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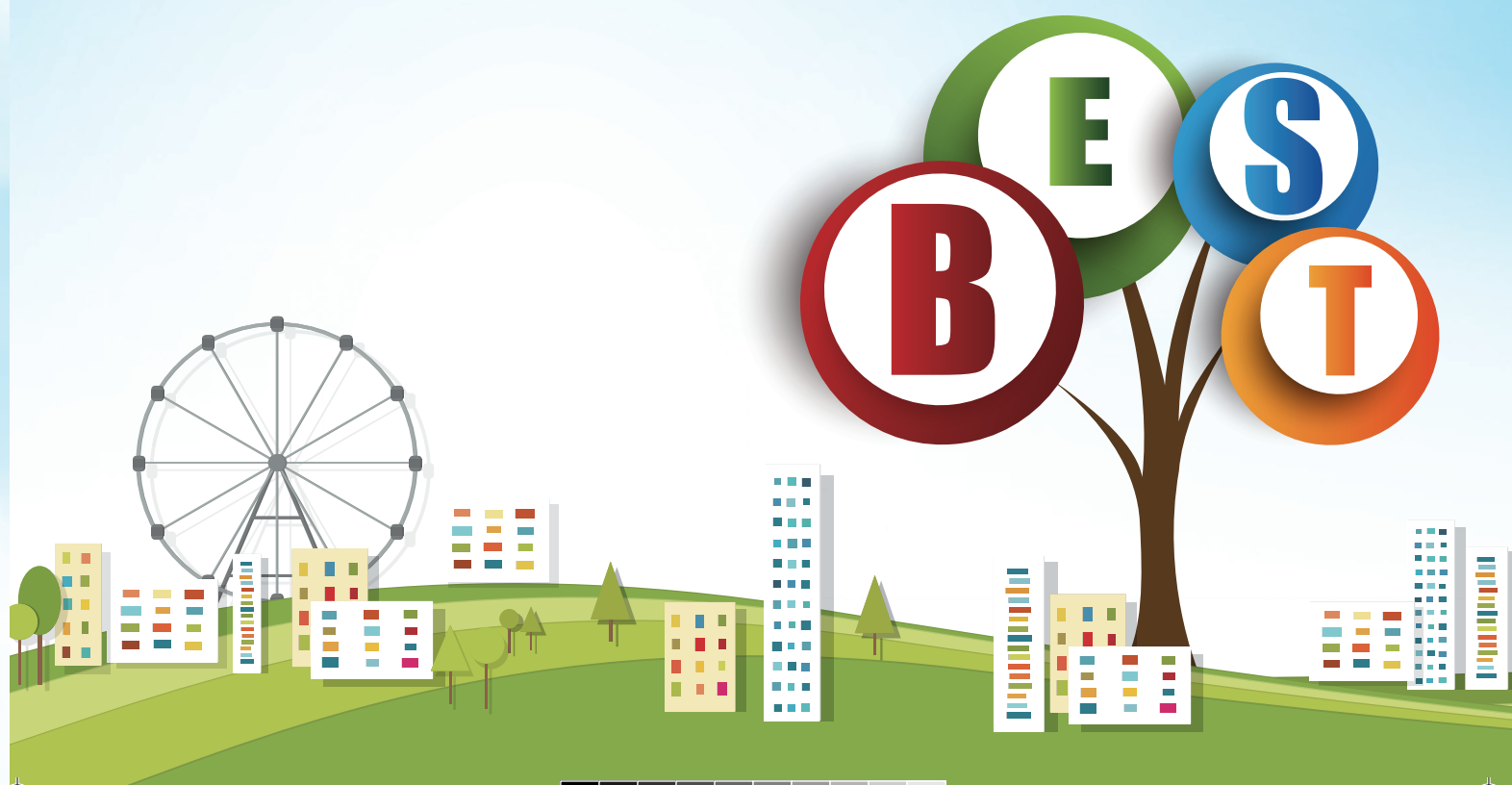


BEST Teen Program

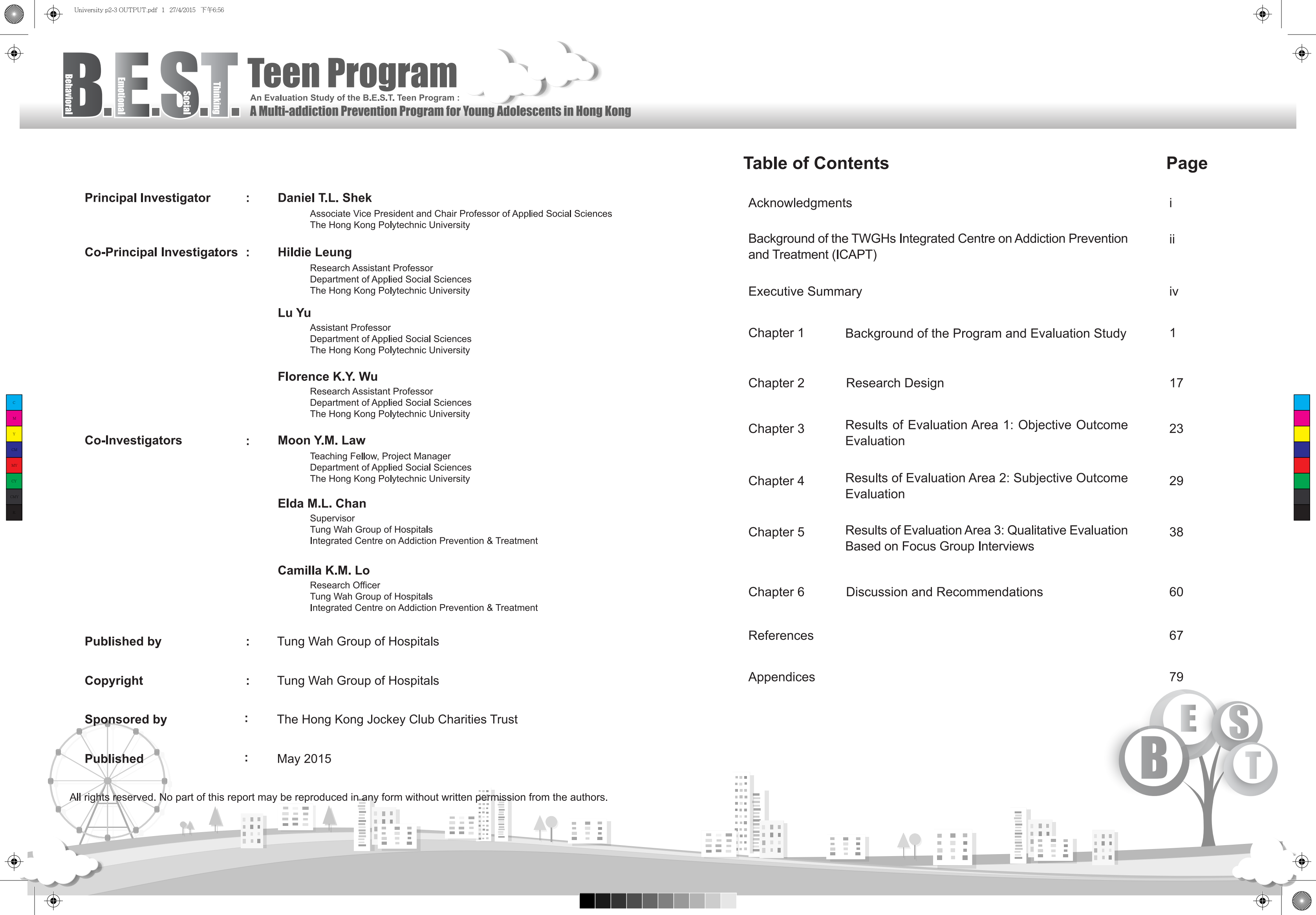
Behavioral Emotional Social Thinking

An Evaluation Study of the B.E.S.T. Teen Program :
A Multi-addiction Prevention Program for Young Adolescents in Hong Kong

BEST Teen Program An Evaluation Study of the B.E.S.T. Teen Program : A Multi-addiction Prevention Program for Young Adolescents in Hong Kong







Teen Program

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Published by : Tung Wah Group of Hospitals

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Sponsored by : The Hong Kong Jockey Club Charities Trust

Published : May 2015

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Acknowledgments

First of all, we wish to extend our gratitude to The Hong Kong Jockey Club Charities Trust for funding Tung Wah Group of Hospitals Integrated Centre on Addiction Prevention & Treatment (TWGHs ICAPT) to conduct this meaningful collaborative project, the B.E.S.T. Teen Program.

We would also like to thank all schools that were involved in the pilot phase and actual implementation of the program. Without their involvement and support, this project would not be possible. Appreciation should be extended to all students who participated in the curriculum and evaluation. With their participation in the program and evaluation, this curriculum can be refined and benefit many more students in the future. We would also like to thank the school social workers of TWGHs Student Guidance and Counselling Service for their inputs in focus groups and giving invaluable comments on the curriculum contents. Last but not least, my appreciation goes to my colleagues of the Department of Applied Social Sciences of The Hong Kong Polytechnic University and TWGHs ICAPT for their efforts in implementation of the Program.

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April 2015

Tung Wah Group of Hospitals Integrated Centre on Addiction Prevention & Treatment

Background

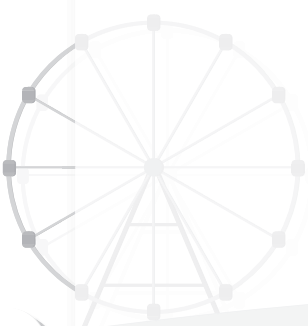
Tung Wah Group of Hospitals Integrated Centre on Addiction Prevention & Treatment (ICAPT) is funded by The Hong Kong Jockey Club Charities Trust with the aims to provide professional treatment services for multiple expressions of addiction and comorbid mental health disorders to the general public. Since launching its services in October 2012, TWGHs ICAPT has provided in-depth counselling and treatment to over 280 families and conducted 46 professional courses that reached over 2000 professionals in the field. In the future, TWGHs ICAPT will continue to serve the community by providing quality services through evidence based practice.

Vision and Mission

- To provide professional treatment and counselling to individuals and family members who are affected by addiction problems and to help them resume a harmonious and healthy life.
- To promote healthy lifestyle through addiction prevention education to the general public and high risk groups.
- To develop a culturally appropriate treatment and intervention model for addiction.

Services

- Hotline counselling (ICAPT Hotline 2827 1000) and consultation
- Addiction counselling and treatment
- Psychological assessment and treatment
- Psychiatric assessment and treatment
- Physical examination and consultation
- Group therapy
- Community and youth education
- Professional training
- Web-based counselling and self-help program
- Empirical research





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Service Characteristics

Multi-disciplinary Collaboration

To optimize the treatment outcomes, ICAPT has a multi-disciplinary team consisting of psychiatrists, social workers, a clinical psychologist and a psychiatric nurse in order to provide a one-stop comprehensive assessment and treatment program for people with multiple expressions of addiction and comorbid mental disorders.

Adopting Holistic Treatment Approach

In order to enable a holistic rehabilitation, our professional team adopts the bio-psycho-social approach in treating multiple expressions of addiction. Our services include comprehensive assessment, counselling and psychotherapy, physical examination, pharmacological treatment, family-based intervention and interest groups.

Evidence Based Practices

ICAPT conducts empirical research to validate our prevention programs and to strengthen our scientific knowledge in addiction treatment with the ultimate goal of setting an evidence-based benchmark in the field of addiction treatment and prevention in Hong Kong and the South-East Asia Region.

Providing Certified Professional Training Courses

Endorsed by the National Association for Alcoholism and Drug Abuse Counselors (NAADAC), Asia Pacific Association for Addiction Professionals (APAAP) and Asia Pacific Certification Commission for Addiction Professionals (APCCAP) are set up to promote development of addiction specialists and to formally recognize addiction counsellors who meet international standards in Asia Pacific regions. The Commission issues professional credentials for addiction professionals in Hong Kong and South East Asia region.

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EXECUTIVE SUMMARY

1. The B.E.S.T. Teen Program is a multi-addiction prevention program targeted at Primary 5 and 6 students in Hong Kong with the aim of enhancing students' Behavioral, Emotional, Social, and Thinking (i.e., cognitive) competencies, hence B.E.S.T. It is jointly developed by the Department of Applied Social Sciences of The Hong Kong Polytechnic University, and the Integrated Centre on Addiction Prevention & Treatment of the Tung Wah Group of Hospitals. The Project has been funded by The Hong Kong Jockey Club Charities Trust.
2. There are two objectives for this project: (1) to develop and deliver a localized multi-addiction prevention education curriculum for primary school students in Hong Kong; and (2) to evaluate the effectiveness of the Program.
3. Multiple evaluation strategies were adopted in the present study including objective outcome evaluation, subjective outcome evaluation, and qualitative evaluation based on focus group interviews.
 - For Evaluation Area 1, Objective Outcome Evaluation adopting a pretest-posttest experimental-control design sought to examine the effect of the Program on students' objective outcomes as indicated by: (1) addictive behaviors; (2) behavioral intentions; (3) psychosocial competencies; (4) knowledge about addiction; and (5) beliefs.
 - Findings based on data collected from Primary 5 ($N = 226$) and 6 ($N = 257$) students showed that the Program had positive impact on young adolescents. Particularly, students who participated in the program reported lower levels of addictive behaviors and intention to engage in addictive behaviors, and showed marginally higher levels of psychosocial competencies.
 - For Evaluation Area 2, Subjective Outcome Evaluation, Primary 5 ($N = 373$) and 6 ($N = 271$) students' perceptions on the Program content, implementers, and effectiveness were gauged. Findings showed that students had positive evaluations of the Program across the three domains.



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- For Evaluation Area 3, Qualitative Evaluation based on Focus Group Interviews were conducted with participants (P.5 N = 52; P.6 N = 35). Students were invited to express their views regarding the process (i.e., perceptions about the Program, activities, participation, implementers) and product (i.e., impact, knowledge acquired, psychosocial competencies) of the Program.
 - Generally speaking, findings from the qualitative evaluation were consistent with data collected using quantitative methodologies in supporting the effectiveness of the B.E.S.T. Teen Program. Students were highly satisfied and expressed that the interactive activities designed and successful delivering of materials by the professional implementers enabled them to acquire more knowledge about addiction, reflect on their habits, and gained skills that strengthened their emotional, social, and behavioral competencies.
4. The present evaluation study has several unique contributions. First, since few evaluation studies have been conducted on addiction prevention programs targeted at primary school students, especially in Hong Kong, this study is pioneer in nature. Second, recommendations put forth may serve to inform program developers and practitioners on how to design and implement effective prevention programs. Third, future researchers may model after the mixed method evaluation strategies adopted in the present study to conduct comprehensive program evaluation in the community services context.
 5. Limitations of the study include a relatively small sample size and the use of self-report methods. However, having taken into consideration ethical and practical concerns, the adopted research method was deemed most appropriate.
 6. Despite the above limitations, positive evaluation findings gathered using both quantitative and qualitative methodologies provide sound evidence for the effectiveness of the B.E.S.T. Teen Program in the prevention of adolescent addictive behaviors and the promotion of positive youth development among primary school students in Hong Kong.

Chapter 1

Background of the Program and Evaluation Study

1.1. Addiction Problem in Adolescents in Hong Kong

Hall (1904) proposed that adolescence is a period of storm and stress. Adolescents experience marked changes biologically, psychologically, and socially. These “stressors” may result in “stormy” behaviors such as the tendency to contradict adults, mood disruptions, and the propensity for reckless and antisocial behaviors (Arnett, 1999). While some scholars critiqued Hall’s conceptualization to be overly pessimistic, as majority of adolescents do successfully weather these challenges (Dornbusch, Petersen, & Hetherington, 1991), others continue to support Hall’s contention given that there are still ample studies reporting adolescent problem behaviors (Steinberg & Morris, 2001). While the above conceptualization was developed in the West, it is believed that adolescents universally experience similar challenges and exhibit problem behaviors as well (Arnett, 1999). Problem behaviors include drug and alcohol abuse, smoking, Internet and gambling addiction.

Recently, Shek and Leung (2013, 2014) examined adolescent developmental issues in Hong Kong and reported on trends of problem behaviors such as substance abuse and Internet addiction. In terms of substance abuse, four main concerns were raised: (1) there is a growing prevalence of psychotropic substance abuse; (2) the age of onset drug use is decreasing; (3) there is a difficulty in identifying drug abusers; and (4) adolescents possess faulty beliefs and perceptions of drug use. As reported by the Narcotics Division (2011), 38.0% of drug abusers claimed that they started drug use between the age of 12 and 15, and 14% of students had reported doing so before the age of 10 (Narcotics Division, 2011). Shek and Leung (2014) warranted that “the growing numbers of students who smoked and drank should deserve the attention of researchers, social workers, and policy makers” (p. 146).

Regarding Internet addiction, Yu and Shek (2013) reported a prevalence rate of 22.5% among adolescents in Hong Kong, which is relatively high as compared with studies conducted in different contexts. A problem related to the use of Internet is that adolescents realize that gambling information is widely available online (Wong & So, 2013). The authors found that 3.5% of students gambled online, and 60.0% of Internet gamblers began the activity before 11 years old. Unfortunately, adolescent gambling is not limited to the Internet, 97.1% of young Internet gamblers reported

gambling both on and offline. In fact, there is an increasing trend among youths in the intention to engage in gambling activities (Shek & Yu, 2014), and 90% of students reported social gambling from the age of 10-16 (The Hong Kong Polytechnic University, 2002).

Wang and colleagues (2013) investigated underage alcohol drinking among 33,300 Secondary 1 to 5 students in Hong Kong and found that over one-fourth of the adolescents drank alcohol. It was found that 14% of Hong Kong students aged between 11-18 drank alcohol weekly. A recent study conducted by the Tung Wah Group of Hospitals (as reported by Chan, 2014) revealed that a fifth of university students engaged in binge drinking in the past month and were “oblivious to the harmful effects of alcohol” (Hong Kong News section, para. 2).

It is clear that addictive behaviors lead to deleterious consequences in different domains of adolescents’ life (i.e., physically, psychologically, socially, and academically) (Shek & Yu, 2012a). Given the alarming adolescent addiction trends reported across studies, scholars and practitioners in the field are greatly concerned with identifying factors associated with addiction and the development of addiction prevention programs targeted at adolescents.

1.2. Risk factors, Protective Factors, Positive Youth Development and Addiction in Children and Adolescents

In terms of research on antecedents, different risk behaviors in children and adolescents have been found to be associated with similar underlying psychological and social risk factors. Some of them include low levels of self-esteem (Wild, Flisher, Bhana, & Lombard, 2008), inability to deal with stress (Lam, Peng, Mai, & Jing, 2009) and impulsivity (Vitaro, Brendgen, Ladouceur, & Tremblay, 2001). With specific reference to Hong Kong, Shek (2007) outlined risk factors associated with adolescents’ substance abuse problem and identified systemic ecological factors including: personal (e.g., curiosity, lack of psychosocial competencies); interpersonal (e.g., undesirable peer influence, poor communication or conflict management skills); and societal (e.g., pathological emphasis on achievement leading to youth demoralization and mental health problems). In addition, positive youth development was found to be related to adolescents’ intention to gamble. Particularly, higher levels of resilience, recognition of positive behavior, emotional competence, moral competence, and prosocial attributes predicted lower intention to gamble (Shek

& Ma, 2011; Shek & Sun, 2011). Shek (2007) therefore, proposed that to tackle adolescent substance abuse, systematic and holistic positive youth development programs should be implemented in Hong Kong, especially for young adolescents.

