

# Results of Psychological Training Program To Develop Children and Youth Mainstays for Immune-Strengthening and Surveillance of Family Violence in Children and Youth in Chiang Rai

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## Abstract

This experimental research aimed to study the result of the psychological training program to develop children and youth mainstays for immune-strengthening and surveillance of family violence in children and youth in Chiang Rai. The sample group was the youth in Chiang Rai aged 15-25 years who had the average score from the questionnaire about the violence in families of children and youth in Chiang Rai from the 75th percentile. The purposive sampling method was used to select 60 samples to participate in the psychological training program by conducting a match pair of children and youth whose averages were similar: 30 youth to the experimental group and 30 youth to the control group. The psychological training program was conducted twice a week, 1.30 to 2 hours each session, five sessions in total within three weeks. The operational step included three stages: Initial, Working, and Ending Stage.

Research results demonstrated that the mean of family violence in children and youth in Chiang Rai from the experimental group during the pre-test period was 3.54 and the Standard Deviation (SD) was 0.65, which was high. The mean of family violence and SD during the post-test period was 2.63 and 0.34, which was moderate. The mean of family violence and SD during the post-test period was 2.56 and 0.33, which was moderate. As for children and youth from the control group, the mean of family violence and SD during the pre-test was 3.86, and SD was 0.48, which was high. The mean of family violence, and SD during the post-test period was 3.82 and 0.50, which was high. During the follow-up stage, the mean of family violence and, SD was 3.80 and 3.48, which was high. It proved that the program was successful to some extent due to the increasing mean of family violence.

**Keywords:** Training, Psychology, Immune-strengthening, Violence, Children and youth

## Introduction

Resilience quotient (RQ) leads a person to overcome crisis or trauma incidents by having speedy emotional and mental rehabilitation, freeing from the grift, having emotional and mental flexibility, and self-adaptation to live a normal life happily. A person with good and healthy mental health will turn the crisis into an opportunity and become stronger (Siriratrekha, 2022). For this reason, RQ boosting is crucial for children and youth. The participatory RQ-strengthening is a collaboration between community networks to enhance the children and youth's spirit to prevent themselves from the risk of insecure situations, or being non-resilient person during the difficult time (Noosorn & Phetphoom, 2016), such as during the spread of drug abuse in the community, domestic violence situation where parents fight or hurt each other, particularly the increasing rate of family violence. Data from the website of Child and Female Abuse and Family Violence Information Center, Ministry of Social Development and Human Security (Ministry of Social Development and Human Security, 2016) stated that most family violence problems were through the fight between a couple and physical and mental abuse which caused other related multiple issues. The cause of violence level in children was the dysfunctional family, readiness for maternity, and lack of care from parents since they had to go out to work and left children with their relatives, mentor, or on their own, so children were abused, such as being beaten by the relative or mentor without parent's acknowledgment. After the repeated action, children became emotionally suppressed, quiet, and had an emotional impact (Sodsri, 2017). With any risk circumstance, either physical, verbal, or social violence, RQ and violence surveillance are vital that the relevant organizations/agencies should be aware of the prevention. The visit and survey of families in the community or psychological training to develop children and youth mainstays, and the constant surveillance and follow-up with the family violence might need attention. United Nations (UN) defined the universal declaration of rights of the child that all children have the right to learn and develop their potential without the racial, skin tone, gender, language, religious, political opinions, ethical, social, or other status discrimination. Therefore, children and youth have the right to have psychological training for mental development and boosting their RQ. Besides, it constructs their secure mental health to grow up as adults, which would minimize the violence problems in society (Timur et al., 2016).

From the above issues, the researcher was interested in studying the impact of psychological training on children and youth in Chiang Rai using the psychological training program to develop children and youth mainstays for immune-strengthening and surveillance of family violence in children and youth in Chiang Rai. The experiment stage was divided into the initial, working, ending, and follow-up stage. If the program was successful, the researcher expected that it could be applied to other groups of children and youth. Even though problems would not be resolved, immune-strengthening for children and youth would prevent and help them be stronger and tougher to overcome violence problems and grow up efficiently with quality as other children and youth from healthy families.

