

Process and Outcome Evaluation of
the Positive Parenting Programme in Hong Kong

Department of Health, Hong Kong SAR Government
Education and Manpower Bureau (then Education Department), Hong Kong SAR
Government

June 2003

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Year of publication 2003

Executive Summary

Purpose

The aim of the present study was to evaluate the effectiveness of the Positive Parenting Programme (Triple P) within a Chinese community, using both quantitative and qualitative methods. The Triple P is a multi-level, prevention oriented parenting and family support programme developed at the University of Queensland in Australia. The programme aims to prevent severe behavioural, emotional, and developmental problems in children by enhancing the knowledge, skills, and confidence of the parents.

Method

The participants consisted of 69 parents whose children attended Maternal and Child Health Centres and Child Assessment Centres for service and were between three to seven years old. They were randomly assigned to the intervention and control group. There were 36 control group members and 33 intervention group members. The participants completed a series of questionnaires on child behaviour and parenting competence both before and after the intervention. Focus groups were conducted for both facilitators and programme participants to gain their views about the programme.

Results

There was no significant difference in pre-intervention measures between the intervention group and the control group. There were significant differences between the intervention group and the control group members in most post-intervention measures. The intervention group members reported lower child behaviour problems, lower dysfunctional discipline styles, higher parenting sense of competence, and better marital relationship at the post-intervention level, compared to the control group. The qualitative results were consistent with the quantitative results and indicated that the success of the programme was related to the parenting skills covered, discussion with the facilitators and other parents, and the practical work involved.

Conclusion

The results indicated that the Triple P was effective in decreasing child behaviour problems, dysfunctional discipline styles, and improving parenting sense of competence, as well as marital relationship. The overall findings strongly confirm the efficacy of Triple P in reducing conduct problems in children and in promoting more harmonious family relationships in Chinese parents living in Hong Kong.

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Chapter 1: Introduction

1.1 The Positive Parenting Programme

The Positive Parenting Programme (Triple P) is a multi-level, prevention oriented parenting and family support programme developed at the University of Queensland in Australia. The programme aims to “prevent severe behavioural, emotional, and developmental problems in children by enhancing the knowledge, skills, and confidence of the parents” (Sanders, 1999, p.72). It incorporates five levels of intervention on a tiered continuum of increasing strength for parents of preadolescent children from birth to the age of twelve. Level 1 is a universal parent information strategy which provides parents with useful parenting information through a coordinated media campaign. Level 2 is a brief one-to-two session primary health care intervention providing guidance to parents of children with mild behaviour problems. Level 3 is a four-session intervention for children with mild to moderate behaviour difficulties. Level 4 is an intensive eight-to-ten session individual or group parent training programme for children with more serious behaviour problems. Level 5 is an enhanced programme for families where parenting difficulties are complicated by other issues (Sanders, 1999).

The Triple P is a form of behavioural family intervention which is based on social learning principles (Sanders, 1999) and there is ample research evidence to support the effectiveness of this kind of programme (Barlow & Stewart-Brown, 2000). The programme introduces positive, non-violent child management techniques to parents, as an alternative to coercive parenting practice (Sanders, 1999). The programme also emphasizes the importance of parents’ cognition and expectation in their child management and helps parents to identify alternative explanations for their children’s behaviours. The programme is based on research in developmental psychopathology, child and family therapy, applied behaviour analysis, and research on parenting.

The Triple P aims to promote parental competence and regards parents’ development of the capacity for self-regulation as the central skill, enabling parents to become independent problem solvers, with the confidence that they could solve problems themselves. Parents are also taught the skills of self-monitoring, self-determination of goals, self-evaluation of performance and self-selection of change strategies (Sanders, 1999).

Though there is ample research evidence on the effectiveness of the Triple P, most of the published research is on the implementation of the Triple P in western societies. The effectiveness of the Triple P within a Chinese community needs further investigation, as there are cultural differences between the Chinese culture and the Anglo-Australian culture.

1.2 Cultural issues

In understanding the differences between Anglo-Australian culture and Chinese culture, it is useful to draw on the concepts of individualism and collectivism. According to Triandis (1990), “people in every culture have both collectivist and individualist tendencies, but the relative emphasis is toward individualism in the West and toward collectivism in the East and South” (p. 39). Kagitcibasi (1994) defines collectivism as the expression of the need for relatedness and individualism as the need for autonomy. In cultures of relatedness, family culture and interpersonal relational patterns are characterized by “dependent-interdependent relations with overlapping personal boundaries” (Kagitcibasi, 1994, p. 62) emphasizing hierarchy, control and obedience. The culture of autonomy or separateness, in contrast to relatedness, is characterized by separated and well-defined personal boundaries, emphasizing autonomy and self-reliance (Kagitcibasi, 1994; Triandis, 1990). In Hofstede’s (1979) classic study on value systems, Australia was high on individualism and low on power distance (acceptance of unequal power distribution) whereas Asian countries such as Hong Kong, Taiwan, Singapore and the Philippines were low on individualism and high on power distance. Power distance and individualism are negatively correlated. More recently, in his summary of studies on Chinese values, Bond (1996) maintains that Chinese from societies such as China, Taiwan, Hong Kong and Singapore are similar in terms of their emphasis on hierarchy and identification with various in-groups. Consistent with the findings of Hofstede, Blair and Qian (1998) also point out that Asians from different countries are similar in various aspects, especially in relation to the emphasis on parental control, parental authority, interdependence among family members and school success affecting family honour.

With the trend toward hierarchy, control, obedience and identification with in-groups among Chinese people, there is an expected emphasis on family unity, respect for authority, and a sense of duty and honour to the family (Lee & Rong, 1988; Schneider, Hieshima, Lee & Plank, 1994). This trend is not as apparent with Anglo-Australians (Rosentahl & Feldman, 1991). Individualism and collectivism are also thought to be related to different parenting styles, and collectivist cultures are thought to favour a parenting style characterized by restriction of independence and overprotection (Herz & Gullone, 1999).

More specifically, in terms of parenting style and socialization, the concept of filial piety has been the guiding principle for socialization among Chinese families for centuries (Ho, 1996). This concept prescribes children's behaviour towards their parents and justifies absolute parental authority over children. The emphasis is on the responsibility and duty of the child towards the parents. It is found that attitudes towards filial piety are correlated with traditional parenting attitudes and child training such as over-control, overprotection, harshness, emphasis on proper behaviour and inhibition of expression of opinions, of independence and of self-mastery. Though research has shown that traditional filial piety attitudes are on the decline and the authority relations between generations are changing (Ho, 1996), the basic ideology and substance of the traditional concept of filial piety is still evident (Wu, 1996). Chinese parents in Taiwan, Shanghai and Singapore, and Chinese parents who have migrated to western countries still expect their children to obey and respect the elders (Wu, 1996). Research indicates that Chinese American parents are more restrictive and authoritarian than American parents (Wu, 1996, Chao, 1996, Chao & Sue, 1996). Rosenthal and Feldman (1991) found that Chinese-Australian adolescents reported a more demanding family environment than Anglo-Australian adolescents did.

To sum up, in Chinese culture, there is an emphasis on parental authority over children and children are expected to be obedient. Expression of opinions or independence is not encouraged. Whether these values have any impact on the implementation of the Triple P in a Chinese community needs further investigation.

1.3 The present study

During January and March 2001, Department of Health organized training for staff members from Material and Child Health Centres (MCHCs) and Child Assessment Centres (CACs) to receive training of the Triple P. Clinical psychologists received training on level 4 standard and level 5 programmes whereas the health professionals (nurses and doctors) received training on level 3 and level 4 group programmes. The Triple P materials were subsequently translated into Chinese by a bilingual clinical psychologist.

To evaluate the effectiveness of the Triple P in Hong Kong, an outcome and process evaluation study was undertaken. The specific programme evaluated was the level 4 group programme. The level 4 group programme consists of eight sessions, with four two-hour group sessions and four follow-up telephone contact sessions, where participants are given support in putting into practice what they have learnt in the group sessions. Participants have to complete homework in between the group sessions.

The programme was conducted by health professionals from MCHCs and CACs, with clients from these centres, and the evaluation was conducted by the Parent Education Implementation Team, Education Department. The outcome of the programme was evaluated through a randomised controlled trial design, comparing the pre and post intervention results of the intervention group and the control group participants on scales measuring parenting sense of competence and children's behaviour problems. Process evaluation was investigated through focus group discussions with the facilitators and the participants participating in the programme.

Chapter 2: Method

2.1 Outcome evaluation

2.1.1 Participants

The participants were 91 parents attending MCHCs ($n = 74$) and CACs ($n = 17$), with children between 3 to 7 years old. Participants who indicated concerns about their children's behaviour (MCHC participants) or were referred because of their children's behaviour problems (CAC participants) were invited to join the programme by health staff but they had to meet the following criteria: a) the child showed no evidence of significant developmental delay or other disabilities; b) parents should be literate, with no major psychiatric disorder; c) there was no history of domestic violence in the family; and d) the child and the participating parent must be living together in Hong Kong continuously during the last 12 months. Both parents would need to consent to participate though it was not necessary for both to attend the sessions.

