Parent training programs in Hong Kong: an evidence-based approach

Cynthia Leung
The Hong Kong Polytechnic University
Introduction

• Research design – levels of evidence
• Program design (Theory of change)
  – The target population
  – The program outcomes
    • Valid outcome measures
  – The program strategies
    • NICE guidelines
• Program development
  – Formative evaluation
  – Pilot trials
EVIDENCE BASE OF PARENT TRAINING PROGRAMS

Early studies
Early studies

• Research design
  – Pre and post design
    • Evaluation of Parent Effectiveness Training (PET) (Cheung & Yau, 1996)
    • Evaluation of a parent management program for children with aggressive behavior (Ho, 1999)
    • Evaluation of 18 parent education programs (Cheung, 2001)
  – Quasi-experimental design
    • Evaluation of Systematic Training in Effective Parenting (STEP) (Kwok, 1994)
Early studies

• Outcome measures
  – Measures might not be validated for Chinese parents/children
  – Little information on psychometric properties
EVIDENCE BASE OF PARENT TRAINING PROGRAMS

Recent development
THE POSITIVE PARENTING PROGRAM (TRIPLE P)
The Triple P

• Behavioral family intervention based on social learning principles

• Level 4 group program
  – Four two-hour group sessions
  – Four telephone follow-up sessions
  – Homework
• Randomized controlled trial design

• Participants
  – Original sample - 91 parents with children between 3 to 7 years old
  – Final sample with complete data – 69 parents (66 mothers and 3 fathers) with children between 3 to 7 years old
  • Intervention – 33
  • Control – 36

Target children
- 25 females and 44 males
- Mean age – 4.23 years

Results
- Significant decrease in child behavior problems
- Significant decrease in dysfunctional parenting practices
- Significant decrease in parent conflict
- Significant increase in parenting sense of competence and marital satisfaction

The Triple P – Study 2

• Randomized controlled trial design
• Parents of children who were clients of SAHK, a non-governmental organization providing professional rehabilitation services to clients with neurological impairment
• Original sample - 81 participants
  – 42 participants in the intervention group
  – 39 participants in the control group
• Final sample with complete data – 74 participants
  – 39 in the intervention group
  – 35 in the control group
The Triple P – Study 2

• Results
  – Significant decrease in child behavior problems
  – Significant decrease in dysfunctional parenting practices
  – Significant decrease in parent conflict
  – Significant decrease in parental stress
  – Gains maintained 6 months after program completion
THE PARENT-CHILD INTERACTION THERAPY (PCIT)
The PCIT – Study 1

• An intervention program for oppositional and defiant children aged 2 to 8
• Therapist coaching parents behind one-way mirror with ear-bug equipment in vivo situation
The PCIT – Study 1

• Quasi-experimental design

• Participants - 130
  – Intervention group – 53
  – Comparison group – 77

• Complete data - 110
  – Intervention group – 48
  – Comparison group – 62

Leung, Tsang, Heung & Yiu (2009)
The PCIT – Study 1

• Results
  – Significant decrease in child behavior problems and parenting stress
  – Significant decrease in inappropriate parenting strategies
  – Significant increase in positive parenting strategies
  – Gains maintained 3 months after program completion
• Randomized controlled trial design

• 111 target parents with children aged between 2 and 7 years old
  – Intervention group - 54 parent-child dyads
  – Control group - 57 parent-child dyads
• Results
  – Significant decrease in child behavior problems and parenting stress
  – Significant decrease in inappropriate parenting strategies
  – Significant increase in positive parenting strategies
  – Gains maintained 3 months after program completion
HANDS-ON PARENT EMPOWERMENT (HOPE)

Funded by Public Policy Research Grant, Research Grants Council, Hong Kong
Hands-On Parent Empowerment (HOPE)

- **Target clients** – new immigrant parents

- **Theoretical framework**
  - Piaget, Montessori, Vygotsky, social learning theory, cognitive behavioral theory and developmental theory

- **Reference programs**
  - Triple P, PCIT, Home Instruction Program for Preschool Youngsters (HIPPY)

- **Adherence to local needs**
  - Preschool curriculum guide
  - Local experts
  - Focus group

Leung, Tsang & Dean (2011)
Hands-On Parent Empowerment (HOPE)

• Content
  – Developmental skills
  – Behavior management techniques

• Delivery format
  – Group meetings
  – Role play
  – Home work - worksheets with children

• Program structure
  – Three series – basic, intermediate, advanced

Leung, Tsang & Dean (2011)
Hands-On Parent Empowerment (HOPE)

- Pilot trial
- Randomized controlled trial design
- 120 participants
  - Intervention group (HOPE program) – 66 parents
  - Control group (6 session parent education program) – 54 parents

Leung, Tsang & Dean (2011)
• Results
  – Significant decrease in child behavior problems
  – Significant decrease in parenting stress
  – Significant increase in social support
HEALTHY START HOME VISIT PROGRAM

Funded by Quality Education Fund, Education Bureau, Hong Kong
Healthy Start

• A home visit program targeting disadvantaged families in Tuen Mun area
• Parent assistants to deliver the home visit program, under the supervision of a project co-ordinator
• Reference programs
  – HOPE
  – HIPPY
  – Family-Nurse Partnership
Healthy Start