## Research Objective

To study result of psychological training program to develop children and youth mainstays for immune-strengthening and surveillance of family violence in children and youth in Chiang Rai.

## Methodology

### Methodology:

This research article was partial to the research and development of children and youth innovation to reduce family violence in Chiang Rai Province using the experimental research method; it was to create the psychological training program to develop children and youth mainstays for immune-strengthening and surveillance of family violence in children and youth as the following details.

### Population

Population was 165,728 youth aged 15 to 25 years old in Chiang Rai (The Bureau of Registration Administration, 2017)

### Sample group

The sample group for studying results of the psychological training program was the youth in Chiang Rai aged 15 to 25 years old chosen from the sample group in the initial study who had the mean score of the questionnaire about the violence in families of children and youth in Chiang Rai from the 75th percentile. Then, the purposive sampling method was conducted to select the children and youth to participate in the psychological training program to develop children and youth mainstays for immune-strengthening and surveillance of family violence in children and youth in Chiang Rai. The steps of sample group selection details were as follows.

1. The researcher applied the purposive sampling method to acquire 60 samples whose average score was from the 75th percentile, and who were willing to participate in the training program.

2. The researcher conducted a match pair of youth whose average were similar: 30 youth to the experimental group based on the Schmidt process (Schmidt, 1993, p.137) and 30 youth to the control group who did not participate in the training program.

This research prevented the rights of the sample group. Personal information was not identified. The research was approved for human research ethics by Chiang Rai Provincial Public Health Office, Project No. CHRPHO 73/2564.

### Research tool

The psychological training program to develop children and youth mainstays for immune-strengthening and surveillance of family violence in children and youth in Chiang Rai determine the structural relationship of theories, principles, concepts, and techniques of counseling, psychological technique, and training techniques that will be adapted to the youth development for immune-strengthening and surveillance of family violence in children and

youth in Chiang Rai in each aspect, which involves physical, verbal, and social violence. Youth participate in the training program two times a week, 1.30-2.00 hours for each session, five sessions in total within three weeks. The operational step included three stages: Initial, Working, and Ending Stage. The content validation of the training program has been validated by three experts to check the consistency of objective, application of theories, psychological training technique, and psychological technique. The IOC of the step of the training program was 0.80 - 1.00, consisting of the orientation, physical violence, verbal violence, social violence, and post-training.

### **Data collection**

The researcher conducted the following processes to collect data to study the results of the psychological training program to develop children and youth mainstays for immune-strengthening and surveillance of family violence in children and youth in Chiang Rai.

1. Experiment planning design - The researcher utilized the experimental research method, Two-Group Pre-test-Post-test Design, which is the experiment with two groups and two tests, pre-test and post-test. The researcher adjusted the experiment plan by having measures or tests after the 5th test within one month; it is the measures during the follow-up period. This plan was the repeated measures design, three in total, which were the pre-test, post-test, and follow-up period.

2. Experiment process - The researcher used the psychological training program to develop children and youth mainstays for immune-strengthening and surveillance of family violence in children and youth in Chiang Rai as follows.

2.1 Initiate stage: Select the 60 samples to participate in the psychological training program to develop children and youth mainstays for immune-strengthening and surveillance of family violence in children and youth aged 15 to 25 in Chiang Rai whose mean score from the questionnaire about the family violence in children and youth in Chiang Rai was the 75th or higher percentile, and who wanted and accepted to participate in the training. The researcher interviewed them to check their readiness and willingness to participate in the program, and matched pair children and youth who had similar mean scores; 30 of them were assigned to the experimental group. Then, the researcher made an appointment with the group members to get the details about joining the psychological training program to develop children and youth mainstays for immune-strengthening and surveillance of family violence in children and youth in Chiang Rai.

