related to the resilience level of juvenile involving the family relationship, peer information, and therapeutic community, as discussed in following details:

5.2.1 The Family Relationship and Resilience

For the results of the study of factors related to the resilience of juvenile who committed a drug-related offence, it was found that the family relationship relating to the qualitative communication influenced autonomy, problem solving, and resilience of juveniles. Gottfredson and Hirschi (1990) deeply described the originality of self-control problem was due to the lack of good training in the childhood. If the parent ignored the juveniles, for example not taking care them, not blaming them when they did something wrong, not punishing or describing a reason of deviated behavior, the juvenile behavior will be deviated or even lead to the juvenile delinquency, which was corresponded with the study of Friedman (1992) that if the

parent cannot appropriately respond with the requirement of the development of teenager, these development will be worst and be the factors relating to stress and confusion in teenager period. The relationship between parent and teenagers will make them to be strong when they encountered with problems in reality. Similarly, Pilairat Thongurai (2002) found that the factor for rehabilitation of drug-related patient was the relationship of family including 1) qualitative communication 2) love and care 3) trust 4) encouragement and understanding. These kinds of things were the important sources to create the inner and outer strength to patients. Manas Sunthornchot (2011) revealed that the family factor and the family relationship related to the resilience as opposed to drugs. Meanwhile, the Office of the Narcotics Control Board described the drug addiction in mind, which was referred to the use of drug to meet the feeling. The part of this problem was the people lived in the unhappy environment, live in the stressful conditions, family problems, under-privileged juveniles. Kwanhatai Rongkubtawanich (2001) found that the reason relating to the self-control, quitting drugs, and return using drugs influenced by family the most. The family members were the key person to create the good or bad feeling to patients. For the family relation factor found in this research was the qualitative communication in family. That is to say, the family members showed the logical thinking, kindly giving comments or suggestion to each other, take care family members when the family members found the problems, do not hurt others, trust each other, do not overwhelming.

However, there was no statistical significance of the family relation including 1) love and care 2) acceptance and respect 3) resolution together. The reason for not observing the relationship between these three aspects reflected spending time together, for example housework, accepting another opinion, respect privacy etc. Apart from these reasons, the communication between members was also required to build the strong relationship in family. It could be noted that if the members always did activities together, but when the activities finished each member completely separate from each other or the problem occurred too frequent can also destroy the relationship and the resilience, for example.

5.2.2 The relationship of peer information and resilience

The research showed that the wicked-friend association caused the low resilience in problem solving, which was correspond with the research of Manas Sunthornchot (2011) that the friend's support was the important factor to fight with drugs. Masten (1994) described the risk of friend association relating to the resilience of juvenile. Edwin H. Sutherland (1939), who purposed the differential friend association, believed that the criminality caused by the learning process of person living in social cultures, and purposed the 9 components, which some of them explained that the learning process occurred through the interaction with intimate people, who involved in the criminality. The deviated behavior might be due to the times, intensity, importance, and frequency of learning. Hence, the relationship with friends caused learning. If the friends had the deviated behaviors, the juvenile will absorb these kinds of behaviors.

5.2.3 The relationship of therapeutic community and resilience

The results showed that the relationship of therapeutic community and resilience was not different. The questionnaire used in this study was self-report, at which the juvenile answered the question based on their feeling. Even answering did not have any influence on the juvenile, but getting trained at the training center might lead to the concern when answering the question because the training center played an important role on the juveniles that might lead to the similar answer, the numbers of answerer did not match with the numbers of question. Therefore, the researcher suggested in the section of future research. After analyzing whole factors, it was possible to have another factor that more strong than the therapeutic community. In the cases of studying the resilience of juvenile during training and follow-up steps was different. It could be noted that the resilience of juvenile was improved after training. Liptons (1995) reported the effective of treatment process of drug-related detainee. The results revealed that there was the relationship between drugs and criminality. The prison had high potential to prevent recidivism and following outcome. The outcome in term of success positively related to the treatment times. In the case of studying of therapeutic community, the researcher studied only one factor in the therapeutic community that was tools of the house. Anyway, focusing on one activity might not

enough to find the relationship of resilience. Hence, considering on whole processes used by the training center, which was the direction of DAYTOP, should be done, i.e. philosophy, re-entry, and chain of command. Especially with the re-entry, the qualitative study showed that for the direction to generate the strength, most of answerer focused on activities and life of juvenile after being released. It could be clearly seen that in those processes, the family and community will be involved. Hence, the combination in every step of training, joining step to follow-up step, might support the result of therapeutic community. The researcher gave the suggestion in section future research.

When the researcher considered only the specific relationship of therapeutic community activities and resilience, the results showed that the seminar group related to the resilience in terms of autonomy, problem solving, sense of meaning and purpose, and resilience. Encounter group related to the resilience in term of problem solving. And rewarding significantly and statistically related the resilience in cases of problem solving, and sense of meaning and purpose.

For the seminar group, two sides of juveniles faced each other, if they had a bad feeling with the other they had to express that feeling under the control of officers. This method would teach them to learn in what way to appropriately solve the problem without using violence, which was in accordance with the qualitative results demonstrating that the use of group activity to strength the resilience and to suitably manage the things that they liked and did not like. The American Psychological Association (n.d.) explained that the critical circumstance should be gone. The people had to interpret the situation that they faced, and then respond to that situation in the correct way, which was considered as another way to create the resilience.

The seminar group was the meeting focusing on the development of thought, intelligence, leadership, expressing comments and good acting. This activity taught the juveniles new knowledge or useful information leading to the development of learning and self-developing. The officers will set the topic of each meeting, and classify the responsibility of each juvenile. It could be clearly seen that this activity focused on the communication between juveniles, which was in accordance with the idea of strengthen resilience of Grotberg (1995) in terms of I CAN, which was referred to the promotion of social skills based on learning, interaction with each other that was

communication skill, problem-solving skill, self-control skill, emotional assessment skill.

The last one was rewarding that related to the resilience in terms of problem solving, and sense of meaning and purpose. Patcharin Nintajan (2011) explained the factors to improve the resilience that was the community had to provide facilities to support the development or strengthening resilience. The researcher, herein, believed that rewarding was the tool supporting the creation of resilience by means of motivating them to have the goal of life.