The positive youth development framework upholds several beliefs: First, “problem-free is not fully prepared”, i.e., identifying and fixing problems alone is no longer sufficient. Rather, programs need to focus on broadening outcomes, to help adolescents learn, develop, and prepare them in different areas including cognitive, social, moral, civic, vocational, cultural and physical well-being (Pittman & Wright, 1991). Second, positive youth development takes a strengths perspective which emphasizes “the strengths and assets of young people, that is, their capacities for positive development, their possession of attributes – protective factors – that keep them moving forward in a positive developmental path” (Lerner & Galambos, 1998, p. 435), which leads to the third focus, i.e., asset building. It is believed that addiction prevention programs should focus on strengthening youths’ skills and abilities and helping them to develop and capitalize on their developmental assets (Lam, Lau, Law, & Poon, 2011). In addition, scholars demonstrated that positive youth development predicted life satisfaction and problem behavior, with life satisfaction and problem behavior having a bidirectional relationship among young adolescents (Sun & Shek, 2010, 2012). During middle-to-late adolescence, the effect of positive youth development on problem behavior was mediated by life satisfaction (Sun & Shek, 2013). The aforementioned findings demonstrate that “positive youth development is of paramount importance in enabling satisfaction with life and mitigating risk-taking behavior among early adolescents” (Sun & Shek, 2013, p.471).

1.3. Background of the B.E.S.T. Teen Program

Masten and Coatsworth (1998) asserted that “prevention at its best represents both an effort to foster competence and to prevent problems” (p. 216). However, a review of existing addiction and prevention program in Hong Kong reveals several limitations: (1) most programs are developed for adolescents (i.e., secondary school students). Few programs target young adolescents in primary school. Yet it is known that some addictive behaviors such as gambling may have an early onset. (2) Majority addiction prevention programs target single-problem behaviors, but in reality, risk behaviors in children and adolescents are interrelated. (3) Traditional prevention programs are problem-focused and critiqued for its overly pessimistic view on adolescents.



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Against this background, the B.E.S.T. Teen Program was developed for Primary 5 and 6 students in Hong Kong. The multi-addiction prevention program adopts a positive youth development approach aimed at: (1) introducing knowledge of addiction behaviors to targeted students; and (2) promoting students' intrapersonal (e.g., cognitive and emotional) and interpersonal (e.g., social and behavioral) competencies, which serve as protective factors against risk behaviors.

1.4. Conceptual Framework and Curriculum Plan

Upon an extensive review of positive youth development, adolescent, and addiction literature, the present Program was developed to include five constructs: (1) a construct aimed at equipping students with knowledge on the nature of addiction, followed by constructs aimed at nurturing students' positive youth development competencies; (2) cognitive competence; (3) emotional competence; (4) social competence; and (5) behavioral competence.

Because of developmental differences, Primary 5 and 6 students had separate curriculums. The curriculum was arranged into 5 constructs, with 2 units under each construct. Each unit was 30-minute long; totaling to 5 hours. See Tables 1.1 and 1.2 for the curriculum plan, teaching goal, and intended learning outcomes for Primary 5 and 6 students, respectively. Detailed descriptions and rationales of the units are provided below.

1.4.1. Nature of Addiction (NA)

According to the Syndrome Model of Addiction, addiction is understood as "a cluster of symptoms and signs related to an abnormal underlying condition" (Shaffer et al., 2004, p. 3). This model incorporates the risk-factors and consequences common to all addictions, and suggests that there are common underlying characteristics to different manifestations of addiction, rather than defining drug or gambling as different addictions.

Evidence has been found that children begin to acquire knowledge about objects of addiction at early age long before having direct experience with it. For example, studies show that preschoolers (Noll, Zucker & Greenberg, 1990) and primary-school-age children (Fossey, 1993) were able to identify the smell of alcoholic beverages. Therefore, keeping children ignorant of the lure of addictive behaviors is

impractical (DiClemente, 2003). In order to optimize the effectiveness of conveying addiction information to children, messages should be developmentally appropriate (Scheier, 2012), culturally sensitive, specific and credible (DiClemente, 2003). Also, such information has to be simplistic and clear (DiClemente, 2003).

In terms of the educational component of addiction prevention programs, the Centers for Disease Control and Prevention (CDC) Guidelines for School Health Programs to Prevent Tobacco Use and Addiction (1994) advised that successful prevention programs should provide knowledge about short- and long-term negative physiological, psychological, and social consequences of tobacco use and addiction. However, Siegelman et al. (2004) found that existing drug education curricula for elementary school children often presented discrete facts about drugs and alcohol, but lacked in-depth information about their behavioral and health effects, and how these effects came about. The authors reported that teaching elementary school students the scientific basis of the brain's role in addiction has significantly increased the childrens' knowledge. Subsequent study by Padget, Bell, Shamblen, & Ringwalt (2006) further supported that teaching children about the effects of alcohol on the developing brain through highly interactive program affected students' attitude, intention, as well as alcohol use.

In view of this, the four Nature of Addiction units in this program aim at facilitating students to acquire basic knowledge about addiction. Two units will be delivered to Primary 5 and 6 students, respectively.

For Primary 5 students:

- The first unit aims to introduce the definition of addiction and four characteristics of addiction: need for an increased amount of the behavior; become restless when trying to stop the behavior; loss of control; continued use despite negative consequences. Upon completion of this unit, students will be able to identify common characteristics of addiction.
- The second unit aims to enhance students' awareness of short term and long term physiological, psychological and social negative consequences of addiction. At the end of this unit, students will be able to identify the negative short-term and long-term physiological, psychological and social consequences of addiction.



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For Primary 6 students:

- The first unit aims to introduce the definition of addiction and four characteristics of addiction: need for an increased amount of the behavior; become restless when trying to stop the behavior; loss of control; continued use despite negative consequences. In particular, how the brain reward pathway that comes into play in addiction will be presented.
- The second unit aims to enhance students' awareness about short term and long term physiological, psychological and social, impacts of addiction. Physiological effects of addictive behaviors on addescents developing brain will be highlighted. At the end of this unit, students will be able to identify the negative short-term and long-term physiological, psychological and social consequences of addiction.

1.4.2. Cognitive Competence (CC)

Cognitive competence comprises of three inter-related elements; (i) cognitive structures (e.g., beliefs, values, and attributions); (ii) cognitive processes (e.g., reasoning, analyzing skills, information processing, and knowledge acquisition); (iii) overt behaviors (e.g., observable behaviors and expressions) (Fry, 1991). Accompanied with the increase autonomy, adolescents are often confronted with situations in their daily lives that require them to make choices regarding their health, family, peers, school, and career. The ability of adolescents to make wise decisions in face of dilemmas is essential to the prevention of addiction. This curriculum aims to strengthen students' cognitive competence by enhancing their understanding of addiction behaviors, clarifying misconceptions of addiction behaviors, emphasizing particularly on cognitive distortions, cultivating effective decision-making skills, and encouraging the use of healthy cognitive coping strategies in face of stressful situations.

The presence of cognitive problems, namely, the false belief in the efficacy of one's system, the overreliance of intuition in decision-making (Shek, Chan, & Tung, 2006) has been associated with addiction such as gambling. Therefore, researchers have suggested that effective addiction prevention programs for adolescents in Hong Kong should adopt an ecological and holistic perspective. Prevention programs should aim at increasing young people's knowledge about substances and altering students' attitudes at the personal level (Shek, 2007), fostering healthy

coping strategies, and decision-making skills. Therefore, the present curriculum aims to correct adolescents' erroneous perceptions of addiction behaviors, while simultaneously equipping them with decision-making skills and positive cognitive coping strategies that will enable them to analyze problems, seek solutions, and face stress in a positive manner.

For Primary 5 students:

- The first unit aims to clarify prior misconceptions youngsters may possess regarding addiction. Normative theories of decision making have been adopted to understand adolescents' engagement in problem behaviors. Research has found that adolescents indeed, possess misperceptions in personal risk estimates, attitudes about health risks, the likelihood of developing addiction, and the ease of cessation associated with smoking (Kropp & Halpern-Felsher, 2004). Therefore, upon the completion of the unit, it is targeted that students should be able to identify the adverse and long-lasting consequences of addiction.
- The second unit for Primary 5 students aims to cultivate effective decision making skills. Adolescents with poor decision-making skills were more likely to engage in binge drinking (Xiao et al., 2009) and were more vulnerable to substance abuse (Ernst et al., 2003). Decision-making skills in this unit may include guiding adolescents to handle diverse range of problem situations using systematic steps, such as brainstorming on possible solutions upon completion of the unit, students should be able to identify the factors affecting decision-making and be able to differentiate what are considered effective and ineffective decisions.

For Primary 6 students:

- The first unit aims to introduce multiple factors affecting addictive behaviors. For instance, the experience of cognitive distortions is one factor leading to addiction. Adolescents who are addicted to gambling also experience a host of cognitive distortions, such as the illusory belief that they can control gambling events, underestimate the amount of money lost while over-estimating the amount won, as well as chasing behaviors (Gupta & Derevensky, 2000). Upon the completion of this unit, students should be able to gain a better understanding of the factors leading to addictive behaviors.

- The second unit for Primary 6 students aims to introduce healthy cognitive coping strategies to students. Cognitive coping strategies are defined as thoughts or cognitions that help to manage or regulate ones' emotions as resultant from the intake of emotionally arousing information (Thompson, 1991). Poor coping styles have been associated with addictive behaviors such as smoking (Dugan, Lloyd, Lucas, 1999), Internet addiction (Kuss & Griffiths, 2012), and substance use (Wills, Sandy, Yaeger, Cleary, & Shinar, 2001) among youths. Adolescents often indulge in addictive behaviors (e.g. online games) as a way of coping with stressors. This unit aims to equip students with positive cognitive coping skills when confronted with stressful events, by encouraging positive reappraisal, refocusing, planning, acceptance, and the discouraging ineffective cognitive practices such as self-blame and rumination. As risk-taking and decision-making are influenced by affective processes (Figner, Mackinlay, Wilkening, & Weber, 2009). This unit is conceptually related to the construct Emotional Competence; equipped with both cognitive and emotional competencies. Students will be better able to regulate their negative emotions and healthily cope with them when confronted with stressful situations.

1.4.3. Emotional Competence (EC)

Emotional competence is characterized by multiple capabilities that enable one to perform effectively and appropriately across situations. Saarni (1999) proposed eight skills that are inherent to the development of adolescents' emotional competence, some of which have been found to be associated with addictive behaviors. Some of them include: being aware of one's emotions, understanding others' emotions, using different vocabularies and strategies to express one's emotional experiences, coping with negative emotions in proper manners, and strengthening one's capacity for emotional self-efficacy.

A healthy nurturance of emotional competence is crucial for adolescent development as evidenced by research showing the association between poor emotional intelligence and addictive behaviors such as gambling, gaming, internet use, tobacco, and alcohol use (e.g., Parker, Taylor, Eastabrook, Schell, & Wood, 2008; Trinidad & Johnson, 2002). In Hong Kong for instance, youths who are addicted to the Internet have been found to have weak emotional control and concentration skills (Breakthrough, 2003). Therefore, effective addiction prevention programs should include units to promote emotional competence, as it may help

adolescents to manage and cope with emotions that may result from peer influences (Trinidad & Johnson, 2002) and to enable them to face external challenges and stress in a positive and adaptive manner (Law & Lee, 2011).

For Primary 5 students:

- The first unit aims to introduce different emotions. Research have found low levels of ability to decode and differentiate emotions to be related to substance abuse, Internet addiction, and problematic alcohol consumption and smoking (Kun & Demetrovics, 2010). It is only when one is able to identify their emotions will they be able to take action to control them, or to emotionally manage themselves before subsequent emotionally charged events occurs (Law & Lee, 2011). After this unit, students should be able to better identify and differentiate between different positive and negative emotional states, which is a prerequisite to managing emotions.
- The second unit aims to introduce basic strategies that will help students manage their negative emotions, particularly, in stressful situations. It has been suggested that adolescents who are addicted to Internet gaming have poor emotion control skills, and resort to these online games as a method to combat negative emotions they experience in their daily lives (Kim, Namkoong, Ku, & Kim, 2008). Furthermore, youths who engage in substance abuse perceive drug use as a method to cope with disturbing emotions (Parvizy, Nikbahkt, Tehrani, & Shahrokhi, 2005). Based on these findings, it is crucial to introduce healthy ways in which they can cope with these emotions. In order to prevent adolescents from engaging in addiction behaviors as a mechanism for coping or outlet of negative emotions. This is supported by the Oktan (2011) who found effective emotional management styles to be negatively associated with adolescent Internet addiction. It is targeted that upon the completion of this unit, students will be able to identify the emotions that may be associated with stressful situations in their lives, and be able to make use of different strategies to manage these emotions.

For Primary 6 students:

- The first unit aims to help students understand how certain emotions arise as well as the consequences of emotions. This unit is conceptually linked with the



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construct cognitive competence. These two constructs serve to help students learn how to interpret and perceive the external environment and challenges more positively and constructively. Adolescents face many new challenges, some of which may result in negative emotions. It is crucial to help students identify the emotions associated with these stressors and to realize that these negative emotions are often short-lived. In the context of addiction, students need to be aware that addiction behaviors are often driven by the transient experience of intense emotions. These emotion-driven behaviors might result in destructive consequences to themselves, peers or families. This can motivate them to adopt alternatives in handling emotions (Law & Lee, 2011). Based on this premise, it is expected that, students will be able to understand the importance of managing emotions effectively after this unit.

- The second unit aims to introduce healthy ways that can foster positive emotions, which may act as a protective factor against addiction. Research shows happy moods to be associated with less cigarette use and alcohol intake (Pettit, Kline, Gencoz, Gencoz, & Joiner, 2001). Adolescents also reported that one of the reasons for their use of drugs is to induce desirable feelings (Parvizy, Nikbahkt, Tehrani, & Shahrokhi, 2005). Therefore, the present unit aims to introduce healthy and positive ways in which students can foster positive emotions. In order for students to adopt these behaviors in their daily lives, it is also important to enhance their emotional self-efficacy, i.e. one's perceived ability to regulate emotions across situations (Saarni, 1999). It is believed that upon completion of the unit, students will be aware that positive emotions need not be derived from addictive behaviors, rather, they should have confidence that they are able to control their emotions and that there are constructive and healthy ways in which they can experience positive emotions.

1.4.4. Social Competence (SC)

Social competence refers to a person's ability to "engage and respond to peers with positive feelings, to be of interest to peers and be highly regarded by them, to take the lead as well as follow, and to sustain the give-and-take of peer interaction" (Sroufe, Cooper, & DeHart, 1996, p. 378). It is an individual level attribute that is associated with adolescent positive psychosocial adjustment and low levels of risk behaviors, including substance use (Brion-Meisels & Selman, 1984; Ewart et al., 2004; Ladd, 1999). Based on Catalano et al.'s (2002a) review on positive youth

development program in the U.S. and Payton et al.'s (2000) framework of social and emotional learning competencies, our operational definition of social competence refers to a range of interpersonal skills including communication, help-seeking, conflict-resolution, and refusal and resistance strategies for use with peers and adults.

Poor social competence in earlier age has been shown to lead to later antisocial behavior, which further leads to more serious behavior problems, including delinquency and drug abuse (Lipsey & Derzon, 1998; Schaeffer, Petras, Jalongo, Poduska, & Kellam, 2003). According to Caplan (2005), individuals who perceive themselves as lacking social skills are more likely to perceive online social interaction as favorable, which leads to compulsive Internet use. Similarly, adolescents with gambling problems often experience difficulties in social and interpersonal interactions (Hardoon & Derevensky, 2002). Promoting social competence in prevention programs have been shown to effectively alleviate drug abuse (Caplan et al., 1992) and pathological gambling (Ladouceur, Boisvert, & Dumont, 1994). Having established the linkage between poor social competence and drug abuse, compulsive Internet use and gambling problems, it is essential to include training on broad social competence and specific application of social competence into the current prevention program.

For Primary 5 students:

- The first unit involves teaching students how to differentiate between good friends and bad friends. Research has shown that friend selection is crucial in influencing drug use behavior in adolescents (Bauman & Ennett, 1996). Evidence showed that an adolescent was more likely to involve in drug use when his/her peers were involved in drug use (Huba & Bentler, 1980). Upon completion of the unit, the students are expected to be able to differentiate good friends from bad friends, be aware of their choice and behavior could be influenced by their peers and eventually be able to select friends in a careful manner. To attain the last targets, the students will need to have a considerable level of cognitive competence to make decisions wisely.
- The second unit involves introduction to social skills, especially assertiveness skills, such as refusal assertiveness and general assertiveness. Training based on social competence and its application in substance abuse prevention that has



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been found to effectively reduce adolescent drug abuse through better solving interpersonal problems and reducing anxiety (Caplan et al., 1992). With better social competence such as exerting refusal and assertiveness, adolescents are more able to cope with peer pressure, and less likely to smoke (Botvin, Epstein, & Botvin, 1998) or involve in alcohol use (Epstein, Griffin, & Botvin, 2001). Upon completion of the unit, students are expected to have learnt communication skills and most importantly the assertiveness skills in refusal of invitation to involve in addiction from peers.

For Primary 6 students:

- The first unit involves introduction to multiple strategies in conflict resolution. Interpersonal conflict has been identified as a precursor to relapse of adolescent substance abuse (Brown, Vik, & Creamer, 1989). Students lacking interpersonal skills and those who use aggressive tactics in handling conflict are more susceptible to substance abuse (Unger, Sussman, & Dent, 2003). Thus, learning to solve conflicts by appropriately applying communication skills is expected to reduce the risk of addictive behavior. Upon completion of the unit, the students are expected to have learnt to be assertive in social interactions and solve interpersonal conflicts constructively.
- The second unit aims to introduce basic interpersonal skills to students including assertiveness. Particularly, students will be guided to gain a better understanding of interpersonal conflicts and conflict management skills. Indeed, studies have shown that adolescents who possess coping strategies to avoid or manage interpersonal conflicts are at lower risk for substance use (Unger, Sussman, & Dent, 2003). Upon completion of the unit, students are expected to be able to express their thoughts and feelings in social situations and to better understand interpersonal conflicts and its consequences.

1.4.5. Behavioral Competence (BC)

Behavioral competence can be defined in terms of four parameters: (a) moral and social knowledge, (b) social skills, (c) positive characters and positive attributes, and (d) behavioral decision process and action taking (Ma, 2012). It refers to the ability to use nonverbal and verbal strategies to perform socially acceptable and normative behavior in social interactions (Catalano et al, 2002a).

Time spent with peers and value of peer relationships will be intensified during early adolescent. (Brown & Larson, 2009). Thus peer pressure is often the impetus for adolescents to start experimenting with addictive behaviors, such as alcohol or drugs (Hensen & Graham, 1991). Inability to reject peers' invitation and uncomfortable feelings of nonconformity among peer relationships become the pressure for young people to use drugs or alcohol. Thus, the development of behavioral competence is essential because people of high behavioral competence will be able to express their feelings clearly, either verbally or non-verbally, and to act effectively in daily interactions with others (Catalano et al. 2002a). According to Shek and Yu (2011), students who participated in the Project P.A.T.H.S displayed lower level of substance abuse than the students who did not participate in the program.

For Primary 5 students:

- The first unit involves introduction to the factors of peer pressure and group conformity affecting addictive behaviors. Adolescents may enter into a network of peers that have been engaged in addictive behaviors such as smoking, drinking, or drug abuse. Friends' substance use was specified as immediately prior to adolescents' substance use as both research and theory identifies it as a proximal factor for onset (Friedman, Lichtenstein, & Biglan, 1985; Mosbach & Leventhal, 1988). Thus, this unit helps adolescents to identify the situations involving peer pressure. After the unit, the students are expected to have developed appropriate skills in social interactions and be able to refrain from conformity within peer groups.
- The second unit involves the introduction of refusal and resistance skills to addictive behaviors. From a social influence perspective, resistance skills training is effective in prevention of drug abuse as adolescents do not have the confidence or skills to resist social influences (Botvin, 2000). Through cultivating resistance in the students, they are expected to be able to identify high-risk situations and be more assertive in refusing temptations from peers.