2.2 Working stage: The researcher conducted the created psychological training program to develop children and youth mainstays for immune-strengthening and surveillance of family violence in children and youth with the sample group to navigate the process to promote children and youth mainstays to apply promotion process for children and youth to extend the innovations of immune-strengthening and surveillance of family violence to 30 children and youth in the experimental group for five times within three weeks.

2.3 Ending stage: The researcher asked the participant of the psychological training program to complete the questionnaire about the family violence in children and youth in Chiang Rai, which was the score of the post-test stage.

2.4 Follow-up stage: One month after the psychological training program, the researcher met with the experimental and control group to complete the questionnaire about the family violence in children and youth in Chiang Rai again to acquire the data from the follow-up period.

### **Data analysis and statistics**

The researcher compared the mean of the pre-test, post-test, and follow-up period as follows.

1. Analyze to verify the quality of the psychological training program to develop children and youth mainstays for immune-strengthening and surveillance of family violence in children and youth in Chiang Rai using the content validity and considering the consistent objectives, theories, techniques for psychological training, and psychological techniques, and step of the training program by the expert (Item-objective Congruence: IOC) using the mean calculation.

2. Analyze to compare results of the psychological training program to develop children and youth mainstays for immune-strengthening and surveillance of family violence in children and youth in Chiang Rai as follows.

2.1 Analyze to compare the mean of family violence in children and youth in Chiang Rai in the experimental and control group during the pre-test, post-test, and follow-up period using the Two-Way Repeated MANOVA (Stevens, 2002, p.455).

2.2 Analyze to compare the pair difference and post hoc test of the overall mean of family violence in children and youth in Chiang Rai and by each component: during the pre-test, post-test, and follow-up period using the Least Significant Differences (LSD) (Stevens, 2002, p.462).

## **Results**

To study the results of the psychological training program to develop children and youth mainstays for immune-strengthening and surveillance of family violence in children and youth in Chiang Rai who were in the experimental and control group, during the pre-test, post-test, and follow-up period, the researcher validated the normality using the statistics and found that the statistical significance of the pre-test, post-test and, follow-up period was .06-.99. It implied that the family violence in children and youth in Chiang Rai during the pre-test, post-test and follow-up period had a normal curve distribution. As a result, it could be moved to the next step, which was the Two-way Repeated MANOVA.

1. Mean and Standard Deviation (SD) of the family violence in children and youth in Chiang Rai in the experimental and control group during the pre-test, post-test, and follow-up period

The researcher analyzed the mean and SD of the family violence in children and youth in Chiang Rai in the experimental and control group during the pre-test, post-test, and follow-up period as results shown in Table 1.

**Table 1** Mean and SD of the family violence in children and youth in Chiang Rai in the experimental and control group during the pre-test, post-test, and follow-up period (n=60)

Family Violence	Group	Period								
		Pre-test			Post-test			Follow-up		
		M	SD	Level	M	SD	Level	M	SD	Level
Physical Violence	Experimental	3.24	0.57	Moderate	2.61	0.37	Moderate	2.54	0.36	Low
	Control	3.58	0.68	High	3.55	0.69	High	3.52	0.64	High
Verbal Violence	Experimental	4.16	0.49	Very High	3.27	0.49	Moderate	3.09	0.61	Moderate
	Control	4.15	0.53	Very High	4.13	0.53	High	4.12	0.53	Very High
Social Violence	Experimental	3.46	0.77	Very High	2.68	0.40	Moderate	2.58	0.42	Moderate
	Control	3.84	0.75	Very High	3.80	0.76	High	3.78	0.74	Very High
Overall Domestic Violence	Experimental	3.54	0.65	Very High	2.63	0.34	Moderate	2.56	0.33	Moderate
	Control	3.86	0.48	Very High	3.82	0.50	High	3.80	0.48	Very High