For the morning meeting, static group, weekend wrap up, and punishment, did not relate to the resilience. In the case of group of advisor might be due to the frequency of activity was not enough. The static group will be provided on every Thursday at 10.00-11.00 o'clock for 1 hour. When considering on the numbers of group of juvenile, which were contained 13-15 person/group. The group might be too big; as a result every child did not receive the advice in the short period of time (1 hour). Even though, the relationship between the static group and resilience, the advisor could help the juveniles feeling relax, expressing what they thought. For the weekend wrap up, which was provided 1 time/week on Sunday for 1 hour at 17.00-18.00 o'clock. This activity focused on the expression of juveniles what they were thinking in the last week. It could be seen that this activity focused on the improvement of speaking skill, summarizing skill, which were not directly related to the resilience. And, this meeting was provided only 1 time a week that might not be sufficient. For the morning meeting that was the activity happened every Monday to Friday 1 hour a day in the morning for allowing everybody knowing the news in the training center, learning honesty, being accepted what they did, giving comments, concerning about their mistakes to solve them, having a chance to correct behaviors of others. These kinds of activities might be improving the resilience of juvenile in terms of social competence, which was sympathy, relationship, able to help others. However, this activity might be a usual event, so that the juvenile did not pay attention to this activity. The last one was the punishment. The juvenile may consider it as a violation leading to the resistance of juvenile. Even though, this activity did not directly relate to the resilience, this activity, at least, will prevent the juvenile delinquency.

The results of this study reflected the problem of decision of problem-solving of juvenile. The juvenile living in the family that not having the qualitative communication, lacks of caring, the juvenile had to seek their won solution by associating with friends. Therefore, if their friends possess the deviated behavior, the juvenile will automatically be induced in to that way, or be a criminal. Meanwhile, when studying only the therapeutic communication, it was found that the seminar group, encounter group, and rewarding related to the improvement of resilience.

5.3 3rd Objective; to enhance the resilience of juvenile offenders in narcotic cases

The results of qualitative data collecting by interviewing staff members at the Phranakhon Sri Ayudhaya Vocational Training center, interdisciplinary group consisted of people who have expertise and experience in juvenile offenders or a well-known figure in juvenile justice system, and parent of juvenile offenders in narcotic cases who were serving the time in Training Center and being released and did not do the mistake again, for finding a way to strengthen the resilience of juvenile in drug cases. When it comes to the idea of Grotberg (1995), the factors relating to the resilience could be divided onto 2 factors, which were referred to the risk factors, and protective factors. The strengthening resilience was the protective factor which was created to protect and oppose to the influence of risk factors by means of environment, relatives, family, and school. (Donald, Dower, Velez and Jone, 2006) suggested that the protective factors consisting of three factors involving personal factor, family factor, and environmental, community, social, and culture factors. According to this study, the results showed that the ay to create the resilience towards juvenile was the treatment, rehabilitating activities to directly create the resilience, which was correspond with the Grotberg (1995) in case of personal factor. Meanwhile, the family and environment factors corresponded with the external support, as discussed in the following details.

5.3.1 Discussion of results of enhancing the resilience using activities

From data collecting, it explained the activity design for being used in the treatment process of juvenile who committed a drug-related offence. The activities used could be mainly divided into 4 activities, i.e. 1) sense of self 2) sense of control 3) sense of connection, and 4) sense of purpose, which were the way to create the resilience according to the idea of Doctor Prawech Tantipiwattanasakul (2007);

1) Sense of self; practicing oneself to be positive thinking, understanding oneself, and developing skills for getting success

2) Sense of control; practicing oneself to be accepted the truth of life or to be accepted unchangeable things, meanwhile still concentrating on the life achievement

3) Sense of connection; learning to create the kind relationship with surrounded people, to have a good communication, good understanding, caring, trust each other, having the supporting relationship with others to be a power when facing with the critical circumstances

4) Sense of purpose; practicing oneself in order to have the goal of life, appropriately setting a goal to fit each situation, even in the negative situation, the people will be able to set the positive goal to get through the situation.

The four activities focusing on the improvement of resilience emphasized self-improvement, positive thinking, self-esteem, which was corresponded with the positively psychology theory of Seliman and Csikszentmihalyi (2000) focusing on the positive characteristic of each person, and use the positive characteristic to elevate the quality of life. If the person did not have the positive thinking, when they faced the obstacle they would be feeling bad. Therefore, the positive thinking was the one way to create the resilience. Apart from those four activities, the answerer also suggested another activity including religious activity, sport activity, art activity. These kinds of activities corresponded with the direction to create the resilience of the Department of mental Health (2009) in the context of community, which was if the society provided the facilities, for example teaching, vocational guidance, moral training, sports, art, social value concerning activity, and the activity demonstrating what the characteristic of good juveniles was, the activity participated by juveniles. Therefore, these kinds of

activities should not be provided only in the community, but also in the training center as well.

5.3.2 Discussion of the results of the way to enhance the resilience by the external support

According to the research, apart from those activities, the juvenile also needed the external support to build the resilience. The study of Aprisit Sitthirak (2010) demonstrated that the resilience could be created and developed by directly supporting the person and providing environment for supporting the creation of resilience. One of the most important factors was family, and the society was considered as a second. The family and society were the supporting force to build creating the resilience, which was corresponded with this qualitative research that was the study of factors relating to the family relation and friend association and also corresponded with another research emphasizing the role of family and community to create the resilience and ability to avoid doing mistakes again. The American Psychology Association (n.d.) explained the creation of good relationship in family, groups of friends, colleagues. These relationships will help the person feeling that they had the person who always cared them, and when they faced the critical circumstance they can get help from others, this process was considered as a one way to create the resilience. Meanwhile, the Department of Mental Health (2009) demonstrated the three components to build the resilience including family, teachers, and community. When it comes to the self-esteem theory of Maslow (1970), the level of needs of human could be divided into 5 categories, and the self-esteem was at the fourth level. The self-esteem happened through getting respect from others. Moreover, the reactions of parents, family, relatives, and friends were also the component to create the self-esteem. Posse and Melgosa (2001) explained that the self-esteem influenced the social living of human. The self-esteem was received from parents, school, and environment as well. The people will express the self-esteem by being a good member. The personality expressing the capabilities and the possibility to get success in both home and school might lead to knowing self-limit. Moreover, the person will have the advantages to find the new structure to live in the society and to be less stress.

Therefore, the external support could be noted to be the one component to create the resilience of juvenile.