Of the 91 participants (46 in intervention group and 45 in control group), 69 participants completed all questionnaires. In this report, the data from these 69 participants were used for further analysis and unless otherwise specified, the statistical analysis reported in this report is based on these 69 participants only. Among these 69 participants, 33 were intervention group participants (26 MCHC participants and 7 CAC participants) and 36 were control group participants (31 MCHC participants and 5 CAC participants).

In terms of the target children, there were 25 females and 44 males and 85.5% ($n = 59$) were attending kindergartens, with the rest (14.5%, $n = 10$) attending primary schools. The mean age of the children was 4.23 years ($sd = 1.06$) and the mean length of residence in Hong Kong was 4.22 years ($sd = 1.08$). There was one child with sensory impairment and one child with developmental delay.

For the programme participants, the majority (95.7%, $n = 66$) were the biological mothers of the children and the rest (4.3%, $n = 3$) were the biological fathers of the children. The mean ages of the fathers and mothers were 39.36 years ($sd = 4.48$) and 35.70 years ($sd = 4.63$) respectively. The fathers' mean length of residence in Hong Kong was 36.74 years ($sd = 9.18$) and that for mothers was 32.62 years ($sd = 9.25$). In terms of parents' education, the majority of the fathers (55.1%, $n = 38$) and mothers (66.6%, $n = 46$) had received 7 to 12 years of formal education. For occupation, the majority of the mothers (58.0%, $n = 40$) were homemakers and for the fathers, the majority (58.0%, $n = 40$) were either white collar or professional workers. There was one family on public assistance and there were four participants who did not supply information on this question. There was one female participant who was not married whereas all others were married. In terms of family

composition, the majority (79.7%, $n = 55$) were nuclear families and 18.8% ($n = 13$) were extended families and there was one single-parent family.

2.1.2 *Materials*

The materials consisted of a set of questionnaires to be completed by the participants twice. All questionnaires have been translated to Chinese using the back translation method.

Parent Daily Report (PDR) (Chamberlain & Reid, 1987) – this is a checklist with 33 problem child behaviours and one item referring to the use of physical punishment by parents. Parents record which behaviour occur each day on an occurrence or non-occurrence basis over a 7-day period. A total score (sum of the occurrence of behaviours over the 7-day period) and a daily mean score (mean number of problem behaviour each day) are calculated.

Eyberg Child Behaviour Inventory (ECBI) (Eyberg & Ross, 1978) – the ECBI is a 36 item measure of parent perception of disruptive behaviour in children aged 2 to 16 years. There are two scores that can be calculated. The first is a problem score which is a measure of the frequency of occurrence of disruptive behaviours. The second is an intensity score which is the sum of parents' rating of the intensity of the behaviours on a 7-point scale.

Strength and Difficulty Scale (SDQ) (Goodman, 1999) – this 25-item behavioural screening questionnaire measures parents' perception of prosocial and difficult behaviours in children aged 3 to 16 years. Five scales are computed by summing the five items for each scale (emotional problems, conduct problems, inattention/ hyperactivity problems, peer problems and prosocial behaviour).

Parenting Scale (PS) (Arnold, O'Leary, Wolff & Acker, 1993) – this 30 item questionnaire measures dysfunctional discipline styles in parents. There are three factors, laxness (permissive discipline), overreactivity (authoritarian discipline, displays of anger, meanness and irritability), and verbosity (overly long reprimands or reliance on talking) measured on a 7-point scale. A total score can be calculated by summing up the three factor scores.

Parenting Sense of Competence Scale (PSOC) (Gibaud-Wallston & Wandersman, 1978) – this 16-item questionnaire assesses parents' views of their competence as parents on two dimensions, satisfaction with their parenting role, and feelings of efficacy as a parent, on a 6-point scale. A total score can also be calculated.

Parent Problem Checklist (PPC) (Dadds & Powell, 1991) – this 16-item questionnaire measures conflict between partners over child-rearing. For each item, participants have to indicate whether there is concern over the issue. If the answer to that item is “yes”, then they can indicate the extent of the problem on a 7-point scale. A total score can be calculated by summing up the number of “yes” responses.

Relationship Quality Index (RQI) (Norton, 1983) – the RQI is a 6-item index of marital or relationship quality and satisfaction. Scores less than or equal to 29 are indicative of relationship distress.

Client Satisfaction Questionnaire (CSQ) (Turner, Markie-Dadds & Sanders, 1998) – this 13-item scale is adapted from the Therapy Attitude Inventory (Eyberg, 1993) and addresses the quality of service provided, the extent to which the programme could meet the participants’ needs, the perceived increase in parenting skills and decrease in child behaviour problems and whether the participants would recommend the programme to others. This is administered only at post-intervention. Participants rate their degree of satisfaction with the service on a 7-point scale and a total score is calculated by summing up the scores.

Demographic information – participants were also requested to supply basic demographic information on issues including sex, age, length of residence in Hong Kong and education of target child, health condition of target child, age, length of residence in Hong Kong, education, and occupation of both parents, as well as family type, marital status, relationship of participant to target child and public assistance status.

2.1.3 Procedures

Participants were recruited into the programme by health professionals. Within each centre, the participants’ surnames were arranged in alphabetical order and then numbered accordingly. The odd number participants were assigned to the intervention group and the even number participants were assigned to the control group, who would receive the programme after the intervention group had completed the programme. If both fathers and mothers were participating, they were counted as one entry, using mother’s surname in the randomization arrangement.

The participants in both the intervention and control groups were requested to complete the questionnaires before the commencement of the programme and after the completion of the programme by the intervention group.

The MCHC participants completed the programme in the MCHCs that they normally attended whereas the CAC participants attended the programme in one CAC.

2.2 Process evaluation

2.2.1 Participants

The participants included 14 of the participants who had attended the Triple P and 12 of the facilitators. Facilitators informed all participants about the purpose of the focus group which was to collect the participants' viewpoints about the programme. All of those who were willing to participate were then contacted about the times and locations of the focus group discussions. All the facilitators participated in the focus group discussion

2.2.2 Materials

Two focus group discussion guides were used, one for focus group discussion with facilitators and one for focus group discussion with programme participants. The guides consisted of open-ended questions requesting programme participants' and facilitators' opinions on the usefulness and cultural appropriateness of the programme materials and content.

2.2.3 Procedures

All focus group facilitators were invited to participate in the focus group discussion and the focus group was conducted by the first author. The facilitators also informed the programme participants about the focus group discussions and invited them to participate. Among them, 14 consented to participate and two focus groups were organized for them. These focus groups were also conducted by the first author. All together, three focus groups were conducted, one for facilitators, and two for programme participants (six participants in group one and eight participants in group two). The allocation of programme participants to the two different groups was based on the availability times of the programme participants. In all cases, it was made clear that participation was voluntary. The discussions were conducted in Cantonese and they were tape recorded.

2.3 Participants' participation in outcome and process evaluation

The selection of participants, the randomisation, and participation in outcome and process evaluation are shown in Figure 1.