Table 1 illustrates that the mean and SD of children and youth in the experimental group during the pre-test period was 3.45 and 0.65, which was high. During the post-test, the mean and SD was 2.63 and 0.34, which was moderate. During the follow-up period, the mean and SD was 2.56 and 0.33, which was moderate. At the same time, the mean and SD of children and youth in the control group during the pre-test period was 3.86 and 0.48, which was high. During the post-test, the mean and SD was 3.82 and 0.50, which was high. During the follow-up period, the mean and SD was 3.80 and 0.48, which was high. If considering by aspect, it could be concluded as follows.

**Physical violence** The mean of physical violence in children and youth in Chiang Rai in the experimental group during the pre-test period was 3.24, and SD was 0.57, which was moderate. During the post-test period, the mean and SD was 2.61 and 0.37, which was moderate. During the follow-up period, the mean and SD was 2.54 and 0.36. Meanwhile, the mean and SD of physical violence in children and youth in Chiang Rai in the control group during the pre-test period was 3.58 and 0.68, which was high. During the post-test period, the mean and SD was 3.55 and 0.69, which was high. The mean and SD during the follow-up period was 3.52 and 0.64, which was high.

**Verbal violence** The mean and SD of verbal violence in children and youth in Chiang Rai in the experimental group during the pre-test period was 4.16 and 0.49, which was high. During the post-test period, the mean and SD was 3.27 and 0.49, which was moderate. During the follow-up period, the mean and SD was 3.09 and 0.61, which was moderate. At the same time, the mean and SD of physical violence in children and youth in Chiang Rai in the control group during the pre-test period was 4.15 and 0.53, which was high. During the post-test period, the mean and SD was 4.13 and 0.53, which was high. During the follow-up period, the mean and SD was 4.12 and 0.53, which was high.

**Social violence** The mean and SD of social violence in children and youth in Chiang Rai in the experimental group during the pre-test period was 3.46 and 0.77, which was high. During the post-test period, the mean and SD was 2.68 and 0.40, which was moderate. During the follow-up period, the mean and SD was 2.58 and 0.42, which was moderate. At the same time, the mean and SD of physical violence in children and youth in Chiang Rai in the control group during the pre-test period was 3.84 and 0.75, which was high. During the post-test period, the mean and SD was 3.80 and 0.76, which was high. During the follow-up period, the mean and SD was 3.78 and 0.74, which was high.

2. Assumption test of the family violence of family violence in children and youth in Chiang Rai in the experimental and control group during the pre-test, post-test, and follow-up period

The researcher tested the assumption of the family violence in children and youth in Chiang Rai in the experimental and control groups during the pre-test, post-test, and follow-up period, as results shown in Table 2.

**Table 2** Assumption test of the family violence of family violence in children and youth in Chiang Rai in the experimental and control group during the pre-test, post-test, and follow-up period (n=60)

Domestic Violence	Period	Levene Statistic	df1	df2	p
<b>Overall domestic violence</b>	Pre-test	0.28	1	58	.59
	Post-test	0.24	1	58	.62
	Follow-up	0.17	1	58	.68

Table 2 demonstrates that the variance between different groups during the pre-test and post-test period was the same without the statistical significance ( $F=0.28$   $df=1, 58$   $p=.59$ ) and ( $F=0.24$   $df=1, 58$   $p=.62$ ), respectively. Likewise, the variance between different groups during the follow-up period was the same without a statistical significance ( $F=0.17$   $df=1, 58$   $p=.68$ ).