For the results of creating the resilience by family supporting, the answerer paid the attention to the direction in which the parent should treat the juvenile as the family was the important component for juveniles to be able to live in the correct way. Therefore, the important thing was the communication, caring, especially when the juvenile faced with the problem, needed understanding, comfort, and suggestion to solve the problem. The family, according to mentioned reasons, was the relevant component to create the strong resilience to juvenile, which was corresponded with the qualitative research. Minuchin (1974) explained that if the family cannot appropriately respond the development of teenagers, the development will be getting worst and eventually affecting the ability to be live in society and the resilience of teenagers. According to the results of all groups, the answerer gave the same suggestion that was the family must help the juvenile to live in the correct way and the communication in family will be helping the resilience of juvenile. Department of Women's Affairs and Family Development (2011) explained the family relationship in term of qualitative communication between each other, which was referred to the family members used the logic to talk and to explain what they thought without using violence, the members should trust other members and share stories to others, the parents should not overwhelm the juveniles by the seniority. Therefore, apart from the step before releasing juvenile from the training center, the family and juvenile must be giving the cooperation to create the resilience. Moreover, the family should observe the friend association for helping students not returning to use drugs. The last one was the family, school, and mass media should cultivate the good social value to juvenile, for example sufficient economy. Therefore, the creation of strong family relationship was considered as the important factor. Furthermore, for data collected from parents and professors, the results showed that the juvenile, who was released from the training center and did not do the mistakes again, had their own occupations, families, which were corresponded with the components of social bonding theory of Travis Hirschi (1969) in terms of the relation, obligation, and participation, which were the motivation to whether commit an offence or not. Another corresponded research was the study of Kwanhatai Rongkubtawanich (2001) suggested that the reasons leading to

the decision to quit drugs and to return to use drugs influenced by family the most, which was the one who can encourage the patients to have the good feeling with oneself and surrounded people. Moreover, the beloved person also influenced these kinds of behaviors because the patients would be thinking that when they became the leader of family, they should have more responsibilities, and should be trusted by the beloved person. Another research was the study of Pilairat Thongurai (2002) claiming that the family relationship could help the relationship between family members and the family was also the important source to improve skills and encourage to drug-related patient. Additionally, the answerer also give the suggestion about the activities participated by family members including the step before releasing juvenile and the activities to create the family relationship.

Another one was the social support. The juvenile after getting released, they will definitely face with the societies, which might force them to do the offence again. According to the labeling theory, it was believed that the self-belief made of the interaction with social members, or in other word the characteristic of person will be built corresponded with the reaction of social members. From this reason, it could be noticed that the thought of social members influenced the thought and characteristic of person Cooley (1902). This theory was applied to be used to explain the criminal behavior. In the labeling theory, the criminality was the results of personal respond towards the thought of social members, which was in reality the person did not do anything wrong, but the social members believed that person did it. This person will be labeled as an outsider. The labeling like this was considered as the source of the repetition of criminality. Therefore, after getting released from the training center the society should forgive of what the juvenile had been doing because the society was the important factor to create the resilience of juvenile to completely quit the cycle of drugs. Supported by the social bonding theory, the person, who had the relationship with family, school, and friends, tended to not doing the criminality, and they also helped to create the peaceful society, instead. According to the idea of Gottfredson and Hirschi (1990), it explained that the person would lose the ability to thoroughly think, when they were in the critical circumstances related to an offence. Therefore, providing livable environment can reduce the criminality and recidivism. The answerer also stated that the government should provide the activities supporting

societies to be able to accept the drug-related juvenile when getting released, for example job training, places to work, places to live in case of the family of juvenile was not ready. In the provided place, the required things were qualitatively communication, caring, suggestion when the juvenile encountering problems, call center, social media (for example Line, Facebook, etc.) because according to the results of research studying about the resilience, the numbers of juvenile, who committed a drug-related offence was in the lowest level compared to others. Therefore, these kinds of things were the ways to find the correct answer. The model of drug-free school should have the characteristics including 1) not retiring the juveniles who committed an offence because retiring will hurt the juveniles according to the idea of labeling theory 2) instant investigation of drugs to juveniles to be involved with drugs 3) providing psychologist suggesting about every problems and encouraging juveniles when they encountered problems

According to aforementioned discussion, Walter C. Reckless (1961) demonstrated the social control that consisted of two systems, which were referred to the inner control system and outer control system. The inner control system was the strong mind, and the outer control system was the strong society that could be used to prevent the criminality. The researcher, herein, emphasized the inner control system, which was the resilience that could be improved by means of mentioned activities. In the case of the outer control system, family and society, and using the law to notice the responsibility of parents, caring their juveniles, were the mechanism to control and to prevent the criminality. Moreover, it was the component to create the strong resilience to juvenile. Therefore, the inner control system and the outer control system should be simultaneously concerned.

CHAPER VI

CONCLUSION AND RECOMMENDATIONS

This research was a mixed method study. The aims of this quantitative research were 1) to study the resilience of juvenile offenders in narcotic cases. and 2) to study factor related to the resilience of juvenile offenders in narcotic cases. As for the aim of the qualitative part in this research was to study how to enhance the resilience of juvenile offenders in narcotic case. Data were collected by questionnaire from 111 samples who were juveniles serving time in the training center and those who were released and followed up by Phranakhon Sri Ayudhaya Vocational Training Center, and by indepth interview from 20 samples including experts in juvenile justice system, multidisciplinary, and staff of Phranakhon Sri Ayudhaya Vocational Training Center. The research tool for data collection was the questionnaire. Statistics for data analysis were percentage, mean, standard deviation, t-test, F-test, and multiple regressions. The researcher determined criteria of analysis statistical significance at the level of 05.

6.1 Conclusion

The results of the conclusion were presented in the following 3 aspects 1) conclusion of studying the resilience of juvenile offenders in narcotic cases. 2) conclusion of factors related to the resilience of juvenile offenders in narcotic cases. and 3) conclusion of how to enhance the resilience of juvenile offenders in narcotic cases.

6.1.1 Conclusion of studying the resilience of juvenile offenders in narcotic cases

6.1.1.1 Demographic characteristics

The Personal Information of the juvenile offenders at the training center in Phranakhon Sri Ayudhaya province. It was found that the majority of the participants's age was 18 years old, followed by 17 years old, 16 years old and the least was 15 years old. For the duration in Training Center, the majority was 1-2 years, followed by the duration of 10 – 12 months, less than 3 month, 3 – 6 months, 7 – 9 months, and the minimum duration was more than 2 years. The majority of the sample group's level in Training Center was Released, followed by Grade 1, Grade 3, Grade 4 and Grade 5 with an equal number, and the least was Grade 2. The majority of the sample group's numbers of times having been arrested was 1 time, followed by 2 times, 3 times, and the least was 4. For the highest educational level of the sample, the majority was junior high school, followed by elementary school, junior high school, and the least was lower elementary.