For Primary 6 students:

- The first unit involves introduction to different channels one could seek help. Help seeking refers to the ability to identify one's own need for support and make action in accessing personal or community sources for help (Payton et al., 2000).



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It requires appropriate applications of communication skills. After the session, students are expected to have learnt how to seek social support from family and friends and be able to seek help from teachers and other professionals.

- The second unit involves introduction to multiple strategies coping with addiction. Researchers suggested self-control ability as a basic factor in adolescent substance use (Wills, DuHamel, & Vaccaro, 1995). Thus, learning concepts of impulse control and enhancing abilities for controlling impulse should be expected to reduce the risk of addictive behaviors. After the session, the students are expected have learnt to control their impulsive behaviors and make the decisions in a better way.

1.5. Summary

The B.E.S.T. Teen Program has several unique features: (1) it adopts a positive youth development approach to addiction prevention; (2) it is focused on multi-addiction prevention; (3) it targets primary school students in Hong Kong; and (4) it adopts systematic evaluation on program effectiveness using both quantitative (i.e., objective and subjective outcome evaluation) and qualitative (i.e., focus group interviews) methodologies. Table 1.1 and 1.2 outline the curriculum planning, teaching aims and learning outcomes for primary 5 and primary 6. The following chapters will outline the methodology and findings from the evaluation studies.

Table 1.1

Primary 5 Curriculum Plan, Teaching Aims, and Learning Outcomes

Construct	Unit	Teaching aims	Learning outcomes <i>After taking this unit, students will be able:</i>
Nature of Addiction	NA5.1	To facilitate students to acquire knowledge on different types of addiction and common characteristics of addiction	<ul style="list-style-type: none">• To understand the definition of addiction• To identify common characteristics of addiction
	NA5.2	To enhance students' awareness of short term and long term consequences of addiction	<ul style="list-style-type: none">• To identify short and long term negative physiological, psychological, and social impact of addiction
Cognitive Competence	CC5.1	To clarify the misconceptions of addiction	<ul style="list-style-type: none">• To identify facts and misconceptions of addiction
	CC5.2	To cultivate effective decision-making	<ul style="list-style-type: none">• To understand factors affecting decision making.• To differentiate effective from ineffective decisions
Emotional Competence	EC5.1	To introduce different emotions	<ul style="list-style-type: none">• To understand the experience of different emotions• To distinguish between emotional states (i.e., positive and negative emotions)
	EC5.2	To familiarize students with healthy ways to foster positive emotions	<ul style="list-style-type: none">• To use effective methods to experience positive emotions
Social Competence	SC5.1	To introduce different types of peers and possible peer influences	<ul style="list-style-type: none">• To differentiate between good friends and bad friends
	SC5.2	To introduce basic interpersonal skills in social interaction	<ul style="list-style-type: none">• To understand the skills on assertiveness
Behavioral Competence	BC5.1	To introduce peer pressure and its relation to group conformity	<ul style="list-style-type: none">• To understand situations involving peer pressure
	BC5.2	To learn how to stay away from addiction	<ul style="list-style-type: none">• To be able to say "no" to addictive agents

Table 1.2
Primary 6 Curriculum Plan, Teaching Aims, and Learning Outcomes

Construct	Unit	Teaching aims	Learning outcomes <i>After taking this unit, students will be able:</i>
Nature of Addiction	NA6.1	To facilitate students to acquire knowledge on different types of addiction and understand the connection between addiction and the body	<ul style="list-style-type: none"> To understand the definition of addiction and to identify common characteristics of addiction To identify the role the brain plays in addiction
	NA6.2	To enhance students' awareness of short term and long term consequences of addiction	<ul style="list-style-type: none"> To identify short and long term negative physiological, psychological, and social impact of addiction
Cognitive Competence	CC6.1	To clarify the misconceptions of addiction	<ul style="list-style-type: none"> To identify misconceptions of addiction To understand factors leading to addictive behaviors
	CC6.2	To cultivate effective decision-making and positive coping strategies	<ul style="list-style-type: none"> To differentiate effective from ineffective decisions To learn healthy cognitive coping strategies, such as positive thinking styles
Emotional Competence	EC6.1	To introduce different emotions	<ul style="list-style-type: none"> To identify the experience of different emotions To understand the antecedents and consequences of emotions
	EC6.2	To familiarize students with healthy ways to foster positive emotions	<ul style="list-style-type: none"> To use effective methods to experience positive emotions To enhance emotional self-efficacy
Social Competence	SC6.1	To introduce different types of peers and possible peer influences	<ul style="list-style-type: none"> To identify undesirable peer influence To select friends in a careful manner
	SC6.2	To introduce basic interpersonal skills in social interaction	<ul style="list-style-type: none"> To express one's thoughts and feelings in social situations To understand interpersonal conflict and its consequences
Behavioral Competence	BC6.1	To introduce peer pressure and its relation to group conformity	<ul style="list-style-type: none"> To identify situations involving peer pressure To explore ways to deal with conformity
	BC6.2	To learn how to stay away from addiction	<ul style="list-style-type: none"> To understand impulse control To explore ways to control impulsive addictive behavior

Chapter 2

Research Design

2.1. Features of the Present Evaluation Study

Program evaluation is useful for several reasons. First, it provides feedback on the program results and operations. Second, the information obtained may be used to improve or revise existing programs and develop new programs to better meet the targets' needs. Third, different parties including government bodies, nonprofit organizations, and funding agencies demand information on how the funds have been used and the outcomes of the funded programs (Wholey, Hatry, & Newcomer, 2010).

Various program evaluation methods have been developed (Ginsburg, 2001). Upon extensive review and consideration of the strengths and limitations of respective evaluation approaches, the Research Team adopted a mixed methods design in the present study. This design involves using both quantitative and qualitative research methods to examine program effectiveness. This design has been praised for its ability to shed deep insights into the research inquiry, which cannot be completely understood using quantitative or qualitative method solely (Venkatesh, Brown, & Bala, 2013). This research design has been successfully adopted to evaluate various youth programs in Hong Kong including an Internet addiction prevention program (Shek, Tang, & Working group of @er.com, 2008), a youth mentoring program (Ng & Shek, 2007), and a positive youth development program (e.g., Shek & Ma, 2012; Shek & Sun, 2012a; Shek & Sun, 2013a). The present chapter reports details of participants, procedures, and instruments used in three evaluation areas: (1) objective outcome assessment; (2) subjective outcome assessment; and (3) qualitative evaluation based on focus group interviews.

2.2. Participants and Procedures

Recruitment of participants to the B.E.S.T. Teen Program was conducted in the 2012-13 school year. A total of 37 primary schools in Hong Kong showed their interest in joining the Program. Among the interested parties, five primary schools were randomly selected to participate in the Program as the experimental group, and five primary schools were selected as the control group. The Program was



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implemented in the 2013-14 school year, from January to July. Tables 2.1 and 2.2 detail the number of participants and their basic demographics.

Letters were sent to parents via respective schools to obtain their consent for students to take part in the study. On the day of data collection, the purpose of the study was mentioned to students and confidentiality of the data collected was emphasized. For quantitative evaluations, participants responded to different scales in a self-administration format. Sufficient time was provided for participants to complete the questionnaires. All questionnaire surveys and qualitative data collection were administered and conducted by trained research staff.

2.3. Evaluation Area 1: Objective Outcome Assessment

To examine whether students changed after taking part in the Program, a non-equivalent group pretest-posttest experimental-control group design was adopted. For the experimental group, the pre-test questionnaires were administered to students before the first session of the Program, and post-test questionnaires were administered upon the completion of the final session. For the control group, questionnaire surveys were conducted twice at the same period of time as the experimental group.

Instruments

The objective outcome evaluation questionnaire was developed based on existing literature, validated questionnaires (e.g., Young, 1999; Shek, Tang, & Lo, 2008; Shek & Lam, 2008), as well as the intended learning outcomes of the Program curriculum. Experts were invited to comment on the relevance and clarity of the developed questionnaire. Subsequently, minor revisions on wordings of certain items were made for better clarity.

The objective outcome evaluation scale (Appendix I) comprised of 57 items assessing participants on the following domains related to addiction:

Part A. Addictive Behavior (8 items)

Participants were invited to indicate their frequency of addictive behavior in the past month, including smoking, drinking alcohol, substance use, gambling, and Internet use. Respondents rated the frequency of these behaviors in the past month

on a 6-point Likert scale (0 = *never*; 1 = *one time*; 2 = *two times*; 3 = *three times*; 4 = *one time per week*; 5 = *several times per week*; 6 = *everyday*). Cronbach's α = .24 and .26 at pre- and post-test.

Part B. Behavioral Intention (8 items)

Respondents were asked to indicate the likelihood that they may engage in respective addictive behaviors in the next two years on a 4-point Likert scale (1 = *never*; 2 = *not likely*; 3 = *likely*; 4 = *definitely*). Cronbach's α = .37 and .36 at pre- and post-test.

Part C. Psychosocial Competencies (12 items)

Participants were invited to indicate their agreement on items describing skills in relevance to different positive youth development competencies (e.g., cognitive, emotional, social, and behavioral competence). Respondents rated their perception about the acquired skills toward items on a 6-point Likert scale (1 = *strongly disagree*; 2 = *disagree*; 3 = *slightly disagree*; 4 = *slightly agree*; 5 = *agree*; 6 = *strongly agree*). An example item of behavioral competence is "*I will consider all choices before I make decisions*". Cronbach's α = .68 and .69 at pre- and post-test.

Part D. Knowledge about Addiction (16 items)

Students were given 16 items to assess their knowledge on addiction. Response options were true, false, and unsure. Examples of the items include "*There are many different types of addiction*", and "*There are many factors that may lead to addiction*". Cronbach's α = .64 and .78 at pre- and post-test.

Part E. Beliefs about Addiction (13 items)

Students were invited to indicate the extent to which they endorsed different beliefs on addiction. Example items include, "*It is fine for children of my age group to smoke*", and "*I believe that trying to engage in addictive behaviors may make me more confident*". Respondents rated the items on a 6-point Likert scale (1 = *strongly disagree*; 2 = *disagree*; 3 = *slightly disagree*; 4 = *slightly agree*; 5 = *agree*; 6 = *strongly agree*). Cronbach's α = .73 and .76 at pre- and post-test.

2.4. Evaluation Area 2: Subjective Outcome Assessment

To gauge students' perceptions on the Program, a subjective outcome evaluation form was administered to participants upon the completion of the final session.



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The subjective outcome evaluation form was revised based on an existing scale developed and validated by Shek and colleagues (Shek, Siu, Lui, & Lung, 2006). The scale has been used in other positive youth development programs (Project P.A.T.H.S.) (e.g., Shek, Ma, & Tang, 2011; Shek, Yu, & Ho, 2012) as well as the university setting (Shek & Sun, 2013b) with high reliabilities (Shek & Yu, in press).

Instrument

The subjective outcome evaluation (Appendix II) comprised of 38 items evaluating participants' perceptions on (1) Program Attributes; (2) Implementer Attributes; and (3) Program Effectiveness. For Program and Implementer Attributes, participants were invited to rate on a 6-point Likert Scale the extent to which they agreed with the items (ranging from 1 = *strongly disagree* to 6 = *strongly agree*). For Program Effectiveness, participants indicated the extent to which the program has helped to enhance their skills and competencies (ranging from 1 = *no help* to 5 = *great help*).

Part A. Program Attributes (10 items; $\alpha = .96$)

Program attributes that were assessed included program objectives, content, student interaction, classroom atmosphere, and encouragement received during lessons.

Part B. Implementer Attributes (10 items; $\alpha = .97$)

Implementer attributes included the implementers' preparation, professional attitude, knowledge, and interaction with participants.

Part C. Program Effectiveness (12 items; $\alpha = .96$)

Program effectiveness items included the promotion of different psychosocial competencies, overall personal development, and achievement of the intended learning outcomes.

Moreover, two items were also included in the subjective outcome evaluation form to examine whether (1) students would recommend the program to their friends with similar backgrounds/needs; and whether (2) they would participate in similar programs in the future.

Students' overall satisfaction towards the Program was measured using a single item with ratings ranged from 1 = *highly dissatisfied* to 6 = *highly satisfied*.

In addition to the above close-ended questions, the subjective outcome evaluation form also included four open-ended questions where students were asked to provide qualitative feedback on the following:

- (1) Things that the participants learnt from the program
- (2) Things that the participants appreciated most
- (3) Opinions about the implementer
- (4) Areas that require improvement

2.5. Evaluation Area 3: Qualitative Evaluation Based on Focus Group Interviews

A total of 12 focus groups (seven and five for Primary 5 and 6, respectively) were conducted with students who participated in the Program. Social workers and teachers from all participating schools were invited to randomly select students to participate in the focus groups. A total of 87 students participated in the focus groups with a range of 4 to 10 students per group. Each interview lasted for 45 minutes on average.

Interview Guide

The interview guide (Appendix III) was developed based on the CIPP model for program evaluation (Stufflebeam, 2000). Particularly, students were invited to share their views regarding the program implementation process and product components. To ensure validity and appropriateness of the interview guide, member check was conducted where five primary school students were invited to comment on whether they understood the questions. Subsequently, several questions were reworded and simplified for clarity. The following are components being assessed:

Perceptions of Program Implementation Process

Participants were asked to share their perceptions on four main process areas including: (1) general impression about the Program; (2) comments about the Program content; (3) comments about the Program implementation; and (4) comments about the implementers.



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Product Evaluation

Participants were invited to comment on the following aspects related to the product: (1) general effectiveness of the Program; and (2) evaluation of the effectiveness of the Program in relation to the intended learning outcomes.

In addition, students were also invited to use a metaphor (i.e., incidents, objects, or feelings) or three descriptors (i.e., adjectives) to describe the Program.

2.6. Summary

To sum up, the present evaluation study was based on a mixed methods approach employing both quantitative (i.e., objective and subjective outcome evaluations) and qualitative (i.e., focus group interviews) research methods to examine the effectiveness of the B.E.S.T. Teen Program. It is noteworthy that the present study is the first scientific study conducted in Hong Kong using a mixed methods design to systematically evaluate a multi-addiction prevention program for young adolescents.

Table 2.1

Numbers of Participants and Demographics by Group

	P.5			P.6			Total	
	Experimental group	Control group	Total	Experimental group	Control group	Total	Experimental group	Control group
Male	110	85	195	109	133	242	219	218
Female	112	79	191	102	112	214	214	191
Mean Age (SD)	11.16 (.54)	11.38 (.65)	11.25 (.60)	12.37 (.68)	12.40 (.64)	12.39 (.66)	11.75 (.86)	11.99 (.81)

Table 2.2

Numbers of Program Participants and Respondents in Respective Evaluation Areas

	P.5			P.6			Total	
	Experimental group	Control group	Total	Experimental group	Control group	Total	Experimental group	Control group
Program participants	382	234	778	297	333	630	679	567
Objective outcome evaluation								
Pretest questionnaires collected	222	164	386	211	245	456	433	409
Post-test questionnaires collected	215	164	379	210	244	454	425	408
Subjective outcome evaluation	373	-	-	271	-	-	644	-
Focus group interview	52	-	-	35	-	-	87	-

Chapter 3: Results of Evaluation Area 1: Objective Outcome Evaluation

3.1. Data Analyses Strategy

To examine the effect of Program on students' objective outcomes as indicated by: (1) addictive behaviors; (2) behavioral intentions; (3) psychosocial competencies; (4) knowledge about addiction, and (5) beliefs about addiction, two types of statistical analyses were performed including paired samples t-tests and multiple regression analyses.

Both regression analyses and t-tests assume that all variables included have normal distribution. Therefore, multivariate data cleaning was performed before the analyses. Using SPSS18.0, Mahalanobis distance was computed for each case based on all item scores (a total of 110 variables) used to calculate pre-test and post-test scores included in the regression models. Mahalanobis distance is chi-squared distributed. Therefore, all cases with Mahalanobis distance values larger than 135.48 ($df = 110$, $p = 0.05$, $\chi^2 = 135.48$) were identified as multivariate outliers and removed from the analyses. The reported results were based on a cleaned dataset after removing the outliers.

Firstly, paired samples t-tests were conducted for control and experimental groups separately to compare students' pre- and post-test scores on five subscales. Secondly, a series of multiple regression analyses were performed to evaluate whether participation in the program predicted students' post-test objective outcome indicator scores. Five regression models were estimated with the mean scores of the following scales as the dependent variables in each model including: addictive behavior; behavioral intentions; psychosocial competencies; knowledge about addiction, and beliefs about addiction. One extra regression model was estimated with addictive behavior scale score based on the sum of categorical item score (i.e., for each item, the response was recoded as 0 = *never* and 1 = *at least once*) as the dependent variable. For independent variables, gender and grade were entered at the first block; students' pre-test score was entered at the second block, and group (0 = *control*, 1 = *experimental*) was entered at the third block.



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3.2. Results

Paired Samples t-tests

Tables 3.1 and 3.2 show the descriptive statistics of all variables under study and the results of paired samples t-tests on the control group and the experimental group, respectively. When comparing the pre-test and post-test scores within the control group, it was found that students at post-test reported better knowledge about addiction ($t = -1.97, p < .05$), while there were no significant difference in other indicators between pre- and post-tests. Similarly, for the experimental group, a marginally significant difference in the knowledge about addiction scale was found ($t = -1.88, p = .06$). Students reported higher level of knowledge about addiction after attending the program than before.

Multiple Regression Analyses

Correlations among variables were summarized in Table 3.3. Results of the six regression analyses are shown in Tables 3.4 and 3.5.

Addictive behaviors (scale score based on mean of all item scores)

Results revealed that when controlling for students' gender, grade, and pre-test scores of addictive behaviors, the effect of group on predicting students' post-test addictive behaviors was non-significant. In other words, participating in the program did not decrease students' score on addictive behavior scale. On the other hand, students' pre-test score significantly predicted ($\beta = .50, p < .001$) their post-test score with large effect size ($\Delta R^2 = 0.26$).

Addictive behaviors (scale score based on the sum of categorical item scores)

When items of addictive behavior scale were recoded as categorical variables, regression analyses showed that group ($\beta = -.12, p < .01$) was a significant predictor of adolescents' addictive behavior at post-test after controlling for pre-test scores. Students who participated in the program reported less engagement in addictive behaviors at post-test than did students who did not participate in the program.

Behavioral intentions

Regression analyses results also showed that group significantly predicted students' intention to engage in addictive behaviors in the next two years ($\beta = -.08, p < .05$) when the effects of gender, grade and pre-test scores were controlled. Program participants showed less intention to engage in addictive behaviors than did the control group.

Psychosocial competencies

Group was found to be a marginally significant predictor for self-reported psychosocial competencies of students at post-test ($\beta = .07, p = .07$). There seemed to be a tendency that students who participated in the program reported higher levels of psychosocial competencies at post-test than did non-participants. Again, pre-test score significantly predicted post-test scores with large effect size ($\Delta R^2 = 0.34$).

Knowledge about addiction and beliefs about addiction

Findings of the last two regression models revealed that participation in the program did not significantly predict knowledge about addiction and beliefs about addiction at post-test. Pre-test scores on the two scales were the only predictors for the post-test scores.

In conclusion, findings from the objective outcome evaluation showed that participating in the program had positive impact on young adolescents. Particularly, students who participated in the program reported less engagement in addictive behaviors, had lower levels of intention to engage in addictive behaviors, and showed trends of acquired psychosocial competencies.