**Table 3** Multivariate analysis of variance of family violence in children and youth in Chiang Rai in the experimental and control group during the pre-test, post-test, and follow-up period (n=60)

Effect	Multivariate Test	Value	F	Hypothesis df	Error df	p
Period	Pillai's Trace	0.72	22.76*	6	53	.00
	Wilks' Lambda	0.28	22.76*	6	53	.00
	Hotelling's Trace	2.58	22.76*	6	53	.00
	Roy's Largest Root	2.58	22.76*	6	53	.00
Group	Pillai's Trace	0.58	25.64*	3	56	.00
	Wilks' Lambda	0.42	25.64*	3	56	.00
	Hotelling's Trace	1.37	25.64*	3	56	.00
	Roy's Largest Root	1.37	25.64*	3	56	.00

  

Effect	Multivariate Test	Value	F	Hypothesis df	Error df	p
Period X Group	Pillai's Trace	0.69	20.07*	6	53	.00
	Wilks' Lambda	0.31	20.07*	6	53	.00
	Hotelling's Trace	2.27	20.07*	6	53	.00
	Roy's Largest Root	2.27	20.07*	6	53	.00

Remark: \*p<.05

Table 3 shows the assumption test of the family violence of family violence in children and youth in Chiang Rai in the experimental and control group during the pre-test, post-test, and follow-up period. Results exhibits that when the time changed, the family violence in children and youth in Chiang Rai was different with a statistical significance of .05 (Wilks Lambda=0.28 F=22.76 df=6, 53 p=.00). Further, children and youth in Chiang Rai who were from different groups had the different family violence with the statistical significance of .05 (Wilks Lambda=0.42 F=25.64 df=3, 56 p=.00). In addition, the changing time and children and youth from different groups had different family violence with a statistical significance of .05 (Wilks Lambda=0.31 F=20.07 df=6, 53 p=.00). Therefore, results of the psychological training program to develop children and youth mainstays to minimize the family violence in children and youth in Chiang Rai in the experimental and control group during the pre-test, post-test, and follow-up period could be examined as follows.

**Table 4** Results comparison of the psychological training program to develop children and youth mainstays to minimize the family violence in children and youth in Chiang Rai in the experimental and control group during the pre-test, post-test, and follow-up period (n=60)

Family Violence	SS	df	MS	F	p
<b>Physical violence</b>					
Period	19.78	2	9.89	45.82*	.00
Group	27.69	1	27.69	33.88*	.00
Period X Group	16.72	2	8.36	38.73*	.00
Error	25.04	116	0.21		
<b>Verbal violence</b>					
Period	21.32	2	10.66	49.84*	.00
Group	34.49	1	34.49	57.62*	.00
Period X Group	19.45	2	9.72	45.47*	.00
Error	24.81	116	0.21		
<b>Social violence</b>					
Period	15.27	1.51	10.07	45.39*	.00
Group	23.61	1	23.61	22.06*	.00
Period X Group	12.83	1.51	8.47	38.15*	.00
Error	19.51	87.88	0.22		
<b>Overall family violence</b>					
Period	18.50	1.80	10.23	92.43*	.00
Group	23.61	1	28.42	22.06*	.00
Period X Group	16.03	1.80	8.86	80.06*	.00
Error	11.61	104.86	0.11		

Remark: \*p<.05

Table 4 presents the psychological training program to develop children and youth mainstays to minimize family violence in children and youth in Chiang Rai in the experimental and control group during the pre-test, post-test, and follow-up period. It indicates that due to the different periods, the overall mean of family violence was different with a statistical significance of .05 ( $F=92.43$ ,  $df=1.80$ ,  $p=.01$ ). In addition, the different groups had a different overall mean of family violence with a statistical significance of .05 ( $F=22.06$ ,  $df=1$ ,  $p=.00$ ). Also, the different periods and groups affected the different overall mean of family violence was different with a statistical significance of .05 ( $F=80.06$ ,  $df=1.80$ ,  $p=.00$ ). When considering by aspect, the following results were discovered.

**Physical violence** Different periods affected different means of physical violence with a statistical significance of .05 ( $F=45.82$ ,  $df=2$ ,  $p=.00$ ). Different groups affected the means of physical violence with a statistical significance of .05 ( $F=33.88$ ,  $df=1$ ,  $p=.00$ ). Additionally, different periods and groups affected different means of physical violence with a statistical significance of .05 ( $F=38.73$ ,  $df=2$ ,  $p=.00$ ).