6.1.1.2 Conclusion of resilience level in juvenile offenders in narcotic case

From the answer of all respondents in each resilience level. It was found that in Autonomy, the majority had medium level, followed by high level, and the least was low level. In Social Competence, the result shows that the majority had medium level, followed by low level, and the least was high level. In Problem Solving, the majority had medium level, followed by high level, and the least was low level. In Sense of Meaning and Purpose, the majority had medium level, followed by high level, and the least was low level. In Resilience, the majority had medium level, followed by low level, and the least was high level.

The answer of 72 juveniles in training process of Phranakhon Sri Ayudhaya Vocational Training Center in each resilience level. It was found that in Autonomy, the majority had medium level, followed by high level, and the least was low level. In Social Competence, the majority had medium level, followed by low

level, and the least was high level. In Problem Solving, the majority had medium level, followed by low level, and the least was high level. In Sense of Meaning and Purpose, the majority had medium level, followed by high level, and the least was low level. In Resilience, the majority had medium level, followed by low level, and the least was high level.

And the answer of 39 juveniles who were followed up by Phranakhon Sri Ayudhaya Vocational Training Center in each resilience level. It was found that in Autonomy, the majority had medium level, followed by high level, and the least was low level. In Social Competence, the majority had medium level, followed by high level, and the least was low level. In Problem Solving, the majority had medium level, followed by high level, and the least was low level. In Sense of Meaning and Purpose, the majority had medium level, followed by high level, and the least was low level. In Resilience, the majority had medium level, followed by high level, and the least was low level.

6.1.1.3 The difference in the level of resilience among juveniles with different personal factors

The difference in the level of resilience among juvenile with different personal factors						
Personal Information	Group	RQ1	RQ2	RQ3	RQ4	RQ
Age	15-16, 17, 18 years old	✗	✓	✓	✓	✗
Duration in Center	< 1year , ≥ 1year	✗	✗	✗	✗	✗
Group	in training process, in follow up	✓	✗	✓	✓	✓
Grade	1, 2-4, released	✗	✗	✓	✗	✓
Number of arrested	1 time, > 1 time	✗	✗	✓	✗	✗
Education	< Junior School, ≥ Junior School	✓	✓	✓	✓	✓

✓ is Different significantly at the level of .05
 ✗ is Not different significantly at the level of .05

Remark : RQ1 is Autonomy
 RQ2 is Social Competence
 RQ3 is Problem Solving
 RQ4 is Sense of Meaning and Purpose
 RQ is Resilience

Figure 6.1 The difference in the level of resilience among juvenile with different personal factors

According to Figure 6.1, In comparing the level of resilience among group of juveniles in training process of Juvenile Training Center and group of juveniles who were followed up by the Training Center, the researcher found that different groups significantly cause the difference in Autonomy, Problem Solving, Sense of Meaning and Purpose, and Resilience at the level of 0.05. The group of juvenile offenders who were serving time at the Juvenile Training Center had lower level in these aspects of resilience than the group of juveniles who were followed up by the Training Center. While different group did not significant cause the difference in Social Competence at the level of .05.

The difference in age significantly caused the difference in social competence, problem solving, and resilience at the level of .05. The researcher then tests multiple comparisons by using Games-Howell's range test and found that the age group of 15-16 years old had less social competence, problem solving, and resilience than the group of 18 years old. The others had no significant difference.

In comparing the level of all aspects of resilience among samples with different durations in Juvenile Training Center, the researcher found that different duration in Juvenile Training Center did not significantly cause the difference in all aspects of resilience at the level of 0.05.

The difference in level in the Juvenile Training Center significantly caused the difference in autonomy, problem solving, and resilience at the level of .05. The researcher then tests multiple comparisons by using Scheffe's range test and found that juveniles in grade 2-5 had less autonomy, problem solving, and resilience than juveniles who were followed up, and juvenile in grade 1 had less problem solving than juveniles who were followed up as well. The others had no significant difference.

In comparing the level of resilience among samples with different number of times having been arrested, the researcher found that different number of times arrested significantly cause the difference in problem solving at the level of 0.05. The samples who had high numbers of times arrested had lower problem solving than who had low numbers of times arrested. While different number of times arrested did not significant cause the difference in autonomy, social competence, sense of meaning and purpose, and resilience at the level of 0.05.

In comparing the level of resilience among samples with different level of education, the researcher found that different education significantly cause the difference in autonomy, social competence, problem solving, sense of meaning and purpose, and resilience at the level of 0.05. The samples who graduated from lower junior school had lower level in all aspects of resilience than those who graduated from junior high school or higher.

6.1.2 conclusion of factors related to the resilience of juvenile offenders in narcotic cases

6.1.2.1 Factors related to the resilience level of juvenile offenders in narcotic case (All factors)

The factors correlated with the level of resilience					
Factor	RQ1	RQ2	RQ3	RQ4	RQ
Family Relationships					
Love and Care	✗	✗	✗	✗	✗
Acceptance and Respect	✗	✗	✗	✗	✗
Communication	✓	✗	✓	✗	✓
Resolution	✗	✗	✗	✗	✗
Peer Information	✗	✗	✓	✗	✗
Therapeutic Community Activities					
Morning Meeting	✗	✗	✗	✗	✗
Static Group	✗	✗	✗	✗	✗
Encounter Group	✗	✗	✗	✗	✗
Seminar Group	✗	✗	✗	✗	✗
Weekend Wrap up	✗	✗	✗	✗	✗
Punishment	✗	✗	✗	✗	✗
Reward	✗	✗	✗	✗	✗

✓ is significantly correlate at the level of .05
 ✗ is not significantly correlate at the level of .05

Remark :

- RQ1 is Autonomy
- RQ2 is Social Competence
- RQ3 is Problem Solving
- RQ4 is Sense of Meaning and Purpose
- RQ is Resilience

Figure 6.2 The factors correlated with the level of resilience

Figure 6.2 shows that family relationship (communication), could contribute significantly to the prediction of autonomy, problem solving, and resilience. Communication had positive relationship with autonomy, problem solving, and resilience, indicating that if communication increases, autonomy, problem solving, and resilience will change in upwards direction as well. But if communication decreases, it will change in downward direction.

Peer information could contribute significantly to prediction of problem solving. Peer information had a positive relationship with problem solving, indicating that if associated with good friends, problem solving will change in upwards direction as well. But if associated with bad friends, problem solving will change in downward direction.

There is no relationship between the resilience and activities of Therapeutic Community with statistically significant at .05 level.