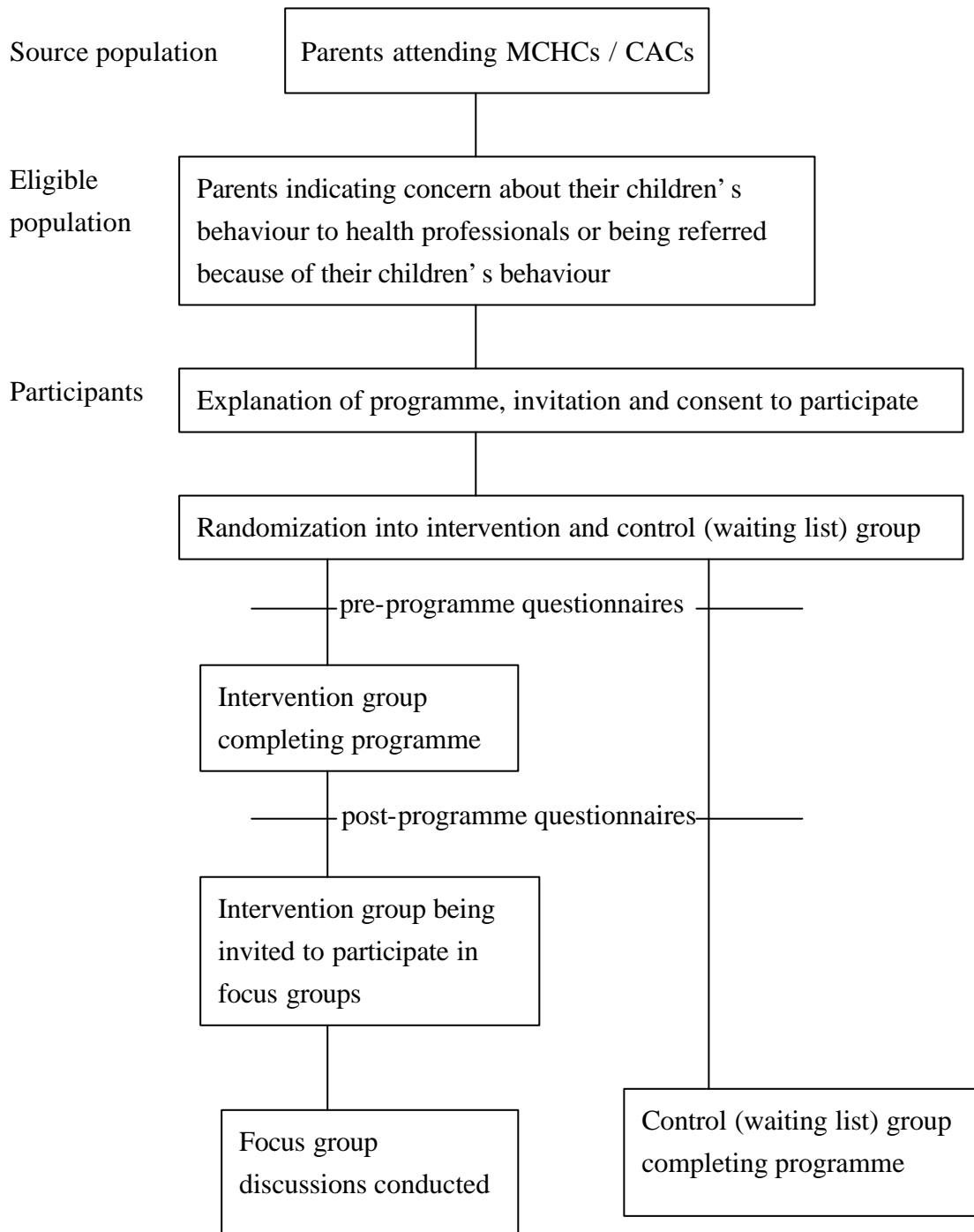


Figure 1:
Diagram showing the procedures for outcome and process evaluation

Chapter 3: Quantitative Results

3.1 Differences between participants with complete and incomplete data

Only participants with complete data were included in the statistical analysis. However, to ensure that there was no difference between participants with complete and incomplete data, a series of Chi Square tests and independent t tests were conducted to test for possible differences between these two groups. There was no significant difference between the two groups in terms of settings (MCHCs or CACs), sex of target child, educational level of target child, age of target child, target child's length of residence in Hong Kong, sensory impairment or developmental delay of target child, relationship of programme participant to target child, family status, parents' marital status, parents' age, fathers' length of residence in Hong Kong, parents' current occupation, parents' educational level or attainment, total family income and public assistance status. There was no significant difference between the two groups in any of the pre and post intervention scores available. There was, however, a significant difference between the two groups in terms of mothers' length of residence in Hong Kong, $t(89) = -2.73$, $p < .01$. Participants with complete data reported longer length of residence in Hong Kong for mothers (mean = 32.62, $sd = 9.25$) than those with incomplete data (mean = 25.86, $sd = 16.52$). There was also a significant difference between the two groups in terms of their programme attendance (intervention group participants only), $\chi^2(6) = 22.43$, $p < .001$. For those with complete data, 25 out of 33 had attended all sessions whereas for those with incomplete data, only 3 out of 10 had attended all sessions.

3.2 Reliability estimates of the scales

The reliability of the scales was measured using Cronbach Alpha. The results are presented in Table 1.

3.3 Differences between the intervention group and the control group

A series of Chi Square tests and independent t tests were conducted to examine whether there were any differences between the intervention group and control group participants in the various demographic measures and pre-intervention scale scores. For demographic variables, there was no difference between the intervention and control group members in terms of service, educational level of target child, age of target child, target child's length of residence in Hong Kong, sensory impairment or developmental delay of target child, relationship of programme participant to target child, family status, parents' marital status, parents' age, parents' length of residence in Hong Kong, parents' current occupation, fathers' education, total family income and public assistance status. There were, however, significant differences in terms of sex of target child, $\chi^2(1) = 6.39$, $p < .05$ and mothers' educational level, $\chi^2(5) = 13.29$, $p < .05$. There were fewer female target children ($n = 8$) in the control group than that in the intervention group ($n = 17$). There were more mothers with less than 10

years of formal education in the control group ($n = 17$) than that in the intervention group ($n = 5$). There was no significant difference between the intervention group and control group participants in terms of the pre-interventions scores.

Table 1

Reliability estimates of the scales (n = 69)

Scale name	Pre-intervention	Post-intervention
Parent Daily Report	0.96	0.98
Eyberg Child Behaviour Inventory - Problem	0.88	0.94
Eyberg Child Behaviour Inventory - Intensity	0.91	0.95
SDQ emotional problems	0.62	0.65
SDQ conduct problem	0.64	0.56
SDQ hyperactivity	0.72	0.77
SDQ peer problem	0.55	0.41
SDQ prosocial behaviour	0.62	0.72
Parenting Scale - total	0.37	0.78
PS laxness	0.64	0.79
PS overreactivity	0.71	0.78
PS verbosity	0.37	0.57
Parenting Sense of Competence - total	0.74	0.78
PSOC satisfaction	0.71	0.71
PSOC efficacy	0.67	0.78
Parent Problem Checklist	0.86	0.85
Relationship Quality Index	0.97	0.96
Client Satisfaction Questionnaire ($n=33$)	NA	0.93

A series of Analyses of Variance (ANOVA) were conducted to examine possible differences in pre and post-intervention scores due to mother's level of education. There were significant differences in terms of pre-intervention PSOC satisfaction scores, $F(3, 63) = 3.59$, $p < .01$, pre-intervention PSOC total scores, $F(3, 63) = 2.59$, $p < .05$, post-intervention SDQ hyperactivity scores, $F(3, 63) = 3.68$, $p < .01$, and post-intervention ECBI problem scores, $F(3, 63) = 2.38$, $p < .05$. Post hoc tests (Scheffe), however, indicated no significant difference among the groups. The trend was that those with graduate or professional qualifications ($n = 3$) reported the highest pre-intervention PSOC total and satisfaction scores and the lowest post-intervention ECBI problem and SDQ hyperactivity scores.

3.4 Outcome evaluation

Analyses of Covariance (ANCOVA) and Multivariate Analyses of Covariance (MANCOVA) were used to test for group differences. The independent variable was group status with two levels (intervention group and control group), and the dependent variables were the post-intervention measures, with the pre-intervention measures as covariates.

For child behaviour, ANCOVA results indicated significant difference in post-intervention scores between the intervention group and the control group participants in mean PDR scores, $F(1, 66) = 8.23$, $p < .01$, with the intervention group participants reporting lower post-intervention scores than the control group participants. The effect of the covariate, pre-intervention PDR scores, was significant ($p < .001$). With regard to ECBI, MANCOVA results indicated that there was a significant group effect, $F(2, 64) = 15.18$, $p < .001$. Univariate analyses indicated significant group differences for both post-intervention ECBI problem and post-intervention ECBI intensity, with the intervention group participants reporting lower post-intervention scores. The effect of the covariate, pre-intervention ECBI problem, was significant for post-intervention ECBI problem ($p < .001$). The effect of the covariate, pre-intervention ECBI intensity, was significant for both post-intervention ECBI problem ($p < .005$) and post-intervention ECBI intensity ($p < .001$). For SDQ, MANCOVA results indicated significant group effect, $F(5, 58) = 2.99$, $p < .05$. Univariate analyses indicated significant group differences for SDQ emotional problem, conduct problem, hyperactivity, and peer problem, with the intervention group participants reporting lower post-intervention scores. The effect of the covariate, pre-intervention SDQ emotional problem, was significant for post-intervention SDQ emotional problem ($p < .001$) and post-intervention SDQ conduct problem ($p < .05$). The effect of the covariate, pre-intervention SDQ conduct problem, was significant for post-intervention SDQ conduct problem ($p < .001$). The effect of the covariate, pre-intervention SDQ hyperactivity, was significant for post-intervention SDQ hyperactivity ($p < .001$). The effect of the covariate, pre-intervention SDQ peer problem, was significant for post-intervention SDQ peer problem ($p < .001$) and post-intervention SDQ emotion problem ($p < .05$). The effect of the covariate, pre-intervention SDQ prosocial behaviour, was significant for post-intervention SDQ prosocial behaviour ($p < .001$), post-intervention SDQ emotional problem ($p < .05$) and post-intervention SDQ peer problem ($p < .05$).