**Verbal violence** Different periods affected different means of verbal violence with a statistical significance of .05 ( $F=49.84$ ,  $df=2$ ,  $p=.00$ ). Different groups affected different means of verbal violence with a statistical significance of .05 ( $F=57.62$ ,  $df=1$ ,  $p=.00$ ). Additionally,

different periods and groups affected different means of verbal violence with a statistical significance of .05 ( $F=45.47$ ,  $df=2$ ,  $p=.00$ ).

**Social violence** Different periods affected different means of social violence with a statistical significance of .05 ( $F=45.39$ ,  $df=1.51$ ,  $p=.00$ ). Different groups affected different means of social violence with a statistical significance of .05 ( $F=22.06$ ,  $df=1$ ,  $p=.00$ ). Additionally, different periods and groups affected different means of social violence with a statistical significance of .05 ( $F=38.15$ ,  $df=1.51$ ,  $p=.01$ ). Since the overall mean of family violence and by aspect were different, the researcher compared them using Bonferroni Pairwise comparison method, as shown in Table 5 to 7.

**Table 5** Comparison of family violence in children and youth in Chiang Rai during the pre-test period classified by group (n=60)

Family Violence	Experimental Group		Control Group		MD	p
	M	SD	M	SD		
Physical violence	3.24	0.57	3.58	0.68	0.34	.86
Verbal violence	4.16	0.49	4.15	0.53	-0.01	.80
Social violence	3.46	0.77	3.84	0.75	0.38	.88
<b>Overall family violence</b>	<b>3.54</b>	<b>0.65</b>	<b>3.86</b>	<b>0.48</b>	<b>0.32</b>	<b>.81</b>

Remark: \* $p<.05$

Table 5 illustrates that the overall family violence and by aspect: physical violence, verbal violence, and social violence, during the pre-test period of children and youth in Chiang Rai in the experimental and control group were different without a statistical significance.

**Table 6** Comparison of family violence in children and youth in Chiang Rai during the post-test period classified by group (n=60)

Family Violence	Experimental		Control Group		MD	p
	Group	M	SD	M	SD	
Physical violence		2.61	0.37	3.55	0.69	0.94
Verbal violence		3.27	0.49	4.13	0.53	0.86
Family Violence	Experimental		Control Group		MD	p
Group	M	SD	M	SD		
Social violence		2.68	0.40	3.80	0.76	1.12
<b>Overall family violence</b>	<b>2.63</b>	<b>0.34</b>	<b>3.82</b>	<b>0.50</b>	<b>1.19</b>	<b>.00</b>

Remark: \* $p<.05$

Table 6 illustrates that the overall family violence and by aspect: physical violence, verbal violence, and social violence, during the post-test period of children and youth in Chiang Rai in the experimental group was lower than the control group with a statistical significance of .05.

**Table 7** Comparison of family violence in children and youth in Chiang Rai during the follow-up period classified by group (n=60)

Family Violence	Experimental Group		Control Group		MD	p
	M	SD	M	SD		
Physical violence	2.54	0.36	3.52	0.64	0.98	.00
Verbal violence	3.09	0.61	4.12	0.53	1.03	.00
Social violence	2.58	0.42	3.78	0.74	1.20	.00
<b>Overall family violence</b>	<b>2.56</b>	<b>0.33</b>	<b>3.80</b>	<b>0.48</b>	<b>1.24</b>	<b>.00</b>

Remark: \*p<.05

Table 7 illustrates that the overall family violence and by aspect: physical violence, verbal violence, and social violence, during the follow-up period of children and youth in Chiang Rai in the experimental group was lower than the control group with a statistical significance of .05.