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Table 3.1

Descriptive Statistics and Paired Sample t-tests for Pre- and Post-test Objective Outcomes of Control Group (N = 226)

Mean (SD)	Pre-test					Post-test					t
	Male	Female	P.5	P.6	Total	Male	Female	P.5	P.6	Total	
Addictive behaviors ^a	.18 (.27)	.17 (.24)	.14 (.23)	.19 (.27)	.17 (.26)	.17 (.24)	.18 (.24)	.15 (.22)	.19 (.26)	.17 (.24)	-.14
Addictive behaviors (categorical) ^b	.71 (.83)	.71 (.83)	.59 (.75)	.79 (.87)	.71 (.83)	.74 (.80)	.73 (.90)	.62 (.77)	.81 (.89)	.74 (.85)	-.50
Behavioral intentions ^c	1.17 (.17)	1.13 (.17)	1.10 (.14)	1.19 (.18)	1.18 (.17)	1.18 (.17)	1.14 (.17)	1.12 (.15)	1.18 (.18)	1.16 (.17)	-.53
Psychosocial competencies ^d	4.95 (.56)	5.01 (.59)	5.14 (.54)	4.92 (.58)	5.00 (.57)	5.00 (.55)	5.07 (.59)	5.17 (.55)	4.94 (.56)	5.03 (.57)	-.85
Knowledge ^e	.78 (.15)	.78 (.16)	.78 (.16)	.78 (.14)	.78 (.15)	.80 (.16)	.81 (.13)	.80 (.14)	.80 (.15)	.80 (.15)	-1.97*
Beliefs ^f	5.33 (.59)	5.31 (.63)	5.41 (.59)	5.27 (.62)	5.32 (.61)	5.35 (.57)	5.47 (.52)	5.42 (.62)	5.40 (.50)	5.41 (.55)	-1.89

^a Addictive behaviors scale ranged from 0 (never) to 6 (everyday);

^b Addictive behaviors coded as categorical variable with 0 = never and 1 = at least once;

^c Behavioral intentions scale ranged from 1 (definitely will not) to 4 (definitely will);

^d Psychosocial competencies scale ranged from 1 (strongly disagree) to 6 (strongly agree);

^e Knowledge indicated by 0 (incorrect) and 1 (correct);

^f Beliefs scale ranged from 1 (strongly disagree) to 6 (strongly agree).

Note: * $p < .05$

Table 3.2

Descriptive Statistics and Paired Sample t-tests for Pre- and Post-test Objective Outcomes of Experimental Group (N = 257)

Mean (SD)	Pre-test					Post-test					t
	Male	Female	P.5	P.6	Total	Male	Female	P.5	P.6	Total	
Addictive behaviors ^a	.11 (.21)	.09 (.20)	.12 (.21)	.09 (.19)	.10 (.20)	.13 (.23)	.10 (.22)	.11 (.22)	.12 (.23)	.11 (.22)	-.89
Addictive behaviors (categorical) ^b	.46 (.71)	.39 (.68)	.50 (.76)	.35 (.61)	.42 (.70)	.50 (.78)	.39 (.66)	.45 (.68)	.43 (.78)	.44 (.72)	.76
Behavioral intentions ^c	1.12 (.15)	1.10 (.15)	1.11 (.16)	1.11 (.14)	1.11 (.15)	1.12 (.18)	1.09 (.14)	1.09 (.16)	1.12 (.17)	1.11 (.17)	-.30
Psychosocial competencies ^d	5.19 (.47)	5.13 (.55)	5.22 (.49)	5.09 (.53)	5.16 (.51)	5.21 (.52)	5.20 (.57)	5.26 (.53)	5.16 (.56)	5.21 (.54)	-1.45
Knowledge ^e	.82 (.11)	.76 (.17)	.80 (.13)	.77 (.16)	.79 (.14)	.81 (.21)	.82 (.18)	.79 (.21)	.84 (.17)	.81 (.20)	-1.88 ^g
Beliefs ^f	5.38 (.57)	5.41 (.49)	5.37 (.46)	5.42 (.60)	5.39 (.53)	5.39 (.64)	5.40 (.63)	5.34 (.63)	5.45 (.64)	5.40 (.64)	-.03

^a Addictive behaviors scale ranged from 0 (never) to 6 (everyday);

^b Addictive behaviors coded as categorical variable with 0 = never and 1 = at least once;

^c Behavioral intentions scale ranged from 1 (definitely will not) to 4 (definitely will);

^d Psychosocial competencies scale ranged from 1 (strongly disagree) to 6 (strongly agree);

^e Knowledge indicated by 0 (incorrect) and 1 (correct);

^f Beliefs scale ranged from 1 (strongly disagree) to 6 (strongly agree).

Note: ^g $p = .06$

Table 3.3

Correlations of Variables

	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Gender	-												
2. Grade	-.01	-											
<i>Pre-test</i>													
3. Addictive behaviors	-.04	.04	-										
4. Addictive behaviors (categorical)	-.04	.03	.70***	-									
5. Behavioral intentions	-.08	.14**	.60***	.48***	-								
6. Psychosocial competencies	.03	-.17***	-.37***	-.31***	-.40***	-							
7. Knowledge	-.11	-.06	-.26	-.07	-.10*	.26***	-						
8. Beliefs	.01	-.04	-.19***	-.14**	-.24***	.36***	.12**	-					
<i>Post-test</i>													
9. Addictive behaviors	-.04	.06	.51***	.35***	.47***	-.26***	.02	-.13**	-				
10. Addictive behaviors (categorical)	-.05	.03	.37***	.40***	.40***	-.20***	-.02	-.11*	.73***	-			
11. Behavioral intentions	-.11	.15**	.40***	.33***	.52***	-.30***	.01	-.16***	.62***	.55***	-		
12. Psychosocial competencies	.03	-.16	-.26***	-.25***	-.31***	.58***	.17***	.30**	-.29***	-.27***	-.33***	-	
13. Knowledge	.02	.07	-.01	-.03	.02	.10*	.28***	.11*	.00	-.02	-.02	.18***	-
14. Beliefs	.06	.04	-.13**	-.14**	-.20***	.24***	.06	.34***	-.14**	-.11*	-.20***	.34***	.22***

Note: *** $p < .001$, ** $p < .01$, * $p < .05$



Table 3.4
Multiple Regressions on Objective Outcomes at Post-test

Predictors	Addictive behaviors				Addictive behaviors (categorical)				Behavioral intentions			
	β	F	R	R^2	β	F	R	R^2	β	F	R	R^2
Step 1		1.25	.07	.01		.76	.06	.00		8.48***	.12	.03
Gender	-.04				-.05				-.11*			
Grade	.06				.03				.15**			
Step 2		56.40***	.51	.26		31.04***	.40	.16		61.08***	.53	.28
Gender	-.02				-.03				-.07			
Grade	.04				.02				.08*			
Pre-test scores	.51***				.40***				.50***			
Step 3		42.67***	.51	.26		25.37***	.42	.18		47.04***	.53	.28
Gender	-.02				-.03				-.07			
Grade	.04				.00				.07			
Pre-test scores	.50***				.38***				.49***			
Group	-.05				-.12**				-.08*			

Note: *** $p < .001$, ** $p < .01$, * $p < .05$

Table 3.5
Multiple Regressions on Objective Outcomes at Post-test

Predictors	Psychosocial competencies				Knowledge				Beliefs			
	β	F	R	R^2	β	F	R	R^2	β	F	R	R^2
Step 1		6.39**	.16	.03		1.36	.08	.01		1.12	.07	.01
Gender	.03				.02				.04			
Grade	-.16***				.07							
Step 2		81.28***	.58	.34		15.56***	.30	.09		22.10***	.35	.12
Gender	.02				.05				.05			
Grade	-.03				.09*				.34***			
Pre-test scores	.57***				.29***							
Step 3		62.10***	.59	.34		11.88***	.30	.09		16.65***	.35	.12
Gender	.01				.05				.06			
Grade	-.05				.09*				.05			
Pre-test scores	.56***				.29***				.35***			
Group	.07				.04				-.03			

Note: *** $p < .001$, ** $p < .01$, * $p < .05$

Chapter 4: Results of Evaluation Area 2: Subjective Outcome Evaluation

4.1. Subjective Outcome Evaluation Based on Primary 5 Students ($N = 373$)

Participants of the Program were invited to complete a subjective outcome evaluation form to gauge students' perceptions toward the curriculum content, program implementers, and program effectiveness. Summary of Primary 5 students' responses are shown in Tables 4.1 to 4.3.

Perceptions of Curriculum Content

In terms of curriculum content (Table 4.1), participants generally held positive perceptions with mean scores above 4 across all items. Majority of participants (ranging from 89.7% - 94.3%) rated the items positively.

Regarding the curriculum, students perceived that the objectives were clear (94.3%), and the design of the curriculum was good (92.7%) with carefully arranged activities (93.8%). In terms of the teaching process students reported a pleasant atmosphere (91.6%), with much peer interaction (89.7%), and active student participation (93.5%). Students were also encouraged to do their best (89.7%) and the learning experience had helped to enhance their interests toward the program (90.5%). Taken as a whole, students had positive evaluation on the program (90.3%), and liked it very much (91.0%).

Perceptions of Program Implementers

Findings on students' perceptions of the program implementers are summarized in Table 4.2. Participants were highly satisfied with the program implementers as evidenced by the mean scores above 5 across all items. Over 90% of participants rated the items positively.

Students reported that implementers demonstrated good teaching skills (96.5%) and showed good professional attitude (97.3%). Implementers were well-prepared (95.4%), and had good mastery of the program (95.4%). In terms of student-implementer interaction, respondents perceived implementers to be highly involved (96.8%) and showed care to students (96.2%) by offering help when needed (95.9%). During lessons, implementers had much interaction with students (93.8%) and tried



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to encourage participants to take part in different activities (96.7%). On the whole, students had very positive evaluations of the implementers (96.5%).

Perceptions of Program Effectiveness

Findings on respondents' perceptions of the program effectiveness are shown in Table 4.3. Students believed that the Program had helped them across different domains as revealed by mean scores above 4 for all items. Over 90% of positive responses were reported.

First, students felt that they had gained more knowledge on addiction (95.4%) and were more aware of addiction problem (95.4%). Second, students perceived that their cognitive competencies were enhanced in terms of their ability to differentiate right from wrong (96.5%), make wise decisions (97.3%), and analyze (96.8%). Third, participants perceived that their emotional competencies were strengthened in terms of their ability to manage (95.9%) and be aware of (93.8%) their emotions. Fourth, social competencies were perceived to be enhanced including skills in interacting (96.5%), and strengthening bonds with others (95.8%). Lastly, in terms of behavioral competencies, students perceived that the Program helped them to develop healthy behavioral habits (96.7%) and resist negative influence (96.2%). Taken as a whole, students perceived that the program was effective in promoting their development (95.7%).

4.2. Subjective Outcome Evaluation Based on Primary 6 Students (N = 271)

Summary of Primary 6 students' responses are shown in Tables 4.4 to 4.6.

Perceptions of Curriculum Content

As shown in Table 4.4, majority of the respondents (ranging from 88.6 - 92.6%) showed positive responses to the curriculum content items, with mean scores of greater than 4 across all items.

According to the participants' perception, the objectives of the Program were clear (92.6%), and the design of the curriculum was good (89.7%) with carefully arranged activities (91.9%). The pleasant classroom atmosphere (90.0%) enabled active participation (90.3%), and peer interaction (91.0%). Moreover, students felt that they were encouraged to do their best (91.1%). Overall speaking, students had positive evaluation of the Program (91.5%) and liked it very much (91.1%). The perceived

positive learning experience enhanced students' interest in the Program (88.6%).

Perceptions of Program Implementers

On the whole, participants held positive perceptions of the implementers, as evidenced by mean scores above 5 across all items, with over 90% of positive responses (see Table 4.5).

Particularly, students perceived that the implementers were well prepared for lessons (95.2%) and had good mastery of materials (94.5%). Implementers were highly involved (94.8%), demonstrated professional attitudes (94.8%), and had good teaching skills (94.1%). They were caring (94.8%), encouraging (93.7%), and helpful (95.2%). Students reported that the implementers had much interaction (93.7%) with them. All in all, the students had very positive evaluation on the implementers (95.2%).

Perceptions of Program Effectiveness

As detailed in Table 4.6, participants found the Program to be helpful to their overall development. Majority of respondents (ranging from 78.1 - 86.2%) reported enhancements in different areas, with mean scores above 4 across all items.

Students' perceived knowledge on (84.4%) and awareness of (86.2%) addiction were enhanced. Cognitively, students felt that they have acquired skills in: differentiating right from wrong (86.2%); making wise decisions (85.1%), and analyzing (85.8%). Emotionally, students perceived that the Program promoted their awareness (80.6%) and management of (78.1%) their own emotions. Socially, students perceived the Program to have helped to strengthen their bonds (79.2%), and interaction (79.9%) with others. Behaviorally, the participants perceived that the Program helped them to develop healthy behavioral habits (85.8%) and improved their skills to resist negative influence (85.1%). To sum up, students perceived that their overall development was promoted (81.3%).

4.3. Summary

Evaluation findings based on subjective outcome evaluation in both Primary 5 and Primary 6 students were consistent in showing that the participants held highly positive perceptions toward the Program, including: (1) the curriculum content; (2) program implementers; and (3) program effectiveness. Mostly importantly, students perceived the program to be greatly effective in the promotion of overall development.



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Table 4.1

Summary of Primary 5 Students' Perceptions toward the Curriculum Content

		Responses												Positive responses (4-6)	
		1	2	3	4	5	6								
Item	Mean (SD)	N	%	N	%	N	%	N	%	N	%	N	%	N	%
1. The objectives of the curriculum are very clear.	5.22 (.97)	5	1.3	1	0.3	15	4.0	42	11.3	131	35.3	177	47.7	350	94.3
2. The content design of the curriculum is very good.	5.03 (1.00)	3	0.8	5	1.3	19	5.1	64	17.3	139	37.5	141	38.0	344	92.7
3. The activities were carefully arranged.	5.10 (.98)	4	1.1	3	0.8	16	4.3	56	15.1	143	38.5	149	40.2	348	93.8
4. The classroom atmosphere was very pleasant.	5.06 (1.14)	9	2.4	4	1.1	18	4.9	59	16.0	114	30.9	165	44.7	338	91.6
5. There was much peer interaction amongst the students.	5.02 (1.15)	7	1.9	7	1.9	24	6.5	57	15.4	111	30.1	163	44.2	331	89.7
6. I participated in the class activities actively (including discussions, sharing, games, etc.).	5.13 (1.06)	7	1.9	1	0.3	16	4.3	64	17.3	109	29.4	174	46.9	347	93.5
7. I was encouraged to do my best.	4.88 (1.18)	12	3.2	6	1.6	20	5.4	68	18.4	136	36.8	128	34.6	332	89.7
8. The learning experience enhanced my interests towards the program.	4.96 (1.17)	10	2.7	5	1.4	20	5.4	69	18.7	114	30.9	151	40.9	334	90.5
9. Overall speaking, I have a very positive evaluation on the program.	4.95 (1.16)	11	3.0	5	1.4	20	5.4	60	16.2	134	36.2	140	37.8	334	90.3
10. On the whole, I like this program very much.	5.10 (1.11)	5	1.4	8	2.2	20	5.4	52	14.1	112	30.4	171	46.5	335	91.0

Note: All items are on a 6-point Likert scale with 1 = strongly disagree, 2 = disagree, 3 = slightly disagree, 4 = slightly agree, 5 = agree, 6 = strongly agree.

Table 4.2

Summary of Primary 5 Students' Perceptions toward the Program Implementers

		Responses												Positive responses (4-6)	
		1	2	3	4	5	6								
Item	Mean (SD)	N	%	N	%	N	%	N	%	N	%	N	%	N	%
1. The implementer(s) had a good mastery of the program.	5.31 (.94)	3	0.8	5	1.3	9	2.4	36	9.7	123	33.2	195	52.6	354	95.4
2. The implementer(s) was (were) well prepared for the lessons.	5.37 (.95)	5	1.3	3	0.8	9	2.4	29	7.8	113	30.5	212	57.1	354	95.4
3. The teaching skills of the implementer(s) were good.	5.32 (.93)	4	1.1	3	0.8	6	1.6	42	11.4	116	31.4	198	53.7	356	96.5
4. The implementer(s) showed good professional attitudes.	5.44 (.90)	5	1.3	1	0.3	4	1.1	35	9.4	97	26.1	229	61.7	361	97.3
5. The implementer(s) was (were) very involved.	5.42 (.91)	5	1.3	1	0.3	6	1.6	34	9.2	99	26.7	226	60.9	359	96.8
6. The implementer(s) encouraged students to participate in the activities.	5.36 (.91)	5	1.4	1	0.3	6	1.6	35	9.5	117	31.8	204	55.4	356	96.7
7. The implementer(s) cared for the students.	5.33 (.96)	6	1.6	1	0.3	7	1.9	41	11.1	111	30.1	203	55.0	355	96.2
8. The implementer(s) was (were) ready to offer help to students when needed.	5.39 (.95)	5	1.4	3	0.8	7	1.9	34	9.2	100	27.0	221	59.7	355	95.9
9. The implementer(s) had much interaction with the students.	5.29 (1.03)	7	1.9	1	0.3	15	4.1	38	10.3	102	27.6	206	55.8	346	93.8
10. Overall speaking, I have a very positive evaluation on the implementer(s).	5.37 (.96)	6	1.6	2	0.5	5	1.4	40	10.8	101	27.3	216	58.4	357	96.5

Note: All items are on a 6-point Likert scale with 1 = strongly disagree, 2 = disagree, 3 = slightly disagree, 4 = slightly agree, 5 = agree, 6 = strongly agree.



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Table 4.3

Summary of Primary 5 Students' Perceptions on the Program Effectiveness

			Responses												Positive responses (4-5)	
			1		2		3		4		5					
			Item	Mean (SD)	N	%	N	%	N	%	N	%	N	%	N	%
1.	Enhanced my knowledge on the nature of addiction.	4.24 (.86)	5	1.3	9	2.4	46	12.3	144	38.6	169	45.3	354	95.4		
2.	Heightened my awareness of addiction.	4.38 (.84)	4	1.1	10	2.7	34	9.2	115	31.0	208	56.1	354	95.4		
3.	Enhanced my competence in differentiating right from wrong.	4.33 (.88)	6	1.6	11	2.9	34	9.1	126	33.8	196	52.5	356	96.5		
4.	Strengthened my ability to make wise decisions.	4.33 (.86)	4	1.1	12	3.2	37	9.9	124	33.3	195	52.4	361	97.3		
5.	Enhanced my analytical skills.	4.26 (.90)	7	1.9	10	2.7	43	11.5	132	35.4	181	48.5	359	96.8		
6.	Helped me to develop healthy behavioral habits.	4.37 (.89)	8	2.2	5	1.3	40	10.8	108	29.1	210	56.6	356	96.7		
7.	Improved my ability to resist negative influence.	4.31 (.93)	8	2.1	8	2.1	47	12.6	106	28.4	204	54.7	355	96.2		
8.	Strengthened my ability to manage emotions.	4.18 (.93)	8	2.2	13	3.5	47	12.6	141	37.9	163	43.8	355	95.9		
9.	Helped me to become aware of my emotions.	4.23 (.94)	8	2.2	12	3.2	46	12.4	126	33.9	180	48.4	346	93.8		
10.	Nurtured my ability to interact with others.	4.22 (.96)	8	2.2	16	4.3	41	11.1	127	34.3	178	48.1	357	96.5		
11.	Encouraged me to strengthen my bonds with teachers, students, and my family.	4.10 (1.02)	10	2.7	19	5.1	57	15.3	122	32.8	164	44.1	353	95.8		
12.	Promoted my overall development.	4.28 (.93)	6	1.6	13	3.5	49	13.1	108	29.0	197	52.8	353	95.7		

Note: All items are on a 5-point Likert scale with 1 = not at all helpful, 2 = not very helpful, 3 = somewhat helpful, 4 = helpful, 5 = very helpful.