• A 20-session program covering
  – Healthy life styles
  – Learning
  – Child behavior management

• Structured training program for parent assistants - 25 training sessions and 7 revision sessions

• Program developed with input from psychologists, social workers, dentist/dental therapist, medical practitioners, nutritionists and physiotherapist
Healthy Start – pilot results

• 11 parent assistants
  – Knowledge test (42.5 out of 45)
  – Skills demonstration (100% pass rate)
  – Pre-training, post-training, post-home visit measures

• 21 families receiving home visit
  – Pre and post measures
Healthy Start – pilot results

• Results (Home visit program recipients)
  – Significant decrease in parental stress
  – Significant increase in social support
  – Significant decrease in child behavior problems, sedentary activities, home injuries and hospital visits
  – Significant increase in child cognitive scores, parent reported school readiness and oral health practices

• Results (Parent assistants)
  – Significant decrease in child behavior problems and parenting stress
Healthy Start

• Efficacy study – in progress
• Randomized controlled trial design
• 200 families randomized into
  – Intervention group – Healthy Start Home Visit Program
  – Control group – a series of parenting talks
Some observations

• Research design
  – Increasing use of RCT design
  – Follow-up measures

• Program development
  – Pilot trial and formative evaluation before RCT

• Program design
  – Use of validated instruments for outcome measures
  – Measures other than parent report
OUTCOME MEASURES
Outcome measures

• Instruments widely used in parent training evaluation internationally
  – Parenting Stress Index (Lam, 1999)
  – Eyberg Child Behavior Inventory (Leung, Chan, Pang & Cheng, 2003)
  – Child Behavior Checklist (Leung et al., 2006)
  – Strength and Difficulty Questionnaire (Lai et al., 2010)
Outcome measures

• Parent outcomes
  – Parental Stress Scale (Cheung, 2000; Leung & Tsang, 2010)
  – Parenting Sense of Competence (Ngai, Chan and Holroyd, 2007)
  – Parenting Styles and Dimensions Questionnaire – short form (PSDQ-SF) (Herman Tse)
Outcome measures

• Child development and learning
  – Preschool Developmental Assessment Scale
    • Cognitive (Leung, Mak, Lau, Cheung & Lam, 2010)
    • Language (Wong, Leung, Siu & Lam, 2010; 2012)
    • Social (Leung, Cheung, Lau & Lam, 2011)
  – Behavior academic competence (Leung, Lo & Leung, 2012) – parent and teacher report
  – Effort and task motivation (Leung & Lo, 2013) – parent and teacher report
  – Gumpel School Readiness Inventory (Dorothy Ho) – parent and teacher report
• Others:
  – General Self Efficacy Scale (Schwarzer, 1993)
  – Duke-UNC Functional Social Support Questionnaire (Broadhead, Gehlbach, de Gruy & Kaplan, 1988)
  – General Health Questionnaire-12 (Pan & Golding, 1990)
  – Chinese Kansas Marital Satisfaction Scale (Shek, Lam, Tsoi & Lam, 1993)
DELIVERY FORMAT
Delivery Format

• Self-help groups vs professional-led
• Less structured vs structured
The Triple P and parent support group

• Comparing the effectiveness of Triple P and a non-structured parent support group
• Randomized controlled trial design
• Triple P – structured program led by accredited Triple P facilitator
• Support group – parent support group with discussions facilitated by a non-directive facilitator

Stanley Chan & Cynthia Leung
The Triple P and parent support group

• Three groups of parents recruited from preschools and churches:
  – Triple P (n = 30)
  – Parent support group (n = 31)
  – Control group (n = 31)

• Results
  – Significant decrease in child behavior problems in Triple P group but no change in parent support group and control group

Stanley Chan & Cynthia Leung
Walk with you

• A support group program using peer parent counselors in reducing participant stress and enhancing social support among parents experiencing problems in parenting

• Eight group sessions addressing the physical, psychological and social needs of parents in stress through providing a supportive, secure and natural environment for sharing
  – Content supplied by peer parent counselors
  – Supervision by social workers

Leung & Leung (in press)
Walk with you

• Pretest posttest control group design

• 173 participants
  – Intervention group: 84
  – Control group: 89

• Results
  – Significant decrease in psychological distress
  – Significant increase in social support
  – No change in parental stress

Leung & Leung (in press)
Some observations

• Less structured programs less likely to produce significant changes in child behavior or parental stress
• Structured programs more likely to produce changes in child behavior
• Peer support programs can lead to reduction in stress and increase in social support
CULTURAL ISSUES
Culturally sensitive parent training

- Translated program
- Culturally adapted program
- Culturally specific program

Cheng Gorman & Blater (1997)
Some observations

• Translated programs and the locally developed programs are both effective
  – Stronger evidence of effectiveness for translated programs
  – More evidence needed for locally developed programs
  – Locally developed programs incorporating some elements from translated programs
Some observations

• Individual variations in the acceptance of program techniques
• Program materials more acceptable if in local context
Challenges

• Evaluation of program effectiveness using rigorous research design and validated instruments
  – More work using rigorous research designs
  – Research funding
  – Collaboration between academic sectors and service sectors
Challenges

• Dissemination of evidence-based programs
  – Funding
  – Policy support

• Research, practice and policy informing each other
THANK YOU