## Discussions

From the research objective to study results of the psychological training program to develop children and youth mainstays for immune-strengthening and surveillance of family violence in children and youth in Chiang Rai, the IOC from experts to validate the training program analyzed with the qualitative evidence indicated that the IOC was 0.80-1.00. It presented that the psychological training program passed the qualitative test, which might be utilized to develop children and youth mainstays for immune-strengthening and surveillance of family violence.

Anyhow, it might be that the psychological training program to develop children and youth mainstays for immune-strengthening and surveillance of family violence in children and youth in Chiang Rai followed the concept of Nelson-Jones (Nelson-Jones, 1992) who stated about the training program that consisted of the key stages, which each of them had common qualities, which were the initial stage, working stage, and ending stage. The objective of health development of the advisor was determined and the training period with the specific objective was set at 5-12 sessions the average, which was the length of the group and duration of the session. Each session was 2-3 hours. The appropriate venue and environment, visual media, material and equipment for training, and facilities were prepared. Moreover, the training method and materials were considered to be consistent with the training objective and content, which included brainstorming, self-assessment, teaching, game, simulation, role-playing, imagination, and story-telling technique.

As for the content of family violence, the setup of a training group to change the mindset and to promote the members to create the method of immune-strengthening and surveillance of family violence creatively and apply the model to the other groups. It was the social innovation with the highest efficiency. It was in line with Chafetz (Chafetz, 2008) who examined clinical test results of health training for health promotion for seriously ill patients. The sample group was 309 seriously ill patients who had short-term treatment and registered for the training. The research tool was active health promotion with health training consisting of self-assessment, self-monitor, and self-health management within 12 months. Results showed that from the health assessment (SF-36) and self-scoring via the interview in the 6th, 12th, and 18th month, the health training related to physical health with a statistical significance. It was consistent with the study of McGarrigle and Walsh (McGarrigle & Walsh, 2011) who investigated the impact of meditation on consciousness, self-care, and health in social work. The sample group was 12 staff who were in charge of service affairs. The research tool was the 8-week meditation program. Results showed that after attending the meditation program, the level of consciousness, self-care, awareness, and problem-facing strategies of the sample group increased with a statistical significance. It implied that meditation practice enhanced the health level. On the other hand, it positively impacted the service providing of service staff. It corresponded with Phillips et al. (Phillips et al., 2019) who reported that a flexible person was likely to have better health and less stress. Thus, the process to construct curiosity, acceptance of new things and mistakes, and admiration for what they know, as well as the process to design the flexibility of ideas that activate the immune-strengthening and surveillance of family violence was crucial for designing the psychological training program to develop children and youth mainstays for immune-strengthening and surveillance of the family violence in children and youth in Chiang Rai. It was in line with Osborn et al. (Osborn et al., 1997, p.325) who explained that seeking the truth and curiosity were the crucial components of immune-strengthening and surveillance of family violence.

For this reason, the development of the three components to design the efficient psychological training program to develop children and youth mainstays for immune-strengthening and surveillance of the family violence in children and youth in Chiang Rai should be taken into consideration since they related to each other and assisted children and youth in the immune-strengthening and surveillance of family violence that balanced and corresponded to work and daily life.

Nevertheless, the researcher applied the theory of counseling, counseling technique, psychological theory, and other psychological theories to the psychological training program including client-centered counseling theory, behavioral counseling approach, and rational emotive behavior counseling. Psychological group activities, training concepts, method, and technique, which was consistent with Nelson-Jones (Nelson-Jones, 1992, p.10) who stated that the psychological training program could apply the concepts, theories, counseling skills, and psychological technique to the psychological training program to develop children and youth mainstays for immune-strengthening and surveillance of the family violence in children and youth in Chiang Rai for the practice, either the psychological education framework, idea counseling, and humanistic and behavioral counseling theory (Thompson, 2016).