Table 4.4

Summary of Primary 6 Students' Perceptions toward the Curriculum Content

			Responses														Positive responses (4-6)	
			1		2		3		4		5		6					
	Item	Mean (SD)	N	%	N	%	N	%	N	%	N	%	N	%	N	%		
1.	The objectives of the curriculum are very clear.	5.16 (1.09)	7	2.6	3	1.1	10	3.7	23	8.5	104	38.4	124	45.8	251	92.6		
2.	The content design of the curriculum is very good.	4.96 (1.17)	8	3.0	3	1.1	17	6.3	40	14.8	99	36.5	104	38.4	243	89.7		
3.	The activities were carefully arranged.	5.04 (1.18)	10	3.7	2	0.7	10	3.7	39	14.4	93	34.4	116	43.0	248	91.9		
4.	The classroom atmosphere was very pleasant.	4.94 (1.19)	9	3.3	5	1.8	13	4.8	42	15.5	99	36.5	103	38.0	244	90.0		
5.	There was much peer interaction amongst the students.	5.04 (1.19)	9	3.4	4	1.5	11	4.1	37	13.9	87	32.6	119	44.6	243	91.0		
6.	I participated in the class activities actively (including discussions, sharing, games, etc.).	5.06 (1.21)	8	3.0	7	2.6	11	4.1	33	12.3	85	31.6	125	46.5	243	90.3		
7.	I was encouraged to do my best.	4.91 (1.22)	10	3.7	7	2.6	7	2.6	50	18.5	96	35.6	100	37.0	246	91.1		
8.	The learning experience enhanced my interests towards the program.	4.89 (1.21)	9	3.3	5	1.8	17	6.3	43	15.9	100	36.9	97	35.8	240	88.6		
9.	Overall speaking, I have a very positive evaluation on the program.	4.93 (1.18)	9	3.3	6	2.2	8	3.0	48	17.7	102	37.6	98	36.2	248	91.5		
10.	On the whole, I like this program very much.	4.98 (1.18)	8	3.0	5	1.9	11	4.1	48	17.8	87	32.2	111	41.1	246	91.1		

Note: All items are on a 6-point Likert scale with 1 = strongly disagree, 2 = disagree, 3 = slightly disagree, 4 = slightly agree, 5 = agree, 6 = strongly agree.



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Table 4.5

Summary of Primary 6 Students' Perceptions toward the Program Implementers

			Responses												Positive responses (4-6)	
			1		2		3		4		5		6			
	Item	Mean (SD)	N	%	N	%	N	%	N	%	N	%	N	%	N	%
1.	The implementer(s) had a good mastery of the program.	5.25 (1.10)	8	3.0	3	1.1	4	1.5	27	10	85	31.4	144	53.1	256	94.5
2.	The implementer(s) was (were) well prepared for the lessons.	5.30 (1.07)	8	3.0	2	0.7	3	1.1	24	8.9	85	31.5	148	54.8	257	95.2
3.	The teaching skills of the implementer(s) were good.	5.25 (1.10)	8	3.0	4	1.5	4	1.5	22	8.2	89	33.1	142	52.8	253	94.1
4.	The implementer(s) showed good professional attitudes.	5.31 (1.10)	9	3.4	2	0.7	3	1.1	22	8.2	77	28.8	154	57.7	253	94.8
5.	The implementer(s) was (were) very involved.	5.32 (1.08)	8	3.0	4	1.5	2	0.7	19	7.0	84	31.0	154	56.8	257	94.8
6.	The implementer(s) encouraged students to participate in the activities.	5.29 (1.08)	8	3.0	2	0.7	7	2.6	17	6.3	89	33.0	147	54.4	253	93.7
7.	The implementer(s) cared for the students.	5.27 (1.09)	8	3.0	4	1.5	2	0.7	24	8.9	87	32.2	145	53.7	256	94.8
8.	The implementer(s) was (were) ready to offer help to students when needed.	5.35 (1.07)	9	3.3	2	0.7	2	0.7	16	5.9	84	31.0	158	58.3	258	95.2
9.	The implementer(s) had much interaction with the students.	5.18 (1.12)	8	3.0	4	1.5	5	1.8	30	11.1	91	33.6	133	49.1	254	93.7
10.	Overall speaking, I have a very positive evaluation on the implementer(s).	5.34 (1.08)	9	3.3	2	0.7	2	0.7	18	6.6	85	31.4	155	57.2	258	95.2

Note: All items are on a 6-point Likert scale with 1 = strongly disagree, 2 = disagree, 3 = slightly disagree, 4 = slightly agree, 5 = agree, 6 = strongly agree.

Table 4.6

Summary of Primary 6 Students' Perceptions on the Program Effectiveness

			Responses										Positive responses (4-5)	
			1		2		3		4		5			
	Item	Mean (SD)	N	%	N	%	N	%	N	%	N	%	N	%
1.	Enhanced my knowledge on the nature of addiction.	4.24 (.94)	7	2.6	8	3.0	27	10.0	99	36.8	128	47.6	227	84.4
2.	Heightened my awareness of addiction.	4.30 (.91)	5	1.9	10	3.7	22	8.2	93	34.7	138	51.5	231	86.2
3.	Enhanced my competence in differentiating right from wrong.	4.33 (.86)	4	1.5	6	2.2	27	10.1	91	34.0	140	52.2	231	86.2
4.	Strengthened my ability to make wise decisions.	4.34 (.89)	4	1.5	8	3.0	28	10.4	82	30.6	146	54.5	228	85.1
5.	Enhanced my analytical skills.	4.31 (.88)	5	1.9	6	2.2	27	10.1	93	34.8	136	50.9	229	85.8
6.	Helped me to develop healthy behavioral habits.	4.31 (.90)	4	1.5	11	4.1	23	8.6	89	33.3	140	52.4	229	85.8
7.	Improved my ability to resist negative influence.	4.33 (.90)	5	1.9	7	2.6	28	10.4	83	30.9	146	54.3	229	85.1
8.	Strengthened my ability to manage emotions.	4.20 (.98)	4	1.5	14	5.2	41	15.2	76	28.3	134	49.8	210	78.1
9.	Helped me to become aware of my emotions.	4.24 (.96)	5	1.9	11	4.1	36	13.4	79	29.5	137	51.1	216	80.6
10.	Nurtured my ability to interact with others.	4.20 (.96)	5	1.9	11	4.1	38	14.2	85	31.7	129	48.1	214	79.9
11.	Encouraged me to strengthen my bonds with teachers, students, and my family.	4.13 (1.03)	9	3.3	13	4.8	34	12.6	90	33.5	123	45.7	213	79.2
12.	Promoted my overall development.	4.24 (.99)	6	2.2	13	4.9	31	11.6	78	29.2	139	52.1	217	81.3

Note: All items are on a 5-point Likert scale with 1 = not at all helpful, 2 = not very helpful, 3 = somewhat helpful, 4 = helpful, 5 = very helpful.



Chapter 5: Results of Evaluation Area 3:

Qualitative Evaluation Based on Focus Group Interviews

5.1 Thematic Analyses

Data were analyzed using general qualitative analyses techniques (Huberman & Miles, 1994) consisting of three steps. First, at the raw responses level, relevant codes were identified for words, phrases, or sentences that formed meaningful units. Second, emerging themes or categories were developed by reviewing the transcripts, and codes were combined to reflect higher-order attributes at the responses level. Third, codes were classified as “positive”, “negative”, or “neutral” where appropriate.

The interview guide was designed with reference to the CIPP model (Stufflebeam & Shinkfeld, 1985), particularly focusing on participants’ perceptions of the program implementation process and product evaluation.

5.2 Focus Group Results Based on Primary 5 Students (*N* = 52)

The interview data from Primary 5 students are presented in Table 5.1 to 5.11.

Perceptions of Program Implementation Process

Participants were invited to express their views on the effectiveness in the design and implementation of activities. As shown in Table 5.1, majority of the participants held positive perceptions toward the Program (73.5%). Regarding the general impression about the program (Table 5.2), students were satisfied with and liked it (35.3%). They found the lessons to be happy and relaxing (8.8%), during which they listened attentively and learned from (8.8%). In addition, majority of the students (85.3%) expressed their positive feelings toward the designed activities (Table 5.1). They were satisfied (27.8%) and interested (5.6%) with the experiential activities, as they liked playing games (16.7%) (Table 5.3). However, some students preferred lecturing, as they believed that they would learn more from those parts of the lesson (5.6%) (Table 5.3). When invited to give examples of experiential activities that they liked or disliked most (Table 5.4), all students shared activities that they liked. Some students even claimed that they liked all of the activities (6.3%). Students gave examples of favorable activities from all the different units in the Program, including Nature of Addiction, Cognitive Competence, Emotional Competence, Social Competence, and Behavioral Competence. In terms of program implementation (Table 5.1), participants reported

that there was active participation in class (74.1%). As shown in Table 5.5, students described their classmates to be engaged and enthusiastic (44.4%), they were very happy (3.7%), and united (14.8%). Although some students observed that the classroom was sometimes noisy (14.8%), majority of the students had positive perceptions toward the implementers (83.3%) (Table 5.1). As shown in Table 5.6, students stated that the implementers were very good (26.7%) and engaged (3.3%), as they were professional (3.3%), helpful (6.7%), and patient (10.0%). Most importantly, they delivered materials in a clear (10.0%) manner with detailed explanations (6.7%) and encouraged students to participate (10.0%). However, few students thought that the implementers were not strict enough in maintaining classroom discipline (3.3%) (Table 5.6).

Product Evaluation

As shown in Table 5.1, most participants (85.0%) perceived the Program to be effective, as they have gained a better understanding of addiction (25.0%) and learned to resist negative temptations (25.0%) (Table 5.7). When asked whether the Program yielded positive impacts to participants’ development (Table 5.1), an overwhelming percentage of students (85.0%) agreed on its benefits. Particularly, students became more aware of the negative consequences of addiction and learned to avoid such deleterious behaviors (40.0%) (Table 5.8). In terms of the specific effectiveness of the Program, all students shared that the Program has helped to strengthen their emotional, social, and behavioral competencies (Table 5.1). In terms of emotional competence (Table 5.9), students gained a better understanding of their emotions (26.7%) and how to control them (73.3%). For social competence (Table 5.10), the Program helped students to differentiate between peers with good and bad influences (33.3%). Their relationships with peers also improved (6.7%), and they learned how to collaborate with others (20.0%) and to make new friends (20.0%). Lastly, in terms of behavioral competence (Table 5.11), students gained a better understanding about temptations and how to reject them (30.0%).

Summary

Overall speaking, students held positive perceptions toward the Program. They were satisfied with the content of the curriculum and the activities conducted, which were enjoyable and applicable to their daily lives. Implementers were also professional and encouraged their participation. Most importantly, students expressed that they have changed after taking part in the Program and have acquired useful knowledge on addiction and experienced improvements in their emotional, social, and behavioral competencies.



5.3 Focus Group Results Based on Primary 6 Students (N = 35)

The interview data from Primary 6 students are presented in Table 5.12 to 5.22.

Perceptions of Program Implementation Process

As revealed in Table 5.12, all participants' responses regarding the perceptions of the Program were positive. Participants described the Program (Table 5.13) to be interesting (15.4%) and that they have gained much knowledge from it (19.2%). Over 60% of students (Table 5.12) reported positive comments about the activities, stating that they were fun (29.4%) and that they appreciated this rare opportunity to engage in group activities with classmates (5.9%). Although some students (11.8%) had no special feelings about the activities, and some had difficulties in grasping the knowledge conveyed (11.8%) (Table 5.14). When invited to share activities that they liked or disliked most, students recalled enjoying interactive activities including those from each construct (Table 5.15). In terms of the classroom atmosphere, approximately half (54.5%) of the participants reported positive comments, while 36.4% of the participants believed that improvements could be made (Table 5.12). On one hand, students enjoyed the enthusiastic (6.1%) and energetic (27.3%) classroom environment. On the other hand, students stated that it was sometimes overly exciting (3.0%) which resulted in much noise (6.1%) and even disputes among classmates (9.1%) (Table 5.16). Lastly, most students (76.7%) (Table 5.12) were satisfied with the implementers, who were generally good (20.0%), friendly (13.3%), patient (13.3%), and delivered materials clearly (16.7%). Although some students thought the implementers were boring (6.7%) and not strict enough (3.3%) (Table 5.17).

Product Evaluation

In terms of effectiveness, as shown in Table 5.12, majority of the participants (80.0%) believed that the program brought positive impacts to primary school students. In particular, upon completion of the Program, students reported spending fewer time playing video games and going online and spent more time engaging in other activities such as studying and going to bed earlier (45.0%). They also reported better understanding of addiction (10.0%) and ability to resist addictive behaviors (10.0%) (Table 5.18). All participants' responses regarding what they have learned were positive. The Program enabled them to gain a better understanding of addiction (34.3%) and its negative consequences and to avoid addictive behaviors (20.0%) (Table 5.19). Students also reported improvements in their emotional (92.3%), social (100.0%) and behavioral (72.7%) competencies (Table 5.12). As shown in Table 5.20, the Program helped students improve (15.4%) in their emotional competence by enabling them to

better manage (30.8%) and understand about emotions (23.1%). Regarding social competence (Table 5.21), students' interpersonal relationships were improved (83.3%) and they made more friends (16.7%). Lastly, for behavioral competence (Table 5.22), students learned to resist negative peer pressure and temptation (27.3%) and to make wise choices (27.3%). However, some students also reported no changes in their behavioral competence (27.3%).

Summary

Taken as a whole, primary 6 students were satisfied with different aspects of the Program, including the curriculum, activities, and implementers. Most importantly, students reported that the Program has yielded positive impacts to their overall development. Students spent less time playing video games and playing games on the Internet, and gained a better understanding of addiction. Moreover, they acquired a holistic set of skills that would help them avoid addictive behaviors and negative temptations and to lead a healthier life.

5.4 Overall Perceptions of the Program Based on Descriptors

(P.5 & P.6 students; N = 236)

In addition to the above, at the end of the focus group interview, participants were invited to write down three descriptors (i.e., adjectives) that they would use to describe the Program. A total of 236 responses were collected and categorized into "positive", "negative", "neutral", or "undecided". As shown in Table 5.23, 88.1% of the descriptors were positive, whereas only 6.4% of the responses were negative. The findings from the descriptors are in line with that from the qualitative comments gathered in the focus groups interview as evidence of students' positive views toward the Program.



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Table 5.1

Identified Themes in Relation to Participants' Perceptions of the Implementation Process and Product Evaluation (P.5)

Themes	No. of responses	Positive %	Negative %	Neutral %
Perceptions of Implementation Process				
Perceptions about the Program	34	25 73.5%	2 5.9%	7 20.6%
Perceptions about the activities	34	29 85.3%	2 5.9%	3 8.8%
Active participation	27	20 74.1%	6 22.2%	1 3.7%
Attitude and performance of implementers	30	25 83.3%	0 0.0%	5 16.7%
Product Evaluation				
Impacts of the program	20	17 85.0%	3 15.0%	0 0.0%
Knowledge acquired	30	29 96.7%	1 3.3%	0 0.0%
Emotional Competence	15	15 100.0%	0 0.0%	0 0.0%
Social Competence	15	15 100.0%	0 0.0%	0 0.0%
Behavioral Competence	10	10 100.0%	0 0.0%	0 0.0%

Table 5.2

Participants' Responses Regarding Their Overall Perceptions about the Program (P.5)

No.	Content	No. of responses	Percentage
Positive			
1	好 Good	3	8.8%
2	鍾意 / 滿意個課程 Liked/ satisfied with the curriculum	12	35.3%
3	享受 Enjoyable	2	5.9%
4	學到嘢 / 會專心聆聽 Learned something/ listened attentively in class	3	8.8%
5	內容生動 / 生活化 Interactive/ applicable content	2	5.9%
6	輕鬆 / 開心 Relaxing/ happy	3	8.8%
Neutral			
7	無感受 / 介乎鍾意同唔鍾意之間 No feelings/ In between like and dislike	2	5.9%
8	一般 / OK Alright/ OK	5	14.7%
Negative			
9	悶 Boring	2	5.9%
Total		34	100.0%



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Table 5.3

Participants' Responses Regarding Their Overall Perceptions about the Activities (P.5)

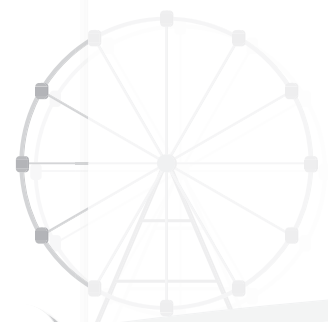
No.	Content	No. of responses	Percentage
Positive			
1	好玩 Fun	1	5.6%
2	鍾意 / 滿意活動 Liked/ satisfied with the activities	5	27.8%
3	享受 Enjoyable	3	16.7%
4	喜歡遊戲 Liked playing games	3	16.7%
5	有興趣 Interested	1	5.6%
Neutral			
6	一般 / Ok Alright/ OK	2	11.1%
Negative			
7	無特別鍾意 No activity I liked particularly	1	5.6%
8	唔鍾意咪係，呢…冇得玩囉 I did not like it because I could not play	1	5.6%
9	唔鍾意玩好多遊戲。因為講解可以學得多啲嘢。 I do not like many activities, as I can learn more from lecturing.	1	5.6%
Total		18	100.0%

Table 5.4

Participants' Responses Regarding the Activities They Liked / Disliked Most (P.5)

No.	Content (Name of activity)	No. of responses	Percentage
Positive			
1	全部都好鍾意 I liked all of the activities	1	6.3%
2	神探伽利略 Inspector Galileo (NA)	2	12.5%
3	成癮行為 Behaviors of Addiction (NA)	1	6.3%
4	擺枝筆上去轉。搵方法轉走負面情緒 Wheel of Assertiveness (SC)	1	6.3%
5	面具嗰個活動 Behind the Mask (SC)	2	12.5%
6	畫畫 Drawing (NA)	2	12.5%
7	潘朵拉的盒子 Pandora' s Box (BC)	2	12.5%
8	講返佢個感受 Sharing of emotions (EC)	1	6.3%
9	睇片 Video watching (NA)	3	18.8%
10	啊明嘅困境 Ming' s dilemma (CC)	1	6.3%
Total		16	100.0%

Note: NA = Nature of Addiction; CC = Cognitive Competence; EC = Emotional Competence;
SC = Social Competence; BC = Behavioral Competence





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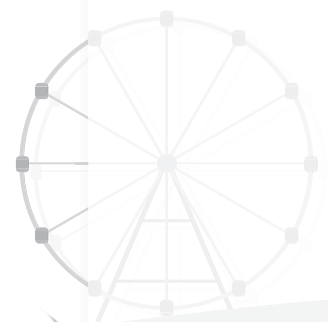
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Table 5.5
Participants' Responses Regarding Program Implementation (P.5)

No.	Content	No. of responses	Percentage
Positive			
1	投入 / 踴躍 Engaged/ Enthusiastic	12	44.4%
2	(秩序) 都得既 Acceptable classroom order	1	3.7%
3	好開心 Very happy	1	3.7%
4	好好 Very good	1	3.7%
5	好團結 Students were united	4	14.8%
6	輕鬆 Relaxing	1	3.7%
Neutral			
7	玩遊戲就比較係投入囉，講嘢嘅時候可能就會同人傾吓計 Engaged during game time, but will sometimes chat with classmates during lecturing	1	3.7%
Negative			
8	唔投入 Not engaged	2	7.4%
9	嘈 / 秩序唔好 Noisy/ Disorder in class	4	14.8%
Total		27	100.0%

Table 5.6
Participants' Responses Regarding Program Implementers (P.5)