6.1.2.2 Factors related to the resilience level of juvenile offenders in narcotic cases (Therapeutic Community)

Multiple regression analysis is employed to find out which independent variable in Therapeutic community activities can predict the level of resilience show in figure 6.3.

Therapeutic Community Activities factors correlated with the level of resilience					
Factor	RQ1	RQ2	RQ3	RQ4	RQ
Therapeutic Community Activities					
Morning Meeting	✗	✗	✗	✗	✗
Static Group	✗	✗	✗	✗	✗
Encounter Group	✗	✗	✓	✗	✗
Seminar Group	✓	✗	✓	✓	✓
Weekend Wrap up	✗	✗	✗	✗	✗
Punishment	✗	✗	✗	✗	✗
Reward	✗	✗	✓	✓	✗

✓ is significantly correlate at the level of .05
 ✗ is not significantly correlate at the level of .05

Remark :

- RQ1 is Autonomy
- RQ2 is Social Competence
- RQ3 is Problem Solving
- RQ4 is Sense of Meaning and Purpose
- RQ is Resilience

Figure 6.3 Therapeutic Community Activities factors correlated with the level of resilience

Table 4.28 shows that encounter group could contribute significantly to the prediction of problem solving. Seminar group could contribute significantly to the prediction of autonomy, problem solving, sense of meaning and purpose, and resilience. And Reward could contribute significantly to the prediction of problem solving, and sense of meaning and purpose. These activities had a positive relationship with each aspect of resilience.

6.1.3 Conclusion of how to enhance the resilience of juvenile offenders in narcotic cases

To create the resilience towards juvenile, the results could be separated into 2 parts, which were referred to model and activities to create the resilience towards a drug-related juvenile and the external support, i.e. family support and social support. Furthermore, the results of this research was included another addition comment as described below.

6.1.3.1 The Direction to enhance the resilience using activities

The answerer explained the resilience creating activities towards the drug-related juvenile, which were divided into 4 main activities including 1) Sense of self; this process focuses on the positive thinking of juvenile, self-understanding, and knowing the skill they have and developing this skill to get success in life 2) Self-control activity; this process teaches the person to accept the truth or being accepted the unchangeable thing, while focusing on the life achievement and learning to correctly manage the emotions and having the creatively problem-solving skills 3) Sense of connection; it refers to the courage of living and dealing with problems because the nature of this kind of sense is to learn to make a connection with surrounded people in order to create the good communication skills, understanding each other, trust and forgive. Therefore, this sense is considered an essential source of power 4) Sense of purpose; the process that teaches people to suitably set a goal of life that suited to each circumstances which were positive and negative circumstances. Those activities would create the resilience in 4 parts. Besides, the answerer also suggested that the religious and sport activity could also be used to help them feeling relax, being more conscious. Also, the Satir model that was provided to create the resilience between juvenile and family to getting a strong relationship was also involved.

6.1.3.2 The Direction to enhance the resilience by external support

For the direction to enhance the resilience by external support, which was divided into 2 parts, i.e. family and society, as following details;

The family is an important to create the resilience to juvenile because the creation of resilience only was not sufficient, the juvenile also needed the family member standing beside them. The answerer who had the juvenile committed an offence said that they changed their behavior by taking care of juvenile. Therefore, another way to create the resilience was the creation of family relationship. The answerer suggested the activities before releasing juvenile, family relationship activities, and post training should be provided in order to prepare the juvenile before living in the real societies. Furthermore, the Satir activity focused on the resilience of juvenile through the participation of children and family, which was the communication between children and family under the direction of officer. The government sector played an important role in the public relation to accelerate the

People's concern about the importance of family institute. In the case of the habitation of juvenile whom their family was not ready to take care of them should be providing environment as similar as the real family.

Apart from the family factor, another external supporting factor given by many answerers was society, community, and environment. Briefly, the respond from society and giving an opportunity for juvenile to live in society after getting released were also important to not return doing the criminality. The environment surrounded juvenile was also important. If, the juvenile lived in the drug-related society, they will have the possibility to return to the drug-related cycle again. The answerer suggested the way to create the resilience by the social support that was job training, study planning, make the societies being understood about the juvenile, purposing the model of white school at which always gave the chance for juvenile who committed an offence, having good advisor, developing the advisory technology for example LINE, Facebook, etc., should be provided.

6.1.3.3 Suggestions by Key informant

Another suggestion by key informants, they described the problem of materialism of the current social value and the lacks of officers who followed the juvenile after getting released. The answerer gave the suggestion about the volunteering system, for example retiree. Besides, the reformatory was also another way for juvenile to do benefits to societies like orphanage or almshouse. Moreover, the laws or juvenile protective act must be enacted.

The result of qualitative and quantitative research about enhancing the resilience is divided into two areas; form and activities that help to strengthen the resilience for juvenile offenders in narcotic cases, and external support that enhance the resilience as well.

The form and activities is also divided into 4, Sense of control, Sense of self, Sense of connection, Sense of purpose. According to quantitative research, Therapeutic Community Activities are also assist to enhance the resilience such as, the groups of thought encounter group, seminar group, and rewards. The process of preparation before release, the study show that the juvenile offender in drug cases. Most of them the resilience is low, problem solving and social competence are lowest respectively. Therefore preparation process before being released. It is helpful to strengthen the resilience directly, by guiding the way and solution when face the pressures of society and adaptation into society as well. These activities should be parents and community leaders participation. They will advice children and also prepare social environment to support, those children will be relaxed and adapt in circumstance. Therefore we should strictly arrange activities, which increase sense of self and sense of connection that lead to enhance the resilience in problem solving and social competence.

Moving on external support, the researcher divides into two components: family and society. The quantitative research shows that the most important is family, relationship with nice communication. Family members listen to and accept each other without restrictions. In addition family members should be aware and respect member's privacy that conform with data, which explain how important of family to push to increase the resilience. Parents need to communicate, ask for feeling, and

counseling with children when they face problems. The family also had adjusted themselves to be ready for children when they were released. The quantitative study found that friendship relate with resilience.

So parents should monitor and screen individual who is close with their children. At the same time, it should have some activities that help to build good relationship between children and family members. Parents are involved in these activities since the preparation until release process. The external support from society, they should not aggravate or disgust children who have done wrong. They should give an opportunity in career and education and make drug-free community, suggested that a representative of the community should be involved in activities before release process as mention above. Meanwhile Establishment of homeless children shelters, School without drugs and vice, and developing counseling center using new technology, which is easy to access such as social network to provide information and solution to children precisely.