With regard to parent measures, ANCOVA results indicated significant group difference in post-intervention PPC scores, $F(1, 66) = 19.98$, $p < .001$, with intervention group participants reporting lower post-intervention scores than control group participants. The effect of the covariate, pre-intervention PPC scores, was also significant ($p < .001$). For

PSOC total scores, ANCOVA results indicated significant group difference in post-intervention PSOC total scores, $F(1, 66) = 18.14$, $p < .001$, with intervention group participants reporting higher post-intervention scores than control group participants, and the effect of the covariate, pre-intervention PSOC total scores, was also significant ($p < .001$). MANCOVA was used to examine group difference in the post-intervention PSOC sub-scales, PSOC efficacy and PSOC satisfaction, and the results indicated significant group difference, $F(2, 64) = 18.04$, $p < .001$. Univariate analyses indicated group differences in both PSOC efficacy and PSOC satisfaction, with the intervention group members reporting higher post-intervention scores. The effect of the covariate, pre-intervention PSOC efficacy, was also significant for post-intervention PSOC efficacy, ($p < .001$). The effect of the covariate, pre-intervention PSOC satisfaction, was significant for both post-intervention PSOC satisfaction ($p < .001$) and PSOC efficacy ($p < .01$). For PS total, ANCOVA results indicated significant group difference in post-intervention PS total scores, $F(1, 66) = 24.27$, $p < .001$, with intervention group participants reporting lower scores than control group participants. MANCOVA was used to examine group difference in the post-intervention PS sub-scales, PS laxness, PS overreactivity and PS verbosity. The result indicated significant group difference, $F(3, 62) = 8.95$, $p < .001$. Univariate analyses indicated significant group differences for the three sub-scales, with the intervention group members reporting lower post-intervention scores. The effect of the covariate, pre-intervention PS laxness was significant for post-intervention PS laxness ($p < .001$). The effect of the covariate, pre-intervention PS overreactivity was significant for post-intervention PS overreactivity ($p < .005$). The effect of the covariate, pre-intervention PS verbosity was significant for post-intervention PS verbosity ($p < .001$). ANCOVA results also indicated significant group difference for post-intervention RQI, $F(1, 66) = 4.75$, $p < .05$, with intervention group members reporting higher post-intervention RQI scores. The effect of the covariate, pre-intervention RQI, was also significant for post-intervention RQI ($p < .001$).

The pre and post intervention scores (mean and standard deviation) of the intervention and control group participants, as well as the univariate significance levels are shown in Table 2.

Table 2

Pre and post intervention scores of intervention and control group participants

Scale	Intervention group		Control group		Significance
	Pre	Post	Pre	Post	
PDR	5.00 (3.95)	2.85 (3.71)	5.36 (3.49)	5.06 (4.31)	< .01
ECBI problem	13.25 (6.52)	6.92 (7.54)	16.56 (7.52)	15.74 (8.32)	< .001
ECBI intensity	131.38 (24.51)	107.28 (31.03)	137.70 (27.96)	136.45 (27.30)	< .001
SDQ emotional problem	2.79 (2.23)	2.18 (1.70)	3.33 (1.99)	3.49 (2.49)	< .05
SDQ conduct problem	3.27 (1.63)	2.33 (1.73)	3.42 (2.05)	3.56 (1.52)	< .005
SDQ hyperactivity	5.85 (2.28)	5.15 (2.28)	6.47 (2.16)	6.47 (1.95)	< .05
SDQ peer problem	2.82 (1.45)	2.57 (1.59)	3.48 (2.08)	3.64 (1.76)	< .05
SDQ prosocial behaviour	6.00 (1.70)	6.45 (1.87)	5.51 (2.11)	5.50 (2.14)	N.S.
PS - total	116.82 (10.96)	99.33 (19.01)	116.25 (10.90)	115.17 (11.99)	< .001
PS laxness	40.43 (8.90)	32.58 (10.00)	39.81 (7.48)	39.11 (8.01)	< .001
PS overreactivity	37.39 (8.15)	31.09 (9.18)	36.33 (8.50)	36.03 (8.26)	< .005
PS verbosity	31.67 (5.24)	26.85 (6.86)	33.03 (5.32)	32.56 (5.44)	< .001
PSOC - total	53.91 (8.56)	60.45 (8.70)	52.19 (10.26)	51.83 (9.33)	< .001
PSOC satisfaction	30.45 (5.39)	32.27 (5.83)	28.03 (7.58)	27.81 (6.33)	< .01
PSOC efficacy	23.45 (4.84)	28.18 (4.97)	24.17 (5.33)	24.03 (5.85)	< .001
PPC	7.52 (4.32)	4.85 (3.71)	8.34 (4.39)	8.37 (3.96)	< .001
RQI	32.73 (9.78)	34.27 (7.44)	31.72 (8.78)	31.42 (8.65)	< .05

3.5 Differences by settings

To investigate whether there were any differences by settings (MCHC versus CAC), a series of Chi Square tests and independent t tests were conducted. With regard to the demographic variables, there was no significant difference between participants from the two settings in terms of age of target child, target child's length of residence in Hong Kong, relationship of programme participant to target child, family status, parents' marital status, parents' age, parents' length of residence in Hong Kong, parents' current occupation, parents' education, total family income and public assistance status. There were, however, significant differences in terms of sex of target child, $\chi^2 (1) = 4.89, p < .05$, and educational level of target child, $\chi^2 (4) = 12.06, p < .05$. There was only one female target child (11 male target children) from CACs whereas there were 24 female target children (33 male target children) from MCHCs. For educational level of target child, there were 20 target children from MCHCs attending kindergarten level one but none of the CAC target children came from this level. A series of independent t tests were conducted to examine possible differences in pre and post-intervention scores of the participants from the two settings. Due to the large number of comparisons and the problem of inflated alpha, a stricter alpha level of .001 was adopted. There was no significant difference in any of the pre and post-intervention measures between participants from the two different settings.

A series of dependent t tests were conducted to compare the pre and post-intervention scores of MCHC and CAC intervention group participants separately. Again, a stricter alpha level of .001 was adopted. For both MCHC and CAC participants, there were significant differences between the pre and post-intervention ECBI intensity and ECBI problem scores. For MCHC participants, there were also significant differences between the pre and post-intervention PS laxness sub-scale, PS total and PSOC efficacy sub-scale scores. It should be noted that there were only 7 CAC intervention group participants. The pre and post intervention scores (mean and standard deviation) of the MCHC and CAC intervention group participants are shown in Table 3.

Table 3

Pre and post intervention scores of MCHC and CAC intervention group participants

Scale	MCHC participants ($\underline{n} = 26$)			CAC participants ($\underline{n} = 7$)		
	Pre	Post	Significance	Pre	Post	Significance
PDR	5.38 (4.07)	3.32 (4.05)	< .01	3.59 (3.36)	1.10 (0.75)	N.S.
ECBI problem	12.39 (6.92)	7.47 (8.18)	< .001	16.43 (3.46)	4.84 (4.23)	< .01
ECBI intensity	130.76 (26.15)	110.34 (33.10)	< .001	133.67 (18.68)	95.94 (19.56)	< .001
SDQ emotional problem	3.12 (2.23)	2.42 (1.70)	N.S.	1.57 (1.90)	1.29 (1.50)	N.S.
SDQ conduct problem	3.35 (1.79)	2.58 (1.84)	< .05	3.00 (0.82)	1.43 (0.79)	< .01
SDQ hyperactivity	5.54 (2.42)	5.00 (2.50)	N.S.	7.00 (1.15)	5.71 (1.11)	< .05
SDQ peer problem	2.92 (1.52)	2.85 (1.59)	N.S.	2.43 (1.13)	1.53 (1.12)	N.S.
SDQ prosocial behaviour	6.15 (1.74)	6.42 (2.08)	N.S.	5.43 (1.51)	6.57 (0.79)	N.S.
PS - total	116.04 (11.39)	99.85 (19.32)	< .001	119.71 (9.39)	97.43 (19.14)	< .05
PS laxness	40.12 (8.47)	33.27 (9.47)	< .001	41.57 (11.03)	30.00 (12.26)	< .05
PS overreactivity	36.88 (8.29)	30.81 (9.73)	< .01	39.29 (7.93)	32.14 (7.29)	N.S.
PS verbosity	31.23 (5.34)	27.00 (7.00)	< .05	33.29 (4.86)	26.29 (6.80)	N.S.
PSOC - total	55.08 (8.69)	60.77 (9.27)	< .01	49.57 (6.97)	59.29 (6.55)	< .01

Scale	MCHC participants ($\underline{n} = 26$)			CAC participants ($\underline{n} = 7$)		
	Pre	Post	Significance	Pre	Post	Significance
PSOC satisfaction	31.46 (4.97)	33.12 (5.30)	N.S.	26.71 (5.59)	29.14 (7.06)	N.S.
PSOC efficacy	23.62 (5.25)	27.65 (5.26)	< .001	22.86 (3.08)	30.14 (3.29)	< .01
PPC	6.54 (3.72)	4.88 (3.89)	< .05	11.14 (4.74)	4.71 (3.20)	< .01
RQI	33.00 (10.46)	34.92 (7.85)	N.S.	31.71 (7.30)	31.86 (5.46)	N.S.