No.	Content	No. of responses	Percentage
Positive			
1	專業 Professional	1	3.3%
2	講解詳細 Explained materials in detail	2	6.7%
3	好投入 Engaged	1	3.3%
4	好好 Very good	8	26.7%
5	鼓勵學生 Encouraged students to participate	3	10.0%
6	說話清楚、明白 Delivered materials in a clear and understandable manner	3	10.0%
7	有耐性 Patient	3	10.0%
8	會幫助學生 Helpful to students	2	6.7%
9	說話有趣 Humorous	1	3.3%
10	有禮 Courteous	1	3.3%
Negative			
11	說話難明白 Difficult to understand	2	6.7%
12	說話不夠清楚 Unclear deliverance of materials	2	6.7%
13	唔夠惡 Not strict enough	1	3.3%
Total		30	100.0%





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Table 5.7

Participants' Responses Regarding the Impact of the Program (P.5)

No.	Content	No. of responses	Percentage
Positive			
1	對成癮內容有更深入了解 Better understanding of addiction	5	25.0%
2	學到避免 / 拒絕成癮誘惑的方法 Learned how to avoid / reject temptations related to addiction	5	25.0%
3	勸勉身邊人遠離成癮行為 Persuade those around me to avoid engaging in addictive behaviors	3	15.0%
4	好好多 Improved a lot	1	5.0%
5	學懂節制 Learned self-control	3	15.0%
Neutral			
6	差不多 / 沒有變化 Have not changed much	3	15.0%
Total		20	100.0%

Table 5.8

Participants' Responses Regarding What They Have Learned From the Program (P.5)

No.	Content	No. of responses	Percentage
Positive			
1	學到有關成癮的內容 Learned more knowledge about addiction	9	30.0%
2	明白成癮的壞處，繼而懂得拒絕成癮行為 Better understand the negative consequences of addiction, and to avoid addictive behaviors	12	40.0%
3	學到避免 / 拒絕成癮誘惑的方法 Learned different methods to avoid and reject temptations regarding addiction	6	20.0%
4	有助分辨正負面朋友 Learned how to differentiate good and bad peers	2	6.7%
Negative			
5	未必能吸收當中的知識 Not necessarily able to retain the knowledge taught	1	3.3%
Total		30	100.0%

Table 5.9

Participants' Responses Regarding the Promotion of Emotional Competence (P.5)

No.	Content	No. of responses	Percentage
Positive			
1	情緒管理能力提升 Emotional management skills enhanced	11	73.3%
2	更了解情緒 Better understanding of emotions	4	26.7%
Total		15	100.0%

Table 5.10

Participants' Responses Regarding the Promotion of Social Competence (P.5)

No.	Content	No. of responses	Percentage
Positive			
1	明白與人溝通的重要 Understand the importance of communication	3	20.0%
2	分辨益友 / 損友 Able to differentiate good and bad peers	5	33.3%
3	學懂 / 提升團體合作 Learned how to collaborate with others	3	20.0%
4	懂得認識更多朋友 Learned how to make more friends	3	20.0%
5	與朋友關係變好 Improved relationships with peers	1	6.7%
Total		15	100.0%



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Table 5.11

Participants' Responses Regarding the Promotion of Behavioral Competence (P.5)

No.	Content	No. of responses	Percentage
Positive			
1	節制既能力提升左既 Better self-control	1	10.0%
2	學懂如何作出選擇 How to make decisions	1	10.0%
3	學懂過度的好奇心之壞處 Learned about the negative impacts of being too curious	1	10.0%
4	學懂分配時間 Learned better time management	1	10.0%
5	明白引誘的原因 / 學懂拒絕 Better understand the antecedents to temptation and how to reject them	3	30.0%
6	有助分辨正負面朋友 Learned now to differentiate between friends with good and bad influence	3	30.0%
Total		10	100.0%

Table 5.12

Identified Themes in Relation to Participants' Perceptions of the Implementation Process and Product Evaluation (P.6)

Themes	No. of responses	Positive %	Negative %	Neutral %
Perceptions of Implementation Process				
Perceptions about the Program	26	26 100.0%	0 0.0%	0 0.0%
Perceptions about the activities	44	30 68.2%	11 25.0%	3 6.8%
Classroom atmosphere	33	18 54.5%	12 36.4%	3 9.1%
Attitude and performance of implementers	30	23 76.7%	7 23.3%	0 0.0%
Product Evaluation				
Impacts of the Program	20	16 80.0%	0 0.0%	4 20.0%
Knowledge acquired	35	35 100.0%	0 0.0%	0 0.0%
Emotional Competence	13	12 92.3%	0 0.0%	1 7.7%
Social Competence	6	6 100.0%	0 0.0%	0 0.0%
Behavioral Competence	11	8 72.7%	0 0.0%	3 27.3%





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Table 5.13

Participants' Responses Regarding Their Overall Perceptions about the Program (P.6)

No.	Content	No. of responses	Percentage
Positive			
1	好 Good	7	26.9%
2	鍾意 / 滿意個課程 Like / satisfied with the curriculum	7	26.9%
3	有趣 / 好玩 / 刺激 Interesting/ fun / exciting	4	15.4%
4	新奇 Innovative	1	3.8%
5	開心 Happy	2	7.7%
6	有意思 / 學到有用知識 Meaningful / gained much knowledge	5	19.2%
Total		26	100.0%

Table 5.14

Participants' Responses Regarding Their Overall Perceptions about the Activities (P.6)

No.	Content	No. of responses	Percentage
Positive			
1	無須改進 No improvements needed	4	23.5%
2	好玩 / 滿意 Fun/ Satisfied	5	29.4%
3	難得的團體活動 Rare chances for group activities	1	5.9%
Neutral			
4	中性 / 唔悶亦唔有趣 Neutral / Neither boring nor interesting	2	11.8%
Negative			
5	悶 Boring	3	17.6%
6	不明白課程內容 Do not understand the content	2	11.8%
Total		17	100.0%

Table 5.15

Participants' Responses Regarding the Activities They Liked / Disliked Most (P.6)

No.	Content (Name of activity)	No. of responses	Percentage
Positive			
1	睇片 Watching video (NA)	1	3.6%
2	紙黏土 Expressing emotions with clay (EC)	8	28.6%
3	潘朵拉的盒子 Pandora' s Box (BC)	4	14.3%
4	畫畫 Drawing (CC)	2	7.1%
5	Role Play (CC/BC)	2	7.1%
6	討論 Discussions	2	7.1%
7	真相 / 誤解咭 Truth and misconceptions card game (CC)	1	3.6%
8	無唔鍾意 I liked all activities	1	3.6%
Neutral			
9	冇乜 No activity in particular	1	3.6%
Negative			
10	我和 xx 有個矛盾 I had a conflict with xx (SC)	1	3.6%
11	潘朵拉的盒子 Pandora' s Box (BC)	1	3.6%
12	紙黏土 Expressing emotions with clay (EC)	3	10.7%
13	睇片 Watching video (NA)	1	3.6%
Total		27	100.0%

Note: NA = Nature of Addiction; CC = Cognitive Competence; EC = Emotional Competence;

SC = Social Competence; BC = Behavioral Competence



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Table 5.16

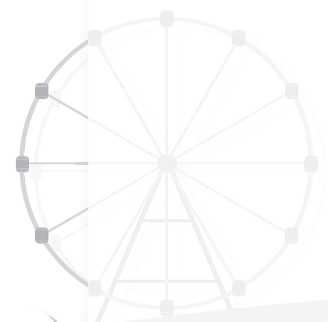
Participants' Responses Regarding Classroom Atmosphere (P.6)

No.	Content	No. of responses	Percentage
Positive			
1	好 Good	4	12.1%
2	投入 / 踴躍 Engaged / Enthusiastic	2	6.1%
3	有精神 Energetic	9	27.3%
4	開心 / 熱烈 Happy / Excited	3	9.1%
Neutral			
5	一般 Okay	1	3.0%
6	有啲好、有啲唔好 Varied across sessions	1	3.0%
7	輸時不開心、贏時好開心 Unhappy when I lost the activities, happy when I won	1	3.0%
Negative			
8	嘈 / 秩序唔好 Noise /	2	6.1%
9	覺得悶 / 唔投入 Boring / Unengaged	6	18.2%
10	唔合作 / 爭吵 Uncooperative / Arguments occurred	3	9.1%
11	過度興奮 Overly excited	1	3.0%
Total		33	100.0%

Table 5.17

Participants' Responses Regarding Program Implementers (P.6)

No.	Content	No. of responses	Percentage
Positive			
1	友善 / 細心 Friendly / Caring	4	13.3%
2	好 Good	6	20.0%
3	耐心 / 有耐性 Patient	4	13.3%
4	教得好 / 教得清楚 Good and clear teaching	5	16.7%
5	舒服 Comfortable	1	3.3%
6	如朋友般溝通 Communicated as if we were friends	2	6.7%
7	會引發學生興趣 Able to arouse students' interest	1	3.3%
Negative			
8	偏心 Biased towards some students	1	3.3%
9	說話不夠清楚 Teaching unclear	1	3.3%
10	唔夠惡 Not strict enough	1	3.3%
11	沒會引發學生興趣 Did not arouse students' interest	1	3.3%
12	悶 Boring	2	6.7%
13	佢有佢講，我地有我地做 Instructed without communicating with students	1	3.3%
Total		30	100.0%





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Table 5.18

Participants' Responses Regarding Impacts of the Program (P.6)

No.	Content	No. of responses	Percentage
Positive			
1	少打機 / 少上網, 改而進行其他活動 (溫習 / 早點休息) Decreased amount of time playing videos and going online, and engaged in other activities (studying/ sleeping earlier)	9	45.0%
2	對成癮內容有更深入了解 Better understanding of addiction	2	10.0%
3	學到避免 / 拒絕成癮誘惑的方法 Learned how to avoid / reject temptations related to addiction	2	10.0%
4	自己拒絕成癮行為 / 勸勉他人拒絕成癮行為 Resist addictive behaviors/ persuade those around me to avoid engaging in addictive behaviors	2	10.0%
5	更專心 / 更有耐性 More concentrated / patient	1	5.0%
Neutral			
6	時間太少, 沒有影響 The duration was too short, there were no impacts	1	5.0%
7	沒有太大影響 / 行為上沒有改變 No changes	3	15.0%
Total		20	100.0%

Table 5.19

Participants' Responses Regarding What They Have Learned From the Program (P.6)

No.	Content	No. of responses	Percentage
Positive			
1	好有用 Very useful knowledge	3	8.6%
2	減少進行成癮行為 Fewer engagement in addictive behaviors	1	2.9%
3	明白成癮的內容 Better understanding of addiction	12	34.3%
4	明白成癮的壞處, 繼而懂得拒絕成癮行為 Better understand the negative consequences of addiction, and to avoid addictive behaviors	7	20.0%
5	學到避免 / 拒絕成癮誘惑的方法 Learned different methods to avoid and reject temptations regarding addiction	5	14.3%
6	學到應付朋輩壓力 Learned how to deal with peer pressure	3	8.6%
7	有助分辨正負面朋友 Learned how to differentiate good and bad peers	4	11.4%
Total		35	100%

Table 5.20

Participants' Responses Regarding the Promotion of Emotional Competence (P.6)

No.	Content	No. of responses	Percentage
Positive			
1	好咗 Improved	2	15.4%
2	情緒管理能力提升 Enhancement in emotional management skills	4	30.8%
3	更了解情緒 Better understanding of emotions	3	23.1%
4	懂得舒緩負面情緒 Knowledge on how to handle negative emotions	3	23.1%
Neutral			
5	無改變 No changes	1	7.7%
Total		13	100.0%



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Table 5.21

Participants' Responses Regarding the Promotion of Social Competence (P.6)

No.	Content	No. of responses	Percentage
Positive			
1	人際關係改善 Improved interpersonal relationships	5	83.3%
2	認識更多朋友 Made more new friends	1	16.7%
Total		6	100.0%

Table 5.22

Participants' Responses Regarding the Promotion of Behavioral Competence (P.6)

No.	Content	No. of responses	Percentage
Positive			
1	抉擇 / 是非判斷能力提升 Decision-making skills enhanced	3	27.3%
2	不受朋輩壓力的影響 / 學到拒絕成癮誘惑的方法 Learned not to be influenced by peer pressure and resist temptation	3	27.3%
3	分清益友 / 損友 Differentiate between good and bad peers	2	18.2%
Neutral			
4	沒有改變 No changes	3	27.3%
Total		11	100.0%

Table 5.23

Categorization of Descriptors Used by the Participants to Describe the Program

	Description	Positive	Neutral	Negative	Undecided	Total
1	有趣 Interesting	45				45
2	好玩 Fun	16				16
3	刺激 / 緊張 Exciting	13				13
4	內容豐富 / 充足 / 詳細 Rich / Sufficient / Detailed content	9				9
5	快樂 / 開心 / 歡樂 / 興奮 Happy	35				35
6	易明白 Easy to understand	3				3
7	新奇 / 好奇 Novel	6				6
8	有意思 / 有益 / 特別 / 有用 / 有幫助 Meaningful/ Useful/ Helpful	8				8
9	享受 / 輕鬆 Relaxing	7				7
10	獲益良多 / 學到很多 Gained and learned a lot	7				7
11	幽默 / 搞笑 Humorous	2				2
12	完美 Perfect	4				4
13	好 / 非常好 / 不錯 Good/ Very good	24				24
14	避免成癮 / 成癮知識 Prevent addiction/ Addiction knowledge	2				2
15	多元化 / 多變化 Diversified	4				4
16	生動 Interactive	8				8
17	氣氛好 / 溫暖 / 深刻 Good atmosphere/ Warm/ Memorable	3				3
18	教導有方 / 專業 Professional implementers	3				3
19	Nice / 好人 / 關心 Caring / Kind	6				6
20	學到情緒管理 Learned to manage emotions	2				2
21	知識 Knowledge	1				1
22	一般 / okay/ 還可以 Just alright		11			11
23	悶 / 無聊 Boring			10		10
24	吵 Noisy			3		3
25	煩 Annoying			1		1
26	差 Bad			1		1
27	容易 Easy				1	1
28	成績好 Good grades				1	1
Total count		208	11	15	2	236
Total %		88.1%	4.7%	6.4%	0.8%	100.0%



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Chapter 6: Discussion and Recommendations

6.1. Research Design

The aim of the present study is to evaluate the effectiveness of the B.E.S.T. Teen Program, a multi-addiction prevention program targeting Primary 5 and 6 students in Hong Kong. Both quantitative and qualitative methodologies were employed. Quantitatively, for Evaluation Area 1, objective outcome evaluation adopting a pretest-posttest experimental-control group design was implemented with 257 participants of the Program and 226 control group students; for Evaluation Area 2, subjective outcome evaluation was conducted with Program participants in both Primary 5 ($N = 382$) and Primary 6 ($N = 297$). Qualitatively, in Evaluation Area 3, focus group interviews were conducted with 52 Primary 5 participants and 36 Primary 6 students, respectively.

The present study has two unique features. First, its research design is pioneering in nature as there is few existing scientific study that rigorously evaluates addiction prevention program for adolescents using several evaluation strategies, especially in a Chinese context. Shek & Yu's (2011) review of adolescent prevention and positive youth development programs in Asia suggested that "one important task that should be carried out is to systematically evaluate the developed programs" (p. 322). The present study is designed in response to the need and thus, findings generated contribute significantly to existing literature.

Second, the mixed-method design adopted enables the triangulation of data and "provide(s) a more complete picture of the evaluation space by providing all three components: cross-validation, complementarity, and unique contributions from each" (Figueredo, Olderbak, Schlomer, Garcia, & Abril Wolf, 2014, p. 354), Scholomer, Garcia, & Abril Wolf, 2014, p.354). Data collected using both quantitative and qualitative methodologies yield important insights to the further development of addiction prevention programs for youths.

Findings of Evaluation Area 1: Objective Outcome Evaluation

Adopting a pretest-posttest experimental-control design, the present study sought to investigate whether participants changed after they joined the Program. Findings

showed that students who participated in the Program reported less engagement in addictive behaviors, had lower levels of intention to engage in addictive behaviors, and reported higher levels of psychosocial competencies, as compared to control group students.

It is noteworthy that although the students who participated in the Program did not show significant changes in knowledge and beliefs about addiction, both their intention to engage in addictive behaviors and actual engagement in the behaviors have been reduced at post-test compared to the control group students. This may explain that apart from knowledge and beliefs about addiction, psychosocial competencies also play an important role in intention to engage in addictive behaviors and actual addictive behaviors. In addition, introducing the topic of addiction in two sessions (a total of one hour) may not be sufficient enough to induce significant change in knowledge and beliefs about addiction. It is recommended that future prevention programs alike can allocate more sessions to this topic. As mentioned earlier, this Program adopts a positive youth development approach to enhance psychosocial competencies of adolescents thereby preventing them from engaging in addictive behaviors; this objective has been achieved as students' psychosocial competencies were enhanced and addictive behaviors were reduced. The findings add to the growing body of theory arguing for the preventive and promotive roles that positive youth development plays in adolescent growth.

Findings of Evaluation Area 2: Subjective Outcome Evaluation

The evaluation data based on the subjective outcome evaluation data are generally positive. Students were highly satisfied with different aspects of the Program, including the curriculum contents (e.g., the objectives, activities and design), program implementers (e.g., teaching skills, attitudes and care), and the effectiveness of the Program (e.g., enhancing knowledge about addiction, analytical skills and psychosocial competencies). Most importantly, students agreed that the Program helped to promote their overall development.

"Subjective outcome evaluation (is) a popular strategy to capture the viewpoints of the participants... (and used) as an indicator of program effectiveness from the participants' perspective" (Shek & Sun, 2012b, p. 222). Thus, the present findings provide additional evidence to support the effectiveness of the B.E.S.T. Teen Program.



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Findings of Evaluation Area 3: Focus Group Interviews

While the quantitative data from the objective and subjective outcome evaluation provide profiles of participants' perceptions toward the Program and the outcome measures suggest its effectiveness, there is a need to better understand the subjective experiences of students. "Qualitative methods provide depth to some of the causes behind the changes (or lack thereof) observed using more quantitative methods" (Madey, 1982, p. 232). Therefore, focus group interviews were conducted with a sample of randomly selected participants, in which students were invited to share their views on the process and product aspects of the Program (CIPP model, Stufflebeam, 2000).

Students were highly satisfied with both the process (e.g., perceptions about the program, activities, and implementers) and the product (e.g., impacts of the program, knowledge gained and psychosocial competencies acquired). Students shared that they enjoyed the interactive activities and the classroom atmosphere was pleasant. Implementers were professional and delivered materials in a clear manner. Most importantly, students reported that after they completed the Program, their emotional, social, and behavioral competencies have improved. Also, they spent less time on the Internet and playing video games.

While objective outcome evaluation data yielded non-significant results on changes in knowledge of addiction, students in the focus group interviews shared that they have gained knowledge from the Program. For instance, both Primary 5 and 6 students shared that they have gained better understanding on the negative consequences of addiction and learned how to differentiate good and bad peers.

However, students did suggest several areas that can be improved. For instance, participants suggested including more lecturing during each session as they believed that more knowledge could be gained by listening to the lecture. In addition, as some of the designed activities were interactive, students observed that the classroom was sometimes noisy, and suggested that implementers could be firmer in maintaining classroom discipline.

6.2. Recommendations

Based on the implementation experiences gained from the Project, several

recommendations with reference to the development and implementation of future youth addiction prevention programs should be noted:

Approach to Prevention and Promotion

1. Positive youth development approach

Early addiction prevention efforts have been criticized for their focus on single problem behavior, ignoring the common predictors of various problem behaviors and aiming at problem prevention rather than the promotion of healthy development and the nurturance of protective factors (Catalano, Hawkins, Berglund, Pollard, & Arthur, 2002b). More recently, researchers and practitioners agreed that adolescent problem behaviors including addictive behaviors share common antecedents and that prevention science should adopt a broader focus to address both risk and protective factors (Catalano et al., 2002b). Shek (2007) argued that one of the factors that contribute to adolescent substance abuse in Hong Kong is the lack of psychosocial competencies and coping skills. To tackle the problem, it is recommended that systematic and holistic positive youth development programs should be implemented, especially for young adolescents. Indeed, a large-scale curriculum-based positive youth development program in Hong Kong, entitled Project P.A.T.H.S. (Positive Adolescent Training through Holistic Social Programmes), was developed and successfully implemented. Shek & Yu (2012b) reported evidence which demonstrated that the Project P.A.T.H.S. yielded long-term effect in preventing adolescent problem behavior including delinquency, use of drugs, and lowering intentions in participating in risk behaviors, which underscores the effectiveness and importance of adopting a positive youth development approach to the prevention of adolescent risk behaviors and promotion of positive development.