According to result of study, researcher analyzes, and forms method about enhancing the resilience as figure 6.4 below.

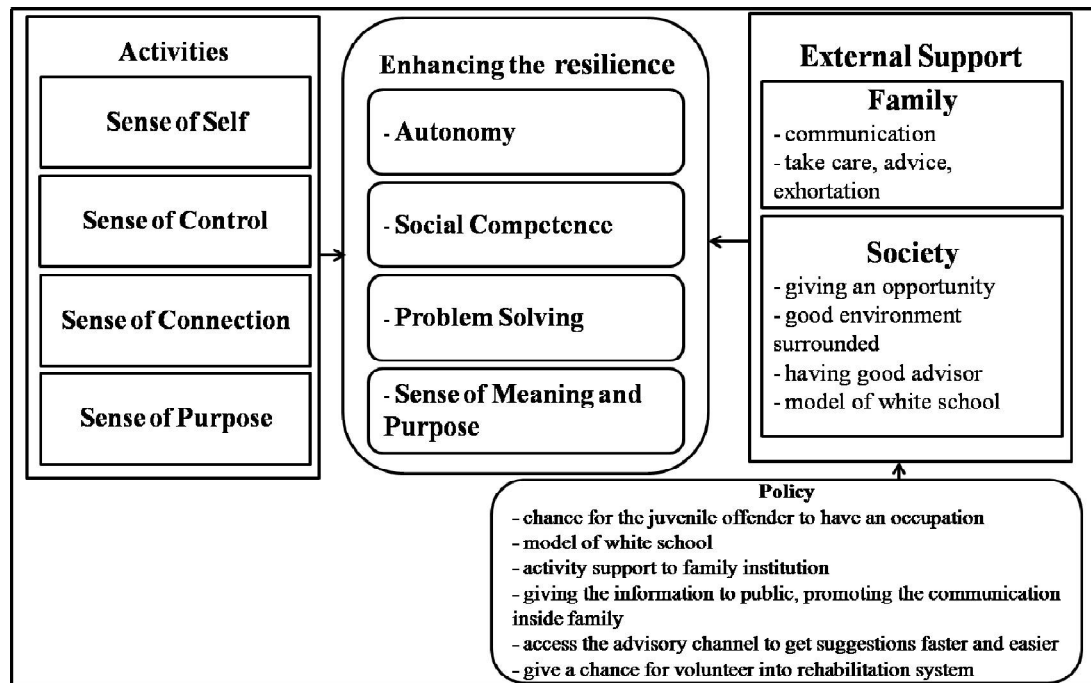


Figure 6.4 Model to enhancing the resilience of juvenile offenders in narcotic case.

6.2 Recommendations

6.2.1 Policy recommendations

The study showed most of juvenile had weak resilience in term of problem solving when compared to another type of resilience. Furthermore, there were the relationships between resilience and the family relationship, peer information, and therapeutic community, which were referred to encounter group, seminar group meeting, and rewarding. The researcher, herein, suggested the direction to enhance the resilience of drug-related juvenile through 4 abilities including autonomy, social competence, solving problem, and sense of meaning and purpose, these activities were based on the suggestions of answerers. In addition, the therapeutic community was also the important activity to strengthen resilience of juvenile. The suggested activities were the treatment process of the drug-related juvenile. The researcher also emphasized the activities to promote the family and social factors by focusing on the qualitative communication between family members and advisory channels. The suggested promotion of family and social factors was not only to strengthen the resilience of the drug-related juvenile, but also common juveniles, through methods, institutes, cooperation of related institutes as followed;

6.2.1.1 Activities to treat and rehabilitating juvenile

1) The Department of Juvenile Observation and Protection contained the varieties of methods to treat, repair, and rehabilitate the juvenile. When considering on the modification of activity related to the creation of the strong resilience including 4 main activities as described below.

(1) Sense of self; this process focused on the positive thinking of oneself and self-understanding, for instance “emotion controlled and released activity” of the Department of Mental Health. This activity aimed to the self-recognition, knowledge, and emotional understanding and control of members. The activity emphasized the creation of resilience in terms of self-caring and self-controlling.

(2) Sense of control; this process practiced person to be able to accept the reality or an unchangeable circumstance for happily living in societies, for example “when critical situation is a chance” activity of the Department of Mental Health focusing on the members could be able to change viewing over the critical situation, for instance the human cannot change out past, choose what happens to our life. The problem viewing was, therefore, a determiner about whether we, human, will still be fighting with problems. Hence, what we should do was being accepted and looking for good things that might happen. These activities focused on strengthening the resilience in terms of problem-solving, self-caring, and self-controlling.

(3) Sense of connection; this kind of sense was obtained from the surrounded people, it would help people to deal with problems or obstacles. The sense of connection could be created by learning to develop the relationship with people around us, qualitative communication, good understanding, trust each other, for example “Be thoughtful” activity organized by the Department of Mental Health. This activity emphasized thinking before doing, thinking about a long-term objective, critical thinking, analyzing results, consequent outcomes, learning to express the words “sorry” and “forgive” as an emotional releasing tool. These kinds of activities focused on the problem-solving skill and social skill, as well.

(4) Sense of purpose’ the exemplar of this type was the activity called “outstanding person” organized by the Department of Mental Health. This activity focused on experience learning provided by an outstanding person, which was used as a model of success. The members would be getting motivated and trying to find uncovered skill to reach a desired goal. This activity was for strengthening the resilience in terms of life achievement.

It can be clearly seen that each activity was a group activity that giving a chance for members to be participated, to give comments and suggestions, and to share experiences with others. These activities could be used to create the strong resilience in the perspective of social ability. Besides, each activity could not only build the strong resilience in a specific term, but also simultaneously strengthen many perspectives of resilience. The activity that the training center should concentrate on was the activity promoting the problem-solving skill, which was the

type of resilience that the drug-related juvenile possessed less than another type. Also, the encounter group, seminar group activity, and rewarding obtained from the therapeutic community of DAYTOP for treatment, repairing, and rehabilitating the juvenile who committed a drug offence. Every reformatory has been applying this idea for the perspective of treatment, repairing, and rehabilitating the drug-related juvenile.

2) The Department of Juvenile Observation and Protection and related institutes in charge of following the juvenile for 1 year should provide the activity creating the good relationship between parent and juvenile, home visiting activity after the juvenile getting released. In this case a psychologist and a social worker should be available to meet with the juvenile for promoting the understanding about home visiting to get better interaction between parent and children, for promoting a qualitative communication, and follow up which at the beginning the frequency should be 2 times a month for 3 months, and then 1 time a month until the end of 1 year follow up period.