## Conclusion and suggestions

### Conclusion

The psychological training program to develop children and youth mainstays for immune-strengthening and surveillance of family violence in children and youth in Chiang Rai could be applied for immune-strengthening and surveillance of family violence in children and youth. Experiment results illustrated that group members had a positive relationship, which was reflected via harmony and participation, admiration of other members, assistance, relaxed actions, laughs, enjoyment, smiley faces, expression of opinions, appropriate response, and attempt to answer questions. Before ending the program, members talked intimately; they discussed, gave opinions, advice and information, and learned about concepts and self-emotion. Besides, results of developing children and youth mainstays for immune-strengthening and surveillance of the family violence exhibited that the mean of family violence during the follow-up and post-test period was lower than the pre-test period with a statistical significance of .05, which was consistent with the research hypothesis.

Therefore, it could be concluded that the psychological training program to develop children and youth mainstays for immune-strengthening and surveillance of family violence in children and youth in Chiang Rai was created to develop children and youth mainstays for immune-strengthening and surveillance of family violence in children and youth in Chiang Rai could be applied for immune-strengthening and surveillance of family violence in various aspects. As Nelson-Jones (Nelson-Jones, 1992, p.6) stated that group training was the method to allow group members to enhance life skills via the process of learning by doing, systematic teaching, and members interaction. It was in line with the study of Baker and Absenger (Baker & Absenger, 2013) who investigated the construct of the training group to increase sexual well-being efficiency. The hypothesis was the training group model could increase good health and sexual well-being. The sample group was the population with high stress. The research tool was the Sexual Wellness Enhancement and Enrichment Training (SWEET) adapted from the mind-body skills group comprising breathing exercises, mindfulness, mindful eating, exercise, and relaxation practice. Results revealed that the group training model increased good health and sexual well-being, which was consistent with the hypothesis. Moreover, the research of Treven et al. (Treven et al., 2015) on the training program to develop well-being in the organization, which was conducted with 320 employees who participated in stress management programs, diversity management programs, wellness programs, employee assistance programs, and programs for personal growth reported that the program could maximize happiness and wellness to employees. In addition, it was consistent with the research of Tabitha et al. (Tabitha et al., 2015) that investigated the development of physical, mental, and spiritual health with the wellness development program for college counseling. The sample group was 38 master and doctoral students. The qualitative research method and the 5F-Wel questionnaire were utilized. Results showed that the wellness development program had a positive impact on the knowledge of students and well-being practice (Shaffer & Galinski, 1974).

## Recommendations

Recommendations for results application: Research results can be applied to develop children and youth mainstays for immune-strengthening and surveillance of family violence in children and youth by enhancing all components: physical, verbal, and social violence since they are related. The development and follow-up should be continued constantly.

Recommendation for future research: The program model or other methods of children and youth mainstays for immune-strengthening and surveillance of family violence should be developed, such as computer-based training, web-based training, E-Learning, learning portals, etc., for developing the new normal learning.

## New knowledge and the effects on society and communities

The results of the psychological training program to develop children and youth mainstays for immune-strengthening and surveillance of family violence in children and youth in Chiang Rai illustrated that the mean during the follow-up and post-test period was higher than the pre-test period. Moreover, the mean during the follow-up period was higher than the post-test period with a statistical significance of .05. The difference in mean during the pre-test, post-test, and follow-up period had a statistical significance. Therefore, the psychological training program to develop children and youth mainstays was beneficial and effective to develop children and youth mainstays for immune-strengthening and surveillance of family violence. In addition, this research was conducted with the sample group and in a specific area, so the results are specific due to the identity and context of the sample group. Consequently, the knowledge and innovations from this research are practical substantially and can be extended to be appropriate to the community and study area. After the research, the researcher would return the information to the community for their benefit by focusing on the participatory development of children and youth mainstays for immune-strengthening and surveillance of family violence in children and youth towards the application to resolve the policy problem related to the surveillance, mitigation, and prevention of family violence problems that would lead to the policy change.

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