Findings collected using both quantitative and qualitative methodologies in the present study provide evidence for the effectiveness of using a positive youth development model for addiction prevention. In addition to acquiring knowledge about addiction, students have also perceived improvements in intrapersonal competencies including emotional awareness and management, decision-making skills, as well as interpersonal competencies such as assertiveness refusal skills and improved interpersonal relationships.

The B.E.S.T. Teen Program included positive youth development constructs



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including cognitive competence, emotional competence, social competence and behavioral competence. It is recommended that future preventive efforts may include other positive youth development constructs such as the development of positive and healthy identity, spirituality, fostering prosocial norms and beliefs in the future. Such constructs also play an important role in the promotion of positive youth development and the prevention of risk behaviors (Guerra & Bradshaw, 2008).

Target Participants

2. Addiction prevention program targeted at primary school students

Existing addiction prevention programs for youths mainly target secondary school students. In Hong Kong, there is also a severe lack of systematic and holistic positive youth development programs especially targeting young adolescents (Shek, 2007). However, research has shown that in fact youngsters may experiment with addictive substances such as cigarettes in their pre-adolescence years (Milton et al., 2004), and that video game addiction has become a concern for children as well (Chiu, Lee, & Huang, 2004). Indeed, students who participated in the Program reflected and admitted to implementers on spending much time on the Internet and playing video games. Therefore, it is recommended that addiction prevention and positive youth development programs should widen their target scope to include not only secondary school students, but also primary school students. Children should be equipped with intrapersonal and interpersonal competencies that will enable them to develop healthy habits and stay away from harmful behaviors.

Program Delivery

3. Interactive delivery methods

Traditional addiction prevention programs focus on conveying knowledge about addiction in a non-interactive manner, with minimal teacher-student or peer interaction. The present findings align with existing research (Tobler et al., 2000) to demonstrate the benefits of interactive delivery methods in prevention efforts. "Interactive programs provide contact and communication opportunities for the exchange of ideas among participants and encourage learning drug refusal skills" (Cuijpers, 2002, p. 1019). Indeed, participants shared that they enjoyed the wide

range of experiential learning activities (e.g., role playing, video watching, reflection exercises and drawing), which formed lasting impressions and yielded positive impacts. Therefore, it is suggested that addiction prevention programs should strike a balance between knowledge provision and interactive delivery.

4. Implementers

According to Nation and colleagues (2003), "the implementation of prevention is enhanced when the staff members are sensitive, are competent, and have received sufficient training, support, and supervision" (p. 454). Participants of the present Program were highly satisfied with the well-trained implementers who demonstrated good teaching skills, professional attitude, care, and encouraged students to participate in class. All of these were conducive to the successful implementation.

Implementers of the Program comprised of researchers and social workers who have helped to develop the curriculum, which is advantageous, as it ensures familiarity with the materials and buy-in (McBride, Farrington, & Midford, 2002). On the other hand, future prevention programs may adopt the train-the-trainer approach, which means teachers and school-based social workers may implement the Program after being trained. This is because teachers would have more chances to interact with students and be able to establish a more trusting relationship, which would likely facilitate program implementation (Wu & Shek, 2012).

5. Dosage

The B.E.S.T. Teen Program consisted of 10 units delivered in 5 hours across one semester. Some research suggested that dosage may impact on program effectiveness (i.e., participants must be exposed to "enough" dose of the intervention for it to yield positive impacts), and that both quantity and quality (e.g., length of each session, spacing, duration of the whole program) of contact hours matter (e.g., Nation et al., 2003). While the present findings showed promising evidence for the Program's effectiveness, it is believed that students may benefit more if contact hours increased and spaced across a whole school year. Indeed, Shek & H. Leung (2013) showed that more contact hours predicted more positive perceptions of implementers. Also, it is likely that students require time to reflect on the knowledge and experiences gained in the Program before changes in beliefs can be made.



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Program Evaluation Design

6. Longitudinal evaluation

In a review of school-based prevention programs, Durlak and Wells (1997) noted that few evaluation studies adopted a longitudinal design to investigate the durability of the impact. Therefore, it is suggested that future evaluation of youth addiction prevention programs may include follow-up assessments to investigate whether the impacts of the program are long-lasting. This will provide useful information as to whether booster sessions are needed to reinforce prior acquired skills or to teach new developmentally appropriate skills to complement the initial exposure of the intervention.

6.3. Final Remarks

The present evaluation study has several unique contributions. First, since few evaluation studies that have been conducted on addiction prevention programs targeted primary school students, especially in Hong Kong, this study is pioneering in nature. Second, recommendations put forth may serve to inform program developers and practitioners on how to design and implement effective prevention programs. Third, future researchers may model after the mixed-method evaluation strategies adopted in the present study to conduct comprehensive program evaluation in the community services context.

Nevertheless, the study has several limitations. First, due to limited resources, timetabling of different schools and other reasons, not all students who took part in the Program joined the evaluation. It would be desirable if a larger sample may be recruited in different areas of evaluation. Second, the veracity of information obtained via self-report methods has been questioned. However, taking into consideration ethical and practical concerns and sensitivity of the topic, especially for primary school students, self-report measures are most appropriate.

Despite the above limitations, the quantitative and qualitative evaluation methods employed complemented each other importantly throughout the study. Data collected using different strategies converged to demonstrate the effectiveness of the B.E.S.T. Teen Program.

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B.E.S.T. Teen Program

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B.E.S.T. Teen Program

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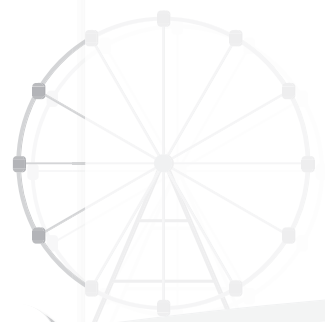
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Appendices





B.E.S.T. Teen Program

An Evaluation Study of the B.E.S.T. Teen Program :
A Multi-addiction Prevention Program for Young Adolescents in Hong Kong

Appendix I

「B.E.S.T. Teen Program」預防青少年成癮教育計劃 客觀成效評估問卷

親愛的同學：

為了解「B.E.S.T. Teen Program」預防青少年成癮教育計劃的成效，現懇請你完成本問卷。

你所提供的一切意見及資料，只會用於本計劃之研究上，而個別參與者的資料將絕對保密。

本問卷內的問題亦沒有所謂對或錯的答案，所以請你憑着你對自己的認識或感覺作答。當你完成這份問卷後，請你直接將問卷交給有關的工作人員。負責的工作人員、校長、老師及你的父母是絕對不會在日後知道個別參與者的資料分析結果。

請你在回答問題前，詳細閱讀每部分的指示，並按照下列填寫問卷的方法，回答每一部分的所有問題。

我們已經透過家長信，知悉貴家長同意你參加這個研究。若你願意接受我們的邀請回答這份問卷內的問題，請你填寫以下之同意書。

同意書

我願意回答這份問卷內的問題，並願意將有關資料提供作本計劃研究之用。

出生日期：

(年 / 月 / 日)

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請填寫你現時

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性別：_____

簽名：_____

日期：20_____年_____月_____日

第一部分

A. 在過去一個月內，若：

你從來沒有以下所描述的行為：請在「0」上畫圈，例如 ①；

你有以下所描述的行為：請在最能代表你自己情況的數字上畫圈，例如 ④

	從來沒有	試過1次	試過2次	試過3次	每星期有1次	一星期有數次	每天都有
1. 吸煙。(不包括二手煙)	0	1	2	3	4	5	6
2. 飲酒(包括啤酒、烈酒，以及各種含酒精飲品)。	0	1	2	3	4	5	6
3. 在沒有咳嗽時服用咳藥水。	0	1	2	3	4	5	6
4. 主動嗅天拿水。	0	1	2	3	4	5	6
5. 吸食K仔、搖頭丸、大麻、或其他類型危害精神的藥物。	0	1	2	3	4	5	6
6. 吸食海洛因(即「白粉」)。	0	1	2	3	4	5	6
7. 賭博(例如：「魚蝦蟹」，紙牌賭博)。	0	1	2	3	4	5	6
8. 即使已對我的生活造成不良影響(如：減少睡眠時間、成績變差、與家人關係變差)，也難以控制上網或玩電腦遊戲的時間。	0	1	2	3	4	5	6

B. 我們想知道，從現在開始，在未來的兩年內你會不會做以下的事情。請在以下每條題目中，選出你認為最能代表你想法的答案，並將在該數字上畫圈。

		可能程度			
		絕對不會	可能不會	可能會	絕對會
1.	你會吸煙嗎？(不包括二手煙)	1	2	3	4
2.	你會飲酒(包括啤酒、烈酒，以及各種含酒精的飲品)嗎？	1	2	3	4
3.	你會在沒有咳嗽時服用咳藥水嗎？	1	2	3	4
4.	你會主動嗅天拿水嗎？	1	2	3	4
5.	你會吸食K仔、搖頭丸、大麻、或其他類型危害精神的藥物嗎？	1	2	3	4
6.	你會吸食海洛英(即「白粉」)嗎？	1	2	3	4
7.	你會花大量時間上網或玩電腦遊戲嗎？	1	2	3	4
8.	你會參與賭博活動嗎？	1	2	3	4



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An Evaluation Study of the B.E.S.T. Teen Program :
A Multi-addiction Prevention Program for Young Adolescents in Hong Kong

第二部分

C. 請小心閱讀下列句子，並選出你認為最能代表你的態度和想法的答案，然後在該數字上畫圈。

		非常不同意	不同意	有點不同意	有點同意	同意	非常同意
1.	我作決定前，會小心考慮所有選擇。	1	2	3	4	5	6
2.	我可以分辨一個決定的好與壞。	1	2	3	4	5	6
3.	我不瞭解自己的情緒。	1	2	3	4	5	6
4.	我會用健康的方法（例如做運動）令自己開心。	1	2	3	4	5	6
5.	我不知道怎樣用正確的方法處理負面情緒。	1	2	3	4	5	6
6.	我能分辨誰是好朋友，誰是壞朋友。	1	2	3	4	5	6
7.	當別人要求我做壞事時，我能夠向他們說「不」。	1	2	3	4	5	6
8.	即使別人做了令我不開心的事情，我也不會說出口。	1	2	3	4	5	6
9.	我不與那些有沉溺行為（如吸煙、飲酒、吸毒、上網成癮、賭博）的同學交往。	1	2	3	4	5	6
10.	我不會犧牲自己的健康以獲得朋友的認同。	1	2	3	4	5	6
11.	我能抗拒不良誘惑。	1	2	3	4	5	6
12.	有困難時，我會找別人幫助。	1	2	3	4	5	6

D. 請小心閱讀下列句子，然後選擇一個你認為正確的答案，並在該數字上畫圈。

		是	否	不肯定
1.	「上癮行為」有很多不同的類型。	1	2	3
2.	只有成年人才會有上癮行為。	1	2	3
3.	上癮行為不會令一個人的健康變差。	1	2	3
4.	上癮行為對一個人生活的各個方面都會帶來不良影響。	1	2	3
5.	上癮行為一旦出現，便很難控制。	1	2	3
6.	在作決定之前，一個人必須小心考慮所有後果。	1	2	3
7.	有很多因素導致上癮行為的出現。	1	2	3
8.	只要我們願意，我們能隨時終止上癮行為。	1	2	3
9.	遇到不開心的事情，如果能注意事情的正面，能幫助我處理負面情緒。	1	2	3
10.	尋求家人、朋友、老師的幫助和支持，能幫助我處理負面情緒。	1	2	3
11.	用正確的方法處理負面情緒能減低上癮的機會。	1	2	3
12.	鼓勵我嘗試不健康事物的人，不是我真正的朋友。	1	2	3
13.	每個人都有權為自己和他人挺身而出。	1	2	3
14.	構成上癮行為（例如：飲酒、吸煙、賭博、吸毒）的原因很大部分是來自於朋友施壓。	1	2	3
15.	遠離不良朋友，比跟隨他們健康。	1	2	3
16.	控制自己的衝動，對避開不良誘惑有幫助。	1	2	3

第三部分

E. 請小心閱讀下列句子，並選出你認為最能代表你的態度和想法的答案，然後在該數字上畫圈。

		非常不同意	不同意	有點不同意	有點同意	同意	非常同意
1.	與我同齡的小朋友吸煙是沒有問題的。	1	2	3	4	5	6
2.	每個嘗試毒品的人最終都會後悔。	1	2	3	4	5	6
3.	為了開心，小朋友飲酒是沒有問題的。	1	2	3	4	5	6
4.	如果未能控制自己上網或玩電腦遊戲的時間，會有嚴重的不良後果。	1	2	3	4	5	6
5.	沉溺賭博會令人輸掉所有積蓄。	1	2	3	4	5	6
6.	學校應該教導有關上癮行為帶來的不良後果。	1	2	3	4	5	6
7.	我相信，嘗試上癮行為，（包括吸煙，飲酒，賭博，吸毒，上網成癮等）：	非常不同意	不同意	有點不同意	有點同意	同意	非常同意
a.	會損害健康。	1	2	3	4	5	6
b.	會令人前途盡毀。	1	2	3	4	5	6
c.	不一定會令我上癮，因我有足夠的自制力。	1	2	3	4	5	6
d.	會讓我更有自信。	1	2	3	4	5	6
e.	令我和朋友更容易相處。	1	2	3	4	5	6
f.	會讓我的工作或學業會有麻煩。	1	2	3	4	5	6
g.	可以減低我緊張的情緒。	1	2	3	4	5	6



B.E.S.T. Teen Program

An Evaluation Study of the B.E.S.T. Teen Program :
A Multi-addiction Prevention Program for Young Adolescents in Hong Kong

Appendix II 「B.E.S.T. Teen Program」預防青少年成癮教育計劃 學生主觀成效評估表

親愛的同學：

為了解「B.E.S.T. Teen Program」預防青少年成癮教育計劃的成效，現懇請你完成本問卷。

你所提供的一切意見及資料，只會用於本計劃之研究上，而個別參與者的資料將絕對保密。

本問卷內的問題亦沒有所謂對或錯的答案，所以請你憑著你對自己的認識或感覺作答。當你完成這份問卷後，請你直接將問卷交給有關的工作人員。負責的工作人員、校長、老師及你的父母是絕對不會在日後知道個別參與者的資料分析結果。

請你在回答問題前，詳細閱讀每部分的指示，並按照下列填寫問卷的方法，回答每一部分的所有問題。

我們已經透過家長信，知悉貴家長同意你參加這個研究。若你願意接受我們的邀請回答這份問卷內的問題，請你填寫以下之同意書。

同意書

我願意回答這份問卷內的問題，並願意將有關資料提供作本計劃研究之用。

出生日期：

(年 / 月 / 日)

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請填寫你現時

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性別：_____

簽名：_____

日期：20____年____月____日

問卷填寫指引：

在這份問卷中，我們想瞭解你對本學期推行的 ICAPT 項目之意見。請細心閱讀有關問題，然後選出最能代表你感受和想法的答案，並在該數字上畫圈。請參考以下例子：

正確填寫答案的方法：☒ 1 2 3 4 5

如果你需要更改答案，你只需要用「X」號將舊答案刪去，然後塗黑最能代表你感受和想法之新答案。請參考以下例子：

正確刪除答案的方法：☒ 1 ☒ 2 3 4 5

1. 請回想一下「B.E.S.T. Teen Program」預防青少年成癮教育計劃的所有細節，然後在下表選出最能代表你感受和想法的答案，並按以上指示在該數字上畫圈。

你對這個課程的觀感：		同意程度					
		1	2	3	4	5	6
		非常不同意	不同意	有點不同意	有點同意	同意	非常同意
1.	課程的目標很清楚。	1	2	3	4	5	6
2.	課程內容設計得很好。	1	2	3	4	5	6
3.	教學活動安排得很有條理。	1	2	3	4	5	6
4.	課程進行時的氣氛很好。	1	2	3	4	5	6
5.	在課程中，同學間有很多交流。	1	2	3	4	5	6
6.	我積極參與課程內的活動（包括：討論、分享、遊戲等）。	1	2	3	4	5	6
7.	在課程中，我獲得鼓勵去做到最好。	1	2	3	4	5	6
8.	課程中的學習經驗，增進我對有關課程的興趣。	1	2	3	4	5	6
9.	我對課程的整體評價很高。	1	2	3	4	5	6
10.	整體而言，我很喜歡這個課程。	1	2	3	4	5	6
你對導師的觀感：							
		1	2	3	4	5	6
1.	導師對課程有充分的掌握。	1	2	3	4	5	6
2.	導師的準備功夫充足。	1	2	3	4	5	6
3.	導師的教學技巧良好。	1	2	3	4	5	6
4.	導師的專業態度很好。	1	2	3	4	5	6
5.	導師表現很投入。	1	2	3	4	5	6
6.	導師鼓勵同學參與課程活動。	1	2	3	4	5	6
7.	導師關心同學。	1	2	3	4	5	6
8.	同學有需要時，導師樂意提供協助。	1	2	3	4	5	6
9.	導師與同學有很多交流。	1	2	3	4	5	6
10.	我對導師的整體表現有正面的評價。	1	2	3	4	5	6



Behavioral

Emotional

Social

Thinking

B.E.S.T. Teen Program

An Evaluation Study of the B.E.S.T. Teen Program :
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2. 請評估「B.E.S.T. Teen Program」預防青少年成癮教育計劃對你的幫助有多大，然後在下表選出最能代表你感受和想法的答案，並按第一頁的指示在該數字上畫圈。

你對這個課程的觀感：		同意程度				
		1	2	3	4	5
		非常不同意	不同意	有點不同意	有點同意	同意
1.	增加我對成癮行為的認識。	1	2	3	4	5
2.	提高我對成癮行為的警覺	1	2	3	4	5
3.	增加我分辨是非的能力。	1	2	3	4	5
4.	加強我作出明智抉擇的能力。	1	2	3	4	5
5.	加強我的分析能力。	1	2	3	4	5
6.	幫助我培養正確的行為習慣。	1	2	3	4	5
7.	改善我抗拒不良影響的能力。	1	2	3	4	5
8.	加強我管理情緒的能力。	1	2	3	4	5
9.	幫助我認識自己的情緒	1	2	3	4	5
10.	培養我與他人交往的能力。	1	2	3	4	5
11.	鼓勵我增強與老師、同學及家人的聯繫。	1	2	3	4	5
12.	促進我的整體成長。	1	2	3	4	5

3. 如果你的朋友與你的情況/ 需要相似，你會否建議他/ 她參加這類課程？

1	2	3	4
一定不會	不會	會	一定會

4. 如果將來有機會，你會否再參加這類課程？

1	2	3	4
一定不會	不會	會	一定會

5. 整體而言，你對這個課程的滿意程度是：

1	2	3	4	5	6
十分不滿意	頗不滿意	不滿意	滿意	頗滿意	十分滿意

6. 請完成下列各題：

6.1 請寫出一項或以上你從本課程中學到最重要的東西：（如沒有，請填「沒有」。）

6.2 請寫出一項或以上你認為在本課程中最值得欣賞的地方：（如沒有，請填「沒有」。）

6.3 你對課程的導師有何意見？（如沒有，請填「沒有」。）

6.4 你認為本課程有哪些地方需要改善？（如沒有，請填「沒有」。）

（問卷完）
謝謝你的幫忙！



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Appendix III B.E.S.T. 預防青少年成癮教育計劃 小組訪談問題概覽 - 學生