6.2.1.2 Supporting Policy for family and society

1) The related government organization, i.e. Ministry of Worker, Children and Family Court, and Department of Juvenile Observation and Protection, and private sector should be cooperatively worked for providing a chance for the offence juvenile to have an occupation. Ministry of Worker should be the main institute providing the rules of business owner attending the occupation for the offence juvenile program. Then, contacting with the institute in charge of treat, repair, rehabilitate juvenile to organize jobs for the juvenile after getting released. At the same time, vocation training and the development of worker's skill should be provided before releasing process. Also, the juvenile at Sirinthorn juvenile training center should be training in order to help the children finding the exact occupation that suited with the skills they had. These sorts of organization will provide the occupation for juvenile, and the juvenile will not decide to return into the cycle of narcotic drug. It could be noted that the social support will open a chance for juvenile to normally live in societies. This type of social support will strengthen the resilience of juvenile in terms of life achievement and social skills.

2) Ministry of Education shall be meeting with the related institutes, i.e. Children and Family Court, Office of the Narcotics Control Board, and Department of Mental Health, for promoting the “drug-free school model” focusing on the chances of the juvenile who commit an offence using the methods including 1) no retiring for the juvenile who committed an offence 2) instant drug-investigation without student knowing that consequently made them fear and to be trying not to relate with drugs 3) having a psychological teacher giving the suggestion to students in every problems, for instance personal problem, educational problem, etc. All types of rally to resist drugs in academic, government and private sectors, all educational level (especially primary and high school) should be provided. This suggestion was another method to be a social supporting force as similar as title 1 focusing on the chance for children and youth and providing drug-free environment.

3) The government institutes responsible for the promotion of family strength, for example Office of Women’s Affairs, Department of Mental Health, Ministry of Social and Human Development, should be giving the information to public, proving a rally, promoting the communication inside family by perpetually organizing the qualitative communication inside family for accelerating and recognizing the importance of communication inside family. Every related institute changed to be a host every 1 year, and after that assessed the results of communication inside family. This activity will be a supporting force for family to be recognized the importance of communication inside family. According to the qualitative research, the promotion of family communication will build the strong resilience towards juvenile in terms of problem-solving skill and autonomy. Together with the result of interviewing, it showed that the family was the most important factor to build the strong resilience.

4) The related institutes to build the resilience, for instance Office of Women’s Affairs, family institute, Department of Mental Health, should be providing a public relation cultivating the qualitative communication inside family via advertisement, short film, sarcastic drama to people in order to let them know about the importance of family through TV or social network. This suggestion was the way to support the qualitative communication between family members.

5) The government institutes, for example Ministry of Information and Communication technology, Ministry of Public Health, Ministry of Social Development and Human Security, and private sector should be providing the usefully public activities, developing technology to be updated and be easy to access, for example social network to promote an advisory channel by using the application including social camera. Also, the advertisement of the advisory channel should be done via SMS (the old one) or LINE and Facebook (the new one), in case that the people will be able to access the advisory channel to get suggestions faster and easier. The development of the advisory channel will be the social support to create the resilience towards juvenile in terms of problem-solving skill, which was considered low in the juvenile who committed the drug-related offence.

6) The Department of Juvenile Observation and Protection may give a chance for volunteer, for example retiree, to follow vocation training , or another process that needed people to look after because the retiree was the group of people who had a lot of times and had lots of knowledge that could be used to develop societies. Each process should determine a period of working, and before the volunteer will be working they should be getting trained or workshop to understand the particular work. When the volunteer finished their works, the institute should give them a reward. In the case of volunteering, the advertisement and invitation in every way should be done for people to be known about the information. This suggestion will reduce the problem of lacks of officers, especially a follower. This policy would be helping to improve the efficiency to move all processes forward to create the strong resilience towards the juvenile who committed the drug-related offence.

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APPENDIX

APPENDIX A

QUESTIONNAIRE

Enhancing the resilience of juvenile offenders in narcotic case

This questionnaire consists of six parts including 1) Personal information, 2) Family background, 3) Peers information, 4) Children and youth opinions toward the Therapeutic Community activities to increase resilience at Juvenile Training Center at Ayutthaya Province, 5) Resilience evaluation and 6) Suggestions

Note: There is not a right or wrong answer for each question. The best answer should come from your true feelings. All your information will be kept confidential and will not affect you at any aspect.

Part 1 Personal Information

Please put a ✓ in the box closest to your self

1.1 Age years

1.2 Duration in Training Center

- | | |
|---|---|
| <input type="checkbox"/> 1) less than 3 months | <input type="checkbox"/> 2) 3 – 6 months |
| <input type="checkbox"/> 3) 7 – 9 months | <input type="checkbox"/> 4) 10 – 12 months |
| <input type="checkbox"/> 5) 12 months and 1 day – 2 years | <input type="checkbox"/> 6) more than 2 years |

1.3 Level in Training Center

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> 1) Grade1 | <input type="checkbox"/> 2) Grade2 |
| <input type="checkbox"/> 3) Grade3 | <input type="checkbox"/> 4) Grade4 |
| <input type="checkbox"/> 4) Grade5 | <input type="checkbox"/> 5) Released |

1.4 How many times have you been arrested? (Including this time)

1.5 Education Level

- 1) Lower elementary
- 2) Elementary
- 3) Junior high School
- 4) High School / Vocational
- 5) Diploma / High Vocational
- 6) Others.....

Part 2 Family Background

Please put a ✓ in the box closest to you opinions

2.1 Family relationship evaluation

No.	Questions	Answer		
		Never	Seldom	Often
1. Love and Care				
1.1	Family members express love and care in their daily life, such as touching, encouraging, talking, writing letters and so on.			
1.2	Family memers help others to do housework, such as cooking, cleaning and so on.			
1.3	Family members share their time in their routine activities, such as having meals, enjoying recreational activities, or exercises and so on.			
2. Acceptance and Respect				
2.1	Family members talk to and / or listen to each other.			
2.2	Family members accept different opinions from others regardless of age and / or experience and / or status.			
2.3	Family members respect their privacy of each other.			
3. Communication				
3.1	Family members talk to each other nicely and reasonably.			