3.6 Sex differences

To examine whether there were any possible differences in the pre-intervention and post-intervention measures due to sex of the target child, a series of independent t tests were conducted. Due to the large number of comparisons, a stricter alpha level of .001 was adopted, to avoid the problem of inflated alpha. Using this strict alpha level, there was significant sex difference only in pre-intervention SDQ prosocial behaviour scores, with participants with female target children reporting higher scores for their children than participants with male target children.

A series of dependent t tests were conducted to compare the pre and post-intervention scores of intervention group participants with male and female target children separately. Again, a stricter alpha level of .001 was adopted. There was a significant difference between the pre and post-intervention PSOC efficacy sub-scale for intervention group participants with male and female target children. For intervention group participants with female target children, there was also a significant difference between the pre and post-intervention PS laxness sub-scale scores. For intervention group participants with male target children, there were significant pre and post-intervention differences in PS total scores, SDQ conduct problem scores, ECBI intensity scores, ECBI problem scores and mean PDR scores. The pre and post intervention scores (mean and standard deviation) of the intervention group participants with male and female target children are shown in Table 4.

Table 4

Pre and post intervention scores of intervention group participants with male and female target children

Scale	Participants with male target children ($n = 16$)			Participants with female target children ($n = 17$)		
	Pre	Post	Significance	Pre	Post	Significance
PDR	4.76 (3.32)	1.98 (1.65)	< .01	5.24 (4.55)	3.66 (4.85)	N.S.
ECBI problem	13.56 (6.15)	4.99 (4.51)	< .001	12.95 (7.02)	8.73 (9.35)	< .05
ECBI intensity	131.86 (21.83)	104.29 (17.80)	< .001	130.92 (27.47)	110.10 (40.15)	< .01
SDQ emotional problem	1.94 (1.57)	1.31 (1.08)	N.S.	3.59 (2.50)	3.00 (1.80)	N.S.
SDQ conduct problem	3.31 (1.30)	1.69 (1.14)	< .001	3.24 (1.92)	2.94 (1.98)	N.S.
SDQ hyperactivity	6.44 (2.06)	5.13 (1.54)	< .01	5.29 (2.39)	5.18 (2.86)	N.S.
SDQ peer problem	2.69 (1.08)	2.56 (1.55)	N.S.	2.94 (1.75)	2.57 (1.67)	N.S.
SDQ prosocial behaviour	5.25 (1.34)	6.06 (1.29)	N.S.	6.71 (1.72)	6.82 (2.27)	N.S.
PS - total	114.38 (10.93)	97.00 (19.48)	< .01	119.12 (10.80)	101.53 (18.87)	< .01
PS laxness	39.94 (9.44)	31.94 (10.35)	< .01	40.88 (8.63)	33.18 (9.95)	.001
PS overreactivity	36.63 (7.86)	30.50 (8.07)	< .05	38.12 (8.60)	31.65 (10.33)	< .05
PS verbosity	30.88 (5.58)	26.13 (7.36)	< .05	32.41 (4.94)	27.53 (6.50)	< .05

Scale	Participants with male target children ($n = 16$)			Participants with female target children ($n = 17$)		
	Pre	Post	Significance	Pre	Post	Significance
PSOC - total	52.81 (8.49)	57.81 (7.43)	< .01	54.94 (8.76)	62.94 (9.27)	< .01
PSOC satisfaction	30.63 (5.99)	30.75 (6.06)	N.S.	30.29 (4.93)	33.71 (5.39)	N.S.
PSOC efficacy	22.19 (4.53)	27.06 (3.97)	< .001	24.65 (4.94)	29.24 (5.67)	< .001
PPC	7.69 (5.08)	5.13 (3.77)	N.S.	7.35 (3.62)	4.59 (3.74)	< .01
RQI	32.00 (9.03)	33.44 (5.97)	N.S.	33.41 (10.67)	35.06 (8.71)	N.S.

3.7 Client satisfaction

The intervention group participants completed the CSQ upon the completion of the programme. The mean score was 69.01 ($sd = 10.20$). There was a significant difference in satisfaction scores between mother and father participants, $F(1,31) = 4.38$, $p < .05$. However, there was only one father participant and he reported higher satisfaction scores than the mother participants. There was also a significant difference in satisfaction scores by family income, $F(6,26) = 4.36$, $p < .005$. The two lower income groups ($n = 3$) reported lower satisfaction scores than the higher income groups ($n = 30$).

3.8 Summary and conclusions

The quantitative results indicated that the Triple P was effective in reducing child behaviour problems, dysfunctional discipline styles, parental conflicts and increasing parenting sense of competence and marital relationship.

Chapter 4: Qualitative Results

The qualitative data consisted of the focus group discussions. The discussions were taped and transcribed verbatim. The constant comparative method was used in data analysis and the analysis was based on the Chinese transcription. In the present report, the quotes are translated into English and original words in English are underlined.

In this chapter, the perceptions and experiences of the programme participants would be discussed first, to be followed by that of the facilitators.

4.1 Programme participants' perceptions and experiences

4.1.1 Reasons for participation in the programme

Programme participants explained the reasons for participation in the programme and there were three main categories, reasons related to the participants' themselves, reasons related to parent-child relationship and reasons related to the participants' children. For reasons related to the programme participants themselves, and their own needs, many participated because they felt that they had problems with controlling their own emotions and tempers. One programme participant explained her situation in the following quote:

Because my emotional expression is being affected, and (I) am really suffering, like a mad woman. Like, sometimes I hit him; sometimes as if (I am) out of control. Sometimes it is like child abuse. Later, I was introduced to the nurse who told me about this parenting programme and asked me to participate. (G1: D29)

Other participants participated in the programme in order to learn more about child management techniques. This could be illustrated by the following quote:

I want to join this course to learn how to manage my son, and to help the two (children) get on better. (G1:A4)

The other main category of reasons for participation was related to parent-child relationship. Many of the programme participants wanted to improve their parent-child relationship and this could be demonstrated by the following quote:

So that we can communicate with each other more easily. (G2:E44)

Another main category of reasons was related to their children's problem behaviour.

Two participants explained their reasons as follows:

Reasons, eh, my child, eh, has temper tantrums easily. (G2:B3)

(I) have two children who fight all day long. (G1:B8)

4.1.2 Observed changes

Though programme participants were not requested to discuss the changes among themselves and their children as a result of the programme, they mentioned these changes spontaneously. Their observed changes were consistent with their reasons for participation. One of the most obvious changes was their realization that they had to control their own emotions. Many also mentioned that they had changed their disciplinary techniques. They described their observations in the following quotes:

For me, learning to control my emotions is very hard. When I can control myself, my child does not throw temper tantrums anymore. It's amazing. He is really learning from me. (G1:A30)

There is real improvement. There is no need to hit. That is, hitting, I think I will be prosecuted one day. I don't want to hit her but if I don't hit her, she can cry for a long time, up to one to two hours. I can't cope mentally with her crying, that is, using crying as a way to resolve problems. The more I hear her (cry), the more annoyed I am and when I am annoyed, I hit her. When I hit her, she cries. Now, this is not happening anymore. (G2:B56)

Furthermore, programme participants also reported changes in parent-child relationship. They explained the changes in the following way:

That is, beneficial. I think it is beneficial. That is, for me and for her (the child), our relationship has improved. (G2:B9)

Others also observed reduction in their children's misbehaviour. The following is a typical example:

Maybe my son is slower but I can see that he is improving everyday. For example, he used to have 10 temper tantrums each day but now, this has decreased tremendously, like this. (G2:G92)

To sum up, the participants reported changes in their own behaviour, their child management repertoires, and their children's behaviour, as well as improvement in parent-child relationship.

4.1.3 Useful aspects of the programme

Programme participants discussed the specific parts of the programme that they found useful and they liked various aspects related to the development of positive relationships with their children. Some of the most useful parts reported were those about spending quality time and showing affection. One programme participant described her experiences in the following quote:

That is, showing affection. In the past, I bought him whatever he liked, that is, a different way of showing affection. Now I have learnt how to talk to him softly or to pat his shoulder, or to kiss him or to hug him. Learnt these. (G1:D36)

Another technique that a lot of programme participants found useful was the technique of encouraging desirable behaviour, especially using descriptive praise.