請注意：方格內的問題乃重點問題。因時間緊迫，請先討論重點問題。若時間許可，再討論其餘的問題。

一．過程評估 (Process Evaluation)：

1) 對計劃的整體印象 (General Impression about the Program)

- 你對本課程的整體印象如何？有甚麼感受？
- 總括而言，你是否享受參與此課程？
- 關於本課程，令你印象最深刻的是甚麼？
- 你在參與此課程時有沒有難忘的經歷？

2) 對課程內容的意見 (Comments about the Program Content)

- 有沒有一些活動最能引起你的興趣並投入其中？
- 關於本課程，有甚麼是你喜歡的？又有甚麼是你不喜歡的？
- 你對於本課程內的不同單元以及內容有甚麼意見？(訪問員須提供單元名稱及有關資料，請參看附件一)
- 你最喜歡那幾個單元？為甚麼？(訪問員須提供單元名稱及有關資料，請參看附件一)

3) 推行課程時的情況 (Comments about the Program Implementation)

- 你認為整體同學的參與程度怎樣？
- 你覺得課堂的氣氛及秩序怎樣？
- 參與的同學對於本課程有甚麼反應？

4) 對導師的意見 (Comments about the Instructors)

- 你覺得導師在帶領本課程的時候怎樣？
- 有關導師與同學的交流情況，你的感覺如何？

二．成效評估 (Product Evaluation)：

1) 課程的一般成效 (Evaluation of the General Effectiveness of the Program)

- 你覺得這個課程是否對小學生有幫助？有些什麼幫助？
- 你認為這課程對你的發展(學業、身心、人際關係等)是否有幫助？
- 你在參與這課程後有什麼不同？如有，請說明。(free elicitation)
- 這個課程令你學會了什麼？(free elicitation)
- 若你沒有察覺自己有任何改變，你認為是甚麼原因？

2) 課程的具體成效 (Evaluation of the Specific Effectiveness of the Program)

- 你認為參與此課程對你認識成癮行為及其影響是否有幫助？請加以解釋。
- 你認為課程能否提升你不同方面的能力？
- 你認為課程能否加強你的抉擇能力？
- 你認為課程能否助你遠離沉溺行為？
- 你認為課程能否助你了解及正面處理自己的情緒？
- 你認為課程對提升你的社交能力是否有幫助？
- 你認為課程能否助你面對負面朋輩壓力？
- 你認為課程對提升你積極表達或拒絕從眾的技巧是否有幫助？

三．其他意見 (Other Comments)：

- 如果請你用一事情、物件或感受(例如：互動、消化不良、享受、很有成功感等來形容這個課程，你會怎樣形容這個課程？(若學生不明白這題目，訪問員可轉問：如果請你用一隻顏色來形容這個課程，你會用那一隻顏色形容這個課程？為什麼？)
- 請你用三個詞來形容這個課程，並寫在這張紙上。(訪問員請派發準備的小字條)



Appendix I

「B.E.S.T. Teen Program」預防青少年成癮教育計劃 客觀成效評估問卷

親愛的同學：

為了解「B.E.S.T. Teen Program」預防青少年成癮教育計劃的成效，現懇請你完成本問卷。

你所提供的一切意見及資料，只會用於本計劃之研究上，而個別參與者的資料將絕對保密。

本問卷內的問題亦沒有所謂對或錯的答案，所以請你憑着自己的認識或感覺作答。當你完成這份問卷後，請你直接將問卷交給有關的工作人員。負責的工作人員、校長、老師及你的父母是絕對不會在日後知道個別參與者的資料分析結果。

請你在回答問題前，詳細閱讀每部分的指示，並按照下列填寫問卷的方法，回答每一部分的所有問題。

我們已經透過家長信，知悉貴家長同意你參加這個研究。若你願意接受我們的邀請回答這份問卷內的問題，請你填寫以下之同意書。

同意書

我願意回答這份問卷內的問題，並願意將有關資料提供作本計劃研究之用。

出生日期：

(年 / 月 / 日)

2	0						
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請填寫你現時

就讀的班別

小 _____ 級

學號

()

性別：_____

簽名：_____

日期：20____年____月____日





B.E.S.T. Teen Program

An Evaluation Study of the B.E.S.T. Teen Program :
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第一部分

A. 在過去一個月內，若：

你從來沒有以下所描述的行為：請在「0」上畫圈，例如 ①；

你有以下所描述的行為：請在最能代表你自己情況的數字上畫圈，例如 ④

		從來沒有	試過1次	試過2次	試過3次	每星期有1次	一星期有數次	每天都有
1.	吸煙。(不包括二手煙)	0	1	2	3	4	5	6
2.	飲酒(包括啤酒、烈酒，以及各種含酒精飲品)。	0	1	2	3	4	5	6
3.	在沒有咳嗽時服用咳藥水。	0	1	2	3	4	5	6
4.	主動嗅天拿水。	0	1	2	3	4	5	6
5.	吸食K仔、搖頭丸、大麻、或其他類型危害精神的藥物。	0	1	2	3	4	5	6
6.	吸食海洛因(即「白粉」)。	0	1	2	3	4	5	6
7.	賭博(例如：「魚蝦蟹」，紙牌賭博)。	0	1	2	3	4	5	6
8.	即使已對我的生活造成不良影響(如：減少睡眠時間、成績變差、與家人關係變差)，也難以控制上網或玩電腦遊戲的時間。	0	1	2	3	4	5	6

B. 我們想知道，從現在開始，在未來的兩年內你會不會做以下的事情。請在以下每條題目中，選出你認為最能代表你想法的答案，並將在該數字上畫圈。

		可能程度			
		絕對不會	可能不會	可能會	絕對會
1.	你會吸煙嗎？(不包括二手煙)	1	2	3	4
2.	你會飲酒(包括啤酒、烈酒，以及各種含酒精的飲品)嗎？	1	2	3	4
3.	你會在沒有咳嗽時服用咳藥水嗎？	1	2	3	4
4.	你會主動嗅天拿水嗎？	1	2	3	4
5.	你會吸食K仔、搖頭丸、大麻、或其他類型危害精神的藥物嗎？	1	2	3	4
6.	你會吸食海洛英(即「白粉」)嗎？	1	2	3	4
7.	你會花大量時間上網或玩電腦遊戲嗎？	1	2	3	4
8.	你會參與賭博活動嗎？	1	2	3	4





第二部分

C. 請小心閱讀下列句子，並選出你認為最能代表你的態度和想法的答案，然後在該數字上畫圈。

		非常不同意	不同意	有點不同意	有點同意	同意	非常同意
1.	我作決定前，會小心考慮所有選擇。	1	2	3	4	5	6
2.	我可以分辨一個決定的好與壞。	1	2	3	4	5	6
3.	我不瞭解自己的情緒。	1	2	3	4	5	6
4.	我會用健康的方法（例如做運動）令自己開心。	1	2	3	4	5	6
5.	我不知道怎樣用正確的方法處理負面情緒。	1	2	3	4	5	6
6.	我能分辨誰是好朋友，誰是壞朋友。	1	2	3	4	5	6
7.	當別人要求我做壞事時，我能夠向他們說「不」。	1	2	3	4	5	6
8.	即使別人做了令我不開心的事情，我也不會說出口。	1	2	3	4	5	6
9.	我不與那些有沉溺行為（如吸煙、飲酒、吸毒、上網成癮，賭博）的同學交往。	1	2	3	4	5	6
10.	我不會犧牲自己的健康以獲得朋友的認同。	1	2	3	4	5	6
11.	我能抗拒不良誘惑。	1	2	3	4	5	6
12.	有困難時，我會找別人幫助。	1	2	3	4	5	6

D. 請小心閱讀下列句子，然後選擇一個你認為正確的答案，並在該數字上畫圈。

		是	否	不肯定
1.	「上癮行為」有很多不同的類型。	1	2	3
2.	只有成年人才會有上癮行為。	1	2	3
3.	上癮行為不會令一個人的健康變差。	1	2	3
4.	上癮行為對一個人生活的各個方面都會帶來不良影響。	1	2	3
5.	上癮行為一旦出現，便很難控制。	1	2	3
6.	在作決定之前，一個人必須小心考慮所有後果。	1	2	3
7.	有很多因素導致上癮行為的出現。	1	2	3
8.	只要我們願意，我們能隨時終止上癮行為。	1	2	3
9.	遇到不開心的事情，如果能注意事情的正面，能幫助我處理負面情緒。	1	2	3
10.	尋求家人、朋友、老師的幫助和支持，能幫助我處理負面情緒。	1	2	3
11.	用正確的方法處理負面情緒能減低上癮的機會。	1	2	3
12.	鼓勵我嘗試不健康事物的人，不是我真正的朋友。	1	2	3
13.	每個人都有權為自己和他人挺身而出。	1	2	3
14.	構成上癮行為（例如：飲酒，吸煙，賭博，吸毒）的原因很大部分是來自於朋友施壓。	1	2	3
15.	遠離不良朋友，比跟隨他們健康。	1	2	3
16.	控制自己的衝動，對避開不良誘惑有幫助。	1	2	3



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第三部分

E. 請小心閱讀下列句子，並選出你認為最能代表你的態度和想法的答案，然後在該數字上畫圈。

		非常 不同意	不 同意	有點 不同意	有點 同意	同意	非常 同意
1.	與我同齡的小朋友吸煙是沒有問題的。	1	2	3	4	5	6
2.	每個嘗試毒品的人最終都會後悔。	1	2	3	4	5	6
3.	為了開心，小朋友飲酒是沒有問題的。	1	2	3	4	5	6
4.	如果未能控制自己上網或玩電腦遊戲的時間，會有嚴重的不良後果。	1	2	3	4	5	6
5.	沉溺賭博會令人輸掉所有積蓄。	1	2	3	4	5	6
6.	學校應該教導有關上癮行為帶來的不良後果。	1	2	3	4	5	6
7.	我相信，嘗試上癮行為，（包括吸煙，飲酒，賭博，吸毒，上網成癮等）：	非常 不同意	不 同意	有點 不同意	有點 同意	同意	非常 同意
a.	會損害健康。	1	2	3	4	5	6
b.	會令人前途盡毀。	1	2	3	4	5	6
c.	不一定會令我上癮，因我有足夠的自制力。	1	2	3	4	5	6
d.	會讓我更有自信。	1	2	3	4	5	6
e.	令我和朋友更容易相處。	1	2	3	4	5	6
f.	會讓我的工作或學業會有麻煩。	1	2	3	4	5	6
g.	可以減低我緊張的情緒。	1	2	3	4	5	6



Appendix II

「B.E.S.T. Teen Program」預防青少年成癮教育計劃 學生主觀成效評估表

親愛的同學：

為了解「B.E.S.T. Teen Program」預防青少年成癮教育計劃的成效，現懇請你完成本問卷。

你所提供的一切意見及資料，只會用於本計劃之研究上，而個別參與者的資料將絕對保密。

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請你在回答問題前，詳細閱讀每部分的指示，並按照下列填寫問卷的方法，回答每一部分的所有問題。

我們已經透過家長信，知悉貴家長同意你參加這個研究。若你願意接受我們的邀請回答這份問卷內的問題，請你填寫以下之同意書。

同意書

我願意回答這份問卷內的問題，並願意將有關資料提供作本計劃研究之用。

出生日期：

(年 / 月 / 日)

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請填寫你現時

就讀的班別

小 _____ 級

學號

()

性別：_____

簽名：_____

日期：20____年____月____日





B.E.S.T. Teen Program

An Evaluation Study of the B.E.S.T. Teen Program :

A Multi-addiction Prevention Program for Young Adolescents in Hong Kong

問卷填寫指引：

在這份問卷中，我們想瞭解你對本學期推行的 ICAPT 項目之意見。請細心閱讀有關問題，然後選出最能代表你感受和想法的答案，並在該數字上畫圈。請參考以下例子：

正確填寫答案的方法：① 2 3 4 5

如果你需要更改答案，你只需要用「X」號將舊答案刪去，然後塗黑最能代表你感受和想法之新答案。請參考以下例子：

正確刪除答案的方法：~~1~~ ② 3 4 5

1. 請回想一下「B.E.S.T. Teen Program」預防青少年成癮教育計劃的所有細節，然後在下表選出最能代表你感受和想法的答案，並按以上指示在該數字上畫圈。

你對這個課程的觀感：		同意程度					
		1	2	3	4	5	6
		非常 不同意	不 同意	有點 不同意	有點 同意	同意	非常 同意
1.	課程的目標很清楚。	1	2	3	4	5	6
2.	課程內容設計得很好。	1	2	3	4	5	6
3.	教學活動安排得很有條理。	1	2	3	4	5	6
4.	課程進行時的氣氛很好。	1	2	3	4	5	6
5.	在課程中，同學間有很多交流。	1	2	3	4	5	6
6.	我積極參與課程內的活動（包括：討論、分享、遊戲等）。	1	2	3	4	5	6
7.	在課程中，我獲得鼓勵去做到最好。	1	2	3	4	5	6
8.	課程中的學習經驗，增進我對有關課程的興趣。	1	2	3	4	5	6
9.	我對課程的整體評價很高。	1	2	3	4	5	6
10.	整體而言，我很喜歡這個課程。	1	2	3	4	5	6
你對導師的觀感：							
1.	導師對課程有充分的掌握。	1	2	3	4	5	6
2.	導師的準備功夫充足。	1	2	3	4	5	6
3.	導師的教學技巧良好。	1	2	3	4	5	6
4.	導師的專業態度很好。	1	2	3	4	5	6
5.	導師表現很投入。	1	2	3	4	5	6
6.	導師鼓勵同學參與課程活動。	1	2	3	4	5	6
7.	導師關心同學。	1	2	3	4	5	6
8.	同學有需要時，導師樂意提供協助。	1	2	3	4	5	6
9.	導師與同學有很多交流。	1	2	3	4	5	6
10.	我對導師的整體表現有正面的評價。	1	2	3	4	5	6



2. 請評估「B.E.S.T. Teen Program」預防青少年成癮教育計劃對你的幫助有多大，然後在下表選出最能代表你感受和想法的答案，並按第一頁的指示在該數字上畫圈。

你對這個課程的觀感：		同意程度				
		1	2	3	4	5
		非常不同意	不同意	有點不同意	有點同意	同意
1.	增加我對成癮行為的認識。	1	2	3	4	5
2.	提高我對成癮行為的警覺	1	2	3	4	5
3.	增加我分辨是非的能力。	1	2	3	4	5
4.	加強我作出明智抉擇的能力。	1	2	3	4	5
5.	加強我的分析能力。	1	2	3	4	5
6.	幫助我培養正確的行為習慣。	1	2	3	4	5
7.	改善我抗拒不良影響的能力。	1	2	3	4	5
8.	加強我管理情緒的能力。	1	2	3	4	5
9.	幫助我認識自己的情緒	1	2	3	4	5
10.	培養我與他人交往的能力。	1	2	3	4	5
11.	鼓勵我增強與老師、同學及家人的聯繫。	1	2	3	4	5
12.	促進我的整體成長。	1	2	3	4	5





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3. 如果你的朋友與你的情況/ 需要相似，你會否建議他/ 她參加這類課程？

1	2	3	4
一定不會	不會	會	一定會

4. 如果將來有機會，你會否再參加這類課程？

1	2	3	4
一定不會	不會	會	一定會

5. 整體而言，你對這個課程的滿意程度是：

1	2	3	4	5	6
十分不滿意	頗不滿意	不滿意	滿意	頗滿意	十分滿意

6. 請完成下列各題：

6.1 請寫出一項或以上你從本課程中學到最重要的東西：（如沒有，請填「沒有」。）

6.2 請寫出一項或以上你認為在本課程中最值得欣賞的地方：（如沒有，請填「沒有」。）

6.3 你對課程的導師有何意見？（如沒有，請填「沒有」。）

6.4 你認為本課程有哪些地方需要改善？（如沒有，請填「沒有」。）

（問卷完）
謝謝你的幫忙！



Appendix III

B.E.S.T. 預防青少年成癮教育計劃

小組訪談問題概覽 - 學生

請注意：方格內的問題乃重點問題。因時間緊迫，請先討論重點問題。若時間許可，再討論其餘的問題。

一．過程評估 (Process Evaluation)：

1) 對計劃的整體印象 (General Impression about the Program)

• 你對本課程的整體印象如何？有甚麼感受？

• 總括而言，你是否享受參與此課程？

• 關於本課程，令你印象最深刻的是甚麼？

• 你在參與此課程時有沒有難忘的經歷？

2) 對課程內容的意見 (Comments about the Program Content)

• 有沒有一些活動最能引起你的興趣並投入其中？

• 關於本課程，有甚麼是你喜歡的？又有甚麼是你不喜歡的？

• 你對於本課程內的不同單元以及內容有甚麼意見？(訪問員須提供單元名稱及有關資料，請參看附件一)

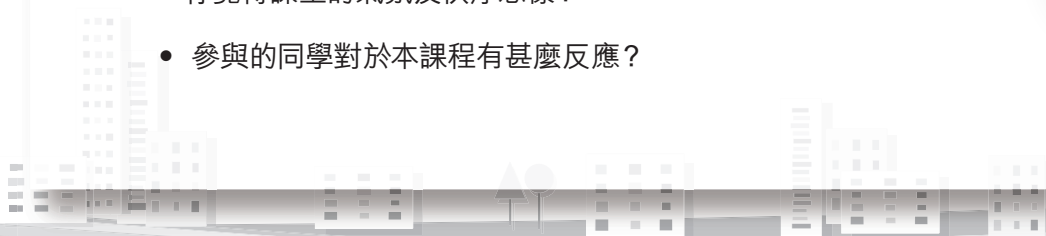
• 你最喜歡那幾個單元？為甚麼？(訪問員須提供單元名稱及有關資料，請參看附件一)

3) 推行課程時的情況 (Comments about the Program Implementation)

• 你認為整體同學的參與程度怎樣？

• 你覺得課堂的氣氛及秩序怎樣？

• 參與的同學對於本課程有甚麼反應？





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4) 對導師的意見 (Comments about the Instructors)

- 你覺得導師在帶領本課程的時候怎樣？
- 有關導師與同學的交流情況，你的感覺如何？

二 . 成效評估 (Product Evaluation):

1) 課程的一般成效 (Evaluation of the General Effectiveness of the Program)

- 你覺得這個課程是否對小學生有幫助？有些什麼幫助？
- 你認為這課程對你的發展（學業、身心、人際關係等）是否有幫助？
- 你在參與這課程後有什麼不同？如有，請說明。(free elicitation)
- 這個課程令你學會了什麼？(free elicitation)
- 若你沒有察覺自己有任何改變，你認為是甚麼原因？

2) 課程的具體成效 (Evaluation of the Specific Effectiveness of the Program)

- 你認為參與此課程對你認識成癮行為及其影響是否有幫助？請加以解釋。
- 你認為課程能否提升你不同方面的能力？
- 你認為課程能否加強你的抉擇能力？
- 你認為課程能否助你遠離沉溺行為？
- 你認為課程能否助你了解及正面處理自己的情緒？
- 你認為課程對提升你的社交能力是否有幫助？
- 你認為課程能否助你面對負面朋輩壓力？
- 你認為課程對提升你積極表達或拒絕從眾的技巧是否有幫助？

三 . 其他意見 (Other Comments):

- 如果請你用一件事物、物件或感受（例如：互動、消化不良、享受、很有成功感等來形容這個課程，你會怎樣形容這個課程？（若學生不明白這題目，訪問員可轉問：如果請你用一隻顏色來形容這個課程，你會用那一隻顏色形容這個課程？為什麼？）
- 請你用三個詞來形容這個課程，並寫在這張紙上。（訪問員請派發準備的小字條）