3.2	Family members are able to argue, give any comment and advice to each other.			
3.3	Family members express their admiration and appreciation to each other.			
3.4	Family members take a good care of each other.			
3.5	Family members are able to find a peaceful solution when they have a problem.			
3.6	Family members think about the feeling of each other, when there are in conflict			
3.7	Family members trust and share their stories with each other.			
3.8	Family members do not force, threaten, or have a control over each other.			
4. Resolution				
4.1	Family members make important decisions together.			
4.2	Family members solve a problem reasonably together.			
4.3	Family members physically hurt each other when they got any conflict.			

Part 3 Peers Information

Please put a ✓ in the box closest to your opinions.

4.1 Have your friends get involved with vices and illegality?

- 1) yes 2) no

4.2 Are your friends in a criminal gang?

- 1) yes 2) no

4.3 Have your friends used any drugs?

- 1) yes 2) no

4.4 Are your friends are a drug trader?

- 1) yes 2) no

4.5 Have your friends been convicted of a crime?

- 1) yes 2) no

4.6 Are your friends a notorious gang leader?

- 1) yes 2) no

4.7 Are your friends very important to you?

- 1) yes 2) no

Part 4 Juvenile opinions toward the Therapeutic Community activities to increase resilience at Phranakhon Sri Ayudhaya Vocational Training Center.

Please put a ✓ in the box closest to your opinions.

- 5 = Most strongly agree
 4 = Strongly agree
 3 = Moderately agree
 2 = Less agree
 1 = Least agree

No.	Questions	Answer				
		1	2	3	4	5
1. Morning meeting						
1.1	The meeting makes you more open.					
1.2	The meeting makes you feel more honest.					
1.3	The meeting helps you to know other people in the training center.					
1.4	The meeting is helpful to you.					
1.5	Members are pleased to attend the meeting.					
1.6	The meeting is interesting.					
1.7	The meeting helps members to have a leadership.					

2. Static group/Counselors						
2.1	Counselors provide good advices.					
2.2	Counselors are able to make members release any frustration.					
2.3	Counselors are able to help members when they are unhappy or uncomfortable.					
2.4	Counselors are trustworthy for members.					
2.5	Static Group/ Counselors help members to learn the similar problems of other members and find a resolution.					
3. Encounter group						
3.1	Encouter group help you and the group members to reduce stresses.					
3.2	Encouter group help you and the group members adjust their behavior.					
3.3	Encouter group is able to help members to be able to control emotions and feelings.					
3.4	Encouter group is able to encourage members to face and talk to the parties without using violence.					
3.5	Encouter group is able to completely reduce any conflict or misunderstanding among the members.					
3.6	Encouter group is able to help members to understand and accept the truth of their own problems.					
4. Seminar group						
4.1	Seminar group helps members to express their views more.					
4.2	Seminar group gives members an opportunity to share ideas and experiences each other and adapt for routine.					
4.3	Seminar group trains members to reduce nervousness when speak on stage.					
4.4	Seminar group gives members the skills to listen and					

	accept the other opinions.					
4.5	Seminar group support members to think and study new knowledge.					
4.6	Seminar group encourages members to find ideas with reason and experience to solve problems and apply appropriately.					
5. Weeked wrap up						
5.1	Weeked wrap up practices members to show their views more.					
5.2	Weeked wrap up trains members to recognize the events that happened in a week.					
5.3	Weeked wrap up is interesting.					
5.4	Weeked wrap up makes you feel courage.					
6. Punishment						
6.1	Speaking warnings of staff can change bad or inappropriate behavior.					
6.2	Warned people are able to respond with reason.					
6.3	You may remember and improve yourself when you have warned from staff.					
6.4	Prospect chair let members think about their behavior is right or wrong.					
6.5	Prospect chair can practice patience of members.					
6.6	Punishment by learning experience (L.E.) let members improve their behavior.					
6.7	Limbo let members improve their behavior.					
7. Reward						
7.1	Promotion reward can increase morale of the children and youth.					
7.2	Reward by reduce working is able to encouraged children and youth.					
7.3	Rewarding makes the children and youth happy and					

	intends to be good.					
7.4	Reward by compliment in any opportunities let youth is willing to improve their behavior.					
7.5	Reward by admirable posting on public board make youth intends to amend behavior.					

Part 5 Resilience evaluation.

Please put a ✓ in the box closest to you sentiment

No.	Questions	No	Some	Yes
1	I can say now how I feel.			
2	I know what I am good at.			
3	I have a responsibility in job assignments.			
4	I can control my emotions when I face difficult times.			
5	My life is valuable.			
6	When I have problems. I will fight it strongly.			
7	I will study without any reminding.			
8	I can control myself to stop playing computer games at time schedule.			
9	I am sure that I can overcome the problems and difficult times in my life.			
10	I dare to think and do right time even it is different from the others.			
11	I am incompetent.			
12	I will not do the wrong thing even if nobody sees.			
13	I always intend to listen to others speak.			
14	I cooperate in public activities.			
15	I can say others to understand my thoughts and feelings.			
16	I like to make friends with others.			
17	I feel sorry when people have suffered from what I do.			

18	I can work with others who have a different opinion from me.			
19	I am reliable.			
20	I volunteers to work for public.			
21	No matter what I do. I always care about the thoughts and feelings of others.			
22	I am a good listener, when someone wants to talk or vent.			
23	I can forgive people who do badly to me.			
24	At least one person accepts me. No matter how I am.			
25	If this solution does not work. I will find out other way.			
26	Before doing anything, I will always plan ahead.			
27	I can refuse, when my friend persuade me to do something bad (such as absenting class, drinking alcohol, smoking).			
28	I use violence to solve any conflict situation.			
29	If I face difficult times, I often think about good thing in my past.			
30	Every time I have a problem, I consult with close friends to help.			
31	When I have to work on lots of things at the same time, I can decide what to do first.			
32	I accept other opinions that are different from me.			
33	I see my problem that is solvable.			
34	I fully support myself, when I face with difficult times.			
35	When problems happen, I do not know what to do.			
36	I like to solve the problem as friends did.			
37	I have my goals, which are learning and working.			
38	I can adapt in changeable situation.			
39	I try hard to reach the goal.			
40	I can survive in dangerous situation.			
41	I do to achieve more than talking or complaining.			
42	I never plan for my future.			

43	I have something in mind that would lead me to overcome trouble in my life.			
44	I know what I would do to achieve my goals.			
45	I am a good person to follow.			
46	I intend hardly to achieve a goal, although it would be difficult.			
47	I lack of motivation to success anything.			
48	I think what I miss that is a good experience.			

Part 6 Suggestion

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Thanks for your cooperation

Ms.Pacharin Sumsiripong

BIOGRAPHY

NAME	Pacharin Sumsiripong
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