That is, (I) didn't know how to praise him in the past. Now, when (I) praise him, he is very happy; to the extent that when he does something right, he will tell you. He will ask you to praise him. (G1: F33)

Apart from encouraging desirable behaviours, programme participants also regarded the techniques of teaching new skills and behaviours as useful, especially using behaviour charts. The following is a typical example:

Moreover, rewards are quite good. For example, I specify that if he does something well, then I will give him a stamp, and if there are seven stamps, then (I) will buy him a book. He likes that, that is, some books, then they become rewards. (G1:B38)

For management of misbehaviour, programme participants mentioned that they liked the use of quiet time. One programme participant explained her experience as follows:

I reckon many methods are useful, but I use quiet time and others. Also, many programme participants will use, that is, quiet time. (G2:J126)

Apart from the use of quiet time, programme participants also reported that they liked planned ignoring. This could be illustrated by the following quote:

Planned ignoring, I used frequently. That is, if sometimes his problem is not a major one, (I) just ignore him, leave him alone, so that there is no cause for a temper, as if I can't see him, like that. This I use all the time. (G1:D36)

To sum up, the programme participants found various techniques in building up positive relationships, encouraging desirable behaviours and managing misbehaviours useful. Apart from the child management techniques, programme participants enjoyed the sharing and discussion with other group members very much and many felt that more time should be allowed for sharing as this was really important. The following is a typical example:

I think discussions are really important because every child's experience at home is different and there should be more discussion of programme participants' experiences. Everyone complains, ventilates, if you put it in a bad way, complains; learns from others' experience of dealing with children, put it in a good way. I think, say, discussions, are very important. (G1:E66)

Furthermore, some programme participants also found the role play exercises useful as these exercises could help them understand the use of the various techniques more. This point could be illustrated by the following quote:

At first I was resistant, but if you don't try it out, it will not have a deep impression on you...Yes, yes, on the surface it is very easy, but after practice it is different. (G1:F240, 242)

Some programme participants also maintained that they enjoyed doing the homework as it would help them understand their children's behaviour more. One programme participant explained it in the following way:

For homework, I quite enjoy (it). (Laughed) Er, I can understand why he is naughty. (G1:F69)

On the whole, participants found many of the parenting techniques taught useful and they also enjoyed the class process, such as the discussion and sharing, the role play and the homework.

4.1.4 Difficult aspects

Though the programme participants were positive about the programme, they also raised a few issues about the programme. One of the major concerns was the issue of giving commands in a positive way. The following is a typical example:

Talking about saying things positively, sometimes it is hard how to turn things to say them in a positive way. All the time, (you) used to say don't do this, don't do that. This is comparatively, eh, that is, don't know how to use, eh, positive words to say to children. Sometimes (I) say (you) shouldn't do this, aiya, think about what should be said? Don't know what words to use. Maybe you use the words and he cannot understand. (G1:E103)

Another technique that the programme participants found difficult was the issue of time out in relation to the limited space in the Hong Kong environment. One programme participant explained the issue in the following way:

That time out, that section, that is, using the small space in the Hong Kong environment, need to work out how to change (it). That is, maybe (you) can use an open door instead of a closed door, because you can leave the door open, leave the door open, but it's possible to put him in the toilet for time out. However, not all Hong Kong people have so many rooms, or it is somewhat dangerous to put (him) in the toilet. In the end that is, because even if you leave the door open, you don't know what he is doing inside. Need to think about this aspect more. (G1:F78)

Apart from the parenting techniques, many programme participants found that there was too much in the course and there was not enough time for them to absorb and understand the content. This point was explained by one programme participant in the following quote:

Our experience is that often we are in a rush, very rushed. So sometimes actually the nurses have, have tried very hard, and tried to tell us many things, as much as possible, but em, it turns out that when we return (home), I reckon (I) cannot absorb well. (G2:J191)

Other programme participants also felt that part of the reason for the rush was due to the explanation and details about the transparencies and they reckoned that they were not necessary. One programme participant explained this point as follows:

I think only an outline is needed for the transparencies and there is no need for the (content) inside, because (we) have all the content. Then, they could ask us to read page so and so, and explain that part briefly so as to save time. (G1:B127)

Moreover, though some programme participants enjoyed the homework, many programme participants found that they had to struggle to find time to complete their homework. One programme participant explained her difficulties in the following way:

Busy, like that, maybe I haven't studied for a long time. (I feel) some stress when I have to do homework. (G2:B364)

Apart from the programme itself, another issue raised by the programme participants was the support of the family members, including their spouses and their extended families. Their experiences can be illustrated by the following quotes:

That is, other family members have to support you. (This is) hard to achieve. (G1:A105)

Maybe my husband is comparatively traditional. He says that if children are not obedient, then (you) hit (them). However, my theory is that children should not be hit. Therefore, there is a conflict there. He listens more; my husband listens to talks comparatively (more than other parents), but he thinks that they are useless, not useful, because of his own theory. He practises his own theory. (G1:E150)

Though programme participants were willing to do the programme homework and to use positive commands and time out, they did not find these easy. They also found that there was too much to cover during the course and felt that the transparencies were not necessary. Moreover, though not part of the programme, they found that they needed the support of their family members to help them practise the programme techniques and the support was not always forthcoming.

4.1.5 Cultural issues

During the focus group discussions, programme participants also raised some cultural issues in relation to the programme. One of the issues raised by the programme participants was related to showing affection. Though many programme participants felt that the technique was useful (see above), some programme participants felt that the examples used in the programme might not be applicable because of the Chinese cultural practice of respecting the older generation. Their concerns could be illustrated by the following quote:

They (westerners), comparatively, eh, can do it, eh, so that it is very affectionate, that is, as if they are friends. We, after all, after all, our, our method is, we are mothers; we are the older generation. No matter how well we get along, you should respect us. Without the respect, (my) heart feels that it is not very good, like that. Really it seems that, we, their technique, eh, cannot be applied. Partly, half, half, I reckon, some may not be suitable for me. (G2: B293)

Apart from the techniques, programme participants felt that it was difficult to relate to the video as the characters and the settings were Australian, rather than Chinese. The perception of the programme participants could be illustrated by the following quote:

If you change the characters, that is, eh, may be better. That is, (we) can relate to it, very direct, like that. (G1: F71)

Though programme participants mentioned concern about cultural issues, there were other programme participants who felt that the programme could be applicable in the Hong Kong Chinese setting. One programme participant explained her view as follows:

For me, eh, but in fact, eh, the techniques taught, actually (they are) more or less the same mode, that is, more or less the same things. In fact, it is only the environment, I think the others are all right. (G2: C302)

In general, the programme participants were positive about the programme but they also had some cultural concerns about parts of the programme.

4.1.6 Parts that should be added

Consistent with their enjoyment of group discussion and sharing, many programme participants requested that there should be more time for sharing. This could be illustrated by the following quote:

But I feel that discussion are lacking, very little really. (G1:E225)

Also, consistent with the programme participants' perception of the lack of support from their spouses, mainly husbands, many programme participants were of the opinion that there should be more coverage on the father's role, responsibility and support. One programme participants expressed her viewpoint as follows:

Add more, er, not to say add more, but (the programme) should add the father's part. Parenting is not just the mother's responsibility, like that. (G1:F140)

4.1.7 Summary

The programme participants found many of the parenting techniques taught useful and they enjoyed the discussion and role plays in the course. They observed changes in their own disciplinary techniques, in parent-child relationship and their children's behaviour and these changes matched with their expectations of the course. However, programme participants found the course too rushed and there were cultural issues that had to be addressed.

4.2 Facilitators' perceptions and experiences

4.2.1 Objectives for the programme

The facilitator participants were requested to reflect upon their objectives for running the programme. There were two main categories of objectives. The first category was related to provision of skills and knowledge and the second category was related to the achievement of particular outcomes. In terms of provision of skills, facilitator participants aimed to provide programme participants with a new, comprehensive set of skills and knowledge and to clarify misconceptions. This can be illustrated by the following quote:

This package emphasizes using a process approach in teaching...Also, we, maybe different from the previous programmes. That is, (it) is totally based on the positive, trying not to say no as much as possible, like that. Actually, er, the programme participants can get a new concept to build up a...that is, er based on a better parent-child relationship. (G3:D5)

Apart from the provisions of skills, the facilitator participants also aimed at producing outcomes for both programme participants and their children. For children, they hoped that the parenting programme could facilitate children's development. One facilitator participant explained this point as follows:

I think children's development will be happier. I think it is very important, because if parenting can be done better, it will be much better for children's development. (G3:C14)

Other facilitator participants also mentioned parent outcomes, such as relieving parental stress. An example is listed below:

I think there are a lot of mothers who in the end will say, (they) feel that parenting, for example, (they) feel that (their) own children's behaviours are not desirable, misbehaviour. Therefore we want to relieve their stress...and help them, like that. (G3:L4)

In short, the facilitator participants aimed to provide programme participants with a set of parenting skills and they hoped that the programme could enhance the mental health of both children and programme participants.

4.2.2 Roles of facilitators

The facilitator participants also talked about their roles and they felt that they were playing the roles of teachers and facilitators, offering support and counselling to the programme participants where necessary. One facilitator participant explained her role as follows:

It's really like a facilitator, seems to be helping them, really, everybody sharing, like that, and then to reinforce the original programme, like that. However, there are some who need support and encouragement...(You) cannot deny that (it) is a teacher's role. (G3:J19)

Facilitator participants reckoned that they had to play the dual roles of teachers and facilitator and to perform the dual functions of facilitator and offering support, depending on the needs of the programme participants at various times.

4.2.3 Useful parts of the programme

First of all, facilitator participants maintained that they found the teaching resources, including the manual, the transparencies and the video very helpful. As these materials were prepared and provided for them, there was no need for them to develop their own materials which could be very time consuming. This view was expressed by one facilitator participant in the following quote:

Teaching aids, and others, are very good; that is, there is no need to prepare the transparencies, like that. It is good that the video has been translated into Chinese. The programme is very packed. They've prepared many things. Actually if they hadn't done it, I think it would have been very hard. (G3:K24)

Apart from the teaching resources, facilitator participants also found the content of the programme useful. In particular, they found the content of the first two sessions very useful. Below are some typical examples:

I like the first session very much. (G3:J154)

Obviously, the second session, I think that because they, the third session, not all of them are useful, but for the second session, many said that they would definitely use, for example, calm instruction and the like. (G3:I29)

In addition to the content, the facilitator participants also found the processes useful, including the homework, and the telephone consultation sessions. One facilitator participant explained her viewpoint as follows:

During telephone counselling, they know that you are tailor-mak(ing) this for their children. Therefore many people, good, some people like the telephone session very much...There was a parent who didn't do the homework for that session. During the phone session, she had nothing to say. Later, she did the homework and she knew the advantages of doing homework. (G3:B141)

Furthermore, many facilitator participants claimed that the programme was useful as they could see changes in the programme participants, including changes in their disciplinary techniques and reduction of parental stress, in some cases because of changes in participants' perception of their children's problems. These views can be illustrated by the following quotes:

I found that some programme participants, that is, after attending the classes, they told me that they hit their children less. They said that after attending the classes, they hadn't hit them. (G3:K101).

Actually, release stress, really good. I remember there was a client who cried from the first session to the third session, yes, every time, every time, when sharing things about children, she cried; cried till the third session. However, at last, in the reunion session, (I) could see that (she) was very different and much happier. (I) could see that, er, the stress was reduced a lot. (G3: K153)

There was a case where a client gave feedback, her child's problem, not all problems have been resolved. There were still some (problems) existing, but she felt that some of her perceptions were changed, felt more relaxed, more comfortable. (G3:E148)

In short, the facilitator participants found that the materials and content and the delivery processes of the programme were useful and the programme could lead to changes in the programme participants' disciplinary method and stress levels.

4.2.4 *Difficult areas*

Facilitator participants also discussed the difficulties they experienced during the implementation of the programme. One of the main problems they faced was the length of the programme. Many of them found that four two-hour sessions were not enough to cover the content and to allow for adequate sharing from the programme participants. This view was explained by one facilitator participant in the following quote:

I find that it is very difficult to stick to two hours, or two hours 15 minutes. It is impossible, really a deadly rush. Actually, that is, er, the biggest problem is the mother' sharing er, the homework. This is because in many cases, (we) give each of them a few minutes, one minute per person. They just don't want to stop. It's hard to deal with. (G3:A45)

Apart from the time problem in relation to the sessions, the facilitator participants also had time difficulties with the telephone consultations. According to the programme, there should be four telephone consultations following the sessions. Facilitator participants found that these telephone consultations were time-consuming and sometimes they might also forget these telephone sessions due to their heavy work schedule. The facilitator participants explained their difficulties as follows:

Another difficulties is the time-consuming problem. If we, er, we, now say (take) eight to ten, eight (participants). We are now having two people leading one group, so each person is responsible for four people. However, actually, (we) discover that because (we) still have the telephone consultations. We are not just working with them but we have to do other clinical work, and so this aspect is becoming a problem. (G3:K66)

I was supposed to make the phone call at 11:00 but I was seeing a case, Gosh. (G3:A69)

Further to the problem of finding time for the telephone consultations, facilitator participants also reported that these telephone consultations were not easy as the programme participants were not used to discussing the items agreed in the agenda and it was difficult to focus the conversation. This view could be illustrated by the following quote:

Also, I feel that sometimes we have clients who are not very well-organized and it was quite chaotic during the phone follow-up. First, (they) would not (follow) the agenda and their focus was quite loose, and so, it turn out that your phone can not be focused upon your objectives, as in the guide book. (G3:G63)

The facilitator participants also found that some of the content of the programme were not useful or they were difficult to implement, and this was especially the case for the technique of time out, both because of the children's violent reactions and the problem of finding suitable locations. Below is a typical example:

Same for my client. She thinks that it is not possible. The child could not take time out and cried a lot...Also, there is no place; there is no place for time out. Quiet time is easier as (it is) portable but for time out, they think that it is difficult to find a place. (G3:A159, 162)

In addition, many of the facilitator participants found that they were not confident in dealing with questions raised by the programme participants and needed further support and more resources and these were not readily available. These difficulties could be illustrated by the following examples:

Because I am not Professor Sanders. He knows a lot and of course, (he) knows how to deal with (the participants' questions). After all, this is my first time. I have learnt the programme and then I am conducting the programme so sometimes I am worried, whether my thinking, my understanding, are what the client wants. (G3:A51)

We had some queries about sections two and three. Then later, we asked whether there were any support, what to do. Then you could send email to the facilitator of Triple P to ask. However, it end(ed) up that we did not get a reply by the time that our group was completed. Second, to continue, there is no support for us in the group materials. (G3:B74)

The facilitator participants also found that the programme participants themselves needed support from their family members to apply the techniques and this was not easy, especially for the extended families. One facilitator participant explained this in the following example:

For example, say, get them to work as a team. It is easy to talk about this but what about the father-in-law and the mother-in-law? How do you get them to do it or to change? They (the participants) think that this is very hard. (G3:K86)

Apart from the support of the family members, facilitator participants pointed out that in many cases, both parents worked full-time and they might only be able to spend time with their children during the weekends and it was very difficult for them to implement the techniques, not to mention getting the caregivers to follow these techniques. The following

is a typical example:

During weekdays, she could not look after her own children. After work, the children have gone to bed already. (She) can only deal with (the children) during Sundays. All her strategies could only be used on Sundays, and her family members could not match her. (G3:E155)

The facilitator participants also found that the programme participants with lower educational levels found the programme more difficult and they had to make special allowances for them. One facilitator participant explained the situation in the following quote:

Because we gave them some knowledge only, but we could not discuss with them their actual situation and how (they) could apply. Then, maybe her education level is not so high and they do not find it easy to analyze how to better apply this skill. (G3:C84)

Time and support were perceived to be the major problems, both for the facilitator participants and the programme participants. The time for the sessions was felt to be inadequate and it was hard to find time to do the telephone consultations and the programme participants might not have the time to practise their new skills with their children. Furthermore, both the programme participants and the facilitators needed further support in order to conduct and implement the programme.

4.2.5 Cultural issues

The facilitator participants were also requested to talk about the cultural issues in relation to the programme. First, they pointed out that many of the examples in the workbook were inappropriate. This can be illustrated by the following quote:

Ah, let's see, session two, incidental teaching, especially the examples there, there aren't many that I think are good. A lot of the examples seem to be not too appropriate. (G3:J77)

In addition to the examples in the workbook, facilitator participants also pointed out that there were cultural problems with the use of some of the techniques including showing affection and time out. The facilitator participants explained the problems in the following examples:

There are others, especially the second session, talking about affection, er, quality time etc, that is, talking about hugs, kisses, sitting on the lap etc. I think it is easy for

foreigners....How to show affection etc, I think, I think some programme participants have difficulties. (G3:J95)

Oh, two to three, they cannot use time out. They cannot break through the beginning period, that is, when there is violent reaction from the child. They think it is very tragic...That is, not sure whether it's because of the problem of Chinese culture. That is, they can only tolerate their children crying for a short period of time. (G3:G158)

It becomes a matter of family co-operation. For example, they are really convinced with this programme, yes, but (when they) go back, for example, their husbands or mother-in-laws will think that the (children) cry so much during time out. Therefore the co-operation may have something to do with the culture. Difficult to persuade family members. (G3:G85)

The use of the various techniques was sometimes difficult because, culturally, these techniques might be difficult for programme participants' family members to accept. Furthermore, facilitator participants pointed out that it was culturally difficult to get other family members to be involved, especially the in-laws.

Not only was it hard for programme participants to get their family members involved, facilitator participants also thought that it was sometimes difficult to get programme participants themselves to keep contact with each other for support. One facilitator participant explained her thoughts as follows:

And after all, it's the Chinese culture, not easy to share many things with others very quickly. (G3:G89)

The cultural issues identified included the use of culturally appropriate and applicable examples both in the workbooks and in the various management techniques. The issues of family support and sharing personal issues with outsiders were also important cultural issues.

4.2.6 *Improvement of the programme*

Facilitator participants were requested to suggest ways in which the programme could be improved. First of all, facilitator participants commented on the materials and they would like the video tape to be improved, having it translated into Chinese and inserting “stop here” signs for easy operation. Below are their suggestions:

I think it will be better if the wording of the video can be changed to Chinese. (G3:L34)

I think the video, there are some topics, say, it goes over three strategies. Wow, it's terrible afterwards; the tape has gone beyond the topic, very nervous...yes, it will be very different if “stop here” can be inserted. Concentrate very hard to remember. (G3:F182, 184)

Furthermore, facilitator participants reckoned that there was room for improvement in the Chinese translation of the workbook and other materials. They expressed their thoughts as follows:

I think, in terms of the language, I know that the translation work is really hard, but after all, there are some English style Chinese and they are a mouthful. Also, I think for some, some programme participants find them hard to read, because it is quite long. That is, is it possible to have, how to say it, Chinese style Chinese? See if that will be easier for us to use. (G3:G213)

Apart from the programme materials, facilitator participants also pointed out that more time was needed to run the programme and this would allow for more discussion and more practice sessions. Two facilitator participant explained this point as follows:

They ask whether we could make it longer. They would prefer more practice sessions. (G3:B196)

I think there is not much sharing, as you are in a rush. (G3:A126)

Furthermore, facilitator participants pointed out that it would be good to have more flexibility for the telephone consultation sessions to fit in with the needs of the programme participants. This could be illustrated by the following example:

Should allow the facilitator herself to be more feasible. Not always four times, maybe once, twice, like that. (G3:J192)

Apart from the group process, facilitator participants also pointed out that it would be necessary to involve the husbands and other family members. One programme participant explained her viewpoint as follows:

How to motivate, not to say the in-laws, more so the maternal and paternal grandmothers, but at least for the couple. I think if possible, more husbands should participate. (G3:J166)

To the facilitator participants, it was important that the programme could be presented in good Chinese and they would like more flexibility in terms of time management for the group and telephone consultation sessions to meet the needs of the programme participants. They also felt that it was important to involve family members.

4.2.7 Summary

On the whole, the facilitator participants found the programme useful and they could observe changes in the programme participants' child management techniques and stress levels. However, they felt that they needed more time to cover the programme and there were process and cultural issues to be addressed.

Chapter 5: Discussion

5.1 Outcome evaluation

The quantitative results indicated that the Triple P was effective in reducing child behaviour problems, as indicated by significant lower post-intervention ECBI problem scores, ECBI intensity scores, mean PDR scores and SDQ sub-scale scores in the intervention group, compared to the control group. In terms of parenting, Triple P was effective in reducing dysfunctional discipline style, as indicated by lower post-intervention PS total and PS sub-scale scores in the intervention group, compared to the control group. Triple P was also effective in increasing programme participants' sense of competence and marital relationship, as indicated by higher post-intervention PSOC total and sub-scale scores and RQI scores and lower PPC scores in the intervention group, compared to the control group. Thus, Triple P is effective in promoting child mental health, as indicated by decrease in conduct problems, but also in promoting parent mental health, as indicated by increase in parenting sense of competence and marital relationship.

The qualitative results were consistent with the quantitative results. The programme participants reported changes in their child management techniques, parent-child relationship and their children's misbehaviour. They also reported that they had learnt to control their emotions. The facilitator participants also reported changes in the programme participants' child management techniques and levels of stress.

In terms of the relative effectiveness of the Triple P for male or female target children, there were more significant pre and post-intervention differences for male target children than female target children. For the relative effectiveness of the Triple P for MCHC or CAC participants, the pattern was quite similar for both groups. However, there were only 7 CAC clients and the small sample size might have affected the results.

5.2 Process evaluation

It is clear from the outcome evaluation results that participation in the programme led to changes in discipline style, child behaviour and parent sense of competence. In process evaluation, the focus is to find out the reasons or the processes behind the success of the programme.

5.2.1 Useful aspects

Both the facilitator and programme participants maintained that the content of the programme was useful, in relation to understanding children's behaviour and child management. They found the techniques in building positive relationships, encouraging desirable behaviour, teaching new skills and behaviour as well as management of behaviour useful. Furthermore, both facilitator participants and programme participants reported that they found the homework helpful, though some programme participants had difficulties in finding the time to complete the homework.

Apart from the programme materials and content, the human or interpersonal aspects of the process was regarded as important and helpful by the facilitator and programme participants. The programme participants claimed that the group discussions were useful as they could share their experiences with others. They also reported that the role play exercises helped them understand the programme more. The facilitator participants further mentioned that the telephone consultations were useful as they could deal with the individual needs of the programme participants.

Moreover, the availability of teaching resources and aids was regarded as important by the facilitator participants as these made their tasks much easier. The teaching aids included facilitator's handbook, transparencies and video tapes.

According to the facilitator and programme participants, the content of the programme, the availability of teaching resources and the interpersonal processes are the vital elements for the success of the programme.

5.2.2 *Difficult areas*

Though many aspects of the programme were found to be useful by the facilitator and programme participants, they also identified areas of difficulties. Both facilitator and programme participants claimed that time was a problem, both in terms of the session duration and finding the time to do programme related work. They felt that the course was too packed and everything was in a rush. Furthermore, there was little time for discussion and sharing. Facilitator participants found it difficult to find and arrange time for telephone consultations due to their heavy work schedule and programme participants found that it was hard to find the time to complete the homework. Also, working programme participants might have very little time with their children to try out these techniques. They had to rely on others to look after their children and the caregivers might not be willing to use the programme techniques.

As such, the support of other family members was another difficulty identified by both facilitator and programme participants. Both parties realized that though programme participants were willing to try out the parenting techniques, it was very difficult without the support of their spouses and extended families, especially the in-laws.

Furthermore, both facilitator and programme participants raised issues about some of the techniques taught and they found that these techniques were difficult to implement. Programme participants found that it was very hard for them to give positive commands as they were used to saying “don’t do this, don’t do that”. Programme participants also found time out difficult due to the limited physical space in Hong Kong homes. Facilitator participants further reported that some programme participants could not use time out as they could not deal with their children’s crying during the time out period.

In addition, facilitator participants identified some client issues which might affect the programme. They found that it was difficult for some programme participants to follow the agenda, as specified in the programme, in the telephone consultations and so it was hard to focus on the major issues. Furthermore, programme participants with lower educational levels needed much more time than others to be able to absorb and understand the programme concepts and techniques.

Facilitator participants also reckoned that they needed extra support to help them deal with some of the questions raised by the programme participants and they did not feel confident enough themselves.

Though there were some concerns about a few of the techniques, most of the difficulties identified were not programme content issues. Instead, the difficulties identified were practical issues in relation to the facilitator and programme participants, such as time, support of family members, and personal background issues.

5.2.3 *Cultural issues*

Since this was the first time the Triple P was implemented in Hong Kong, facilitator and programme participants were specially requested to discuss the cultural appropriateness of the programme. Both facilitator and programme participants found that showing affection was difficult as Chinese parents were not used to showing affection openly and they also felt that their children should respect them. Facilitator participants also reported that the use of time out in Hong Kong was difficult due to the programme participants' tolerance level of their children's crying during time out. These difficulties are related to some traditional Chinese values such as parental authority, parental control, and overprotection (Blair and Qian, 1998; Ho, 1996), making it difficult for some programme participants to apply the techniques. Not only did some programme participants find it hard to apply these techniques, it was more difficult for them to gain the support of their family members, especially their in-laws, who might hold more traditional values and views.

Furthermore, facilitator participants also observed that it might not be easy for some programme participants to share their parenting or family problems with other group members. This is again related to the Chinese values emphasising family honour and family unity (Lee & Rong, 1988; Schneider, Hieshima, Lee & Plank, 1994) and disclosing family problems to outsiders is seen as something affecting family honour.

Apart from the issues related to cultural values, there were other issues related to the programme materials. Facilitator participants claimed that the Chinese translation of the parent workbook needed improvement and some examples in the parent workbook were culturally inappropriate. Programme participants also found it hard to relate to the video tape as the characters and the settings were Australian, not Chinese.

Though the programme was regarded as very useful by both facilitator and programme participants, there were still parts of the programme which were hard for programme participants to accept or apply because of different cultural values. The programme materials would also need adaptation to make it more user friendly to Chinese programme participants and facilitators.

5.2.4 Suggested changes

When facilitator and programme participants were asked about suggested changes, their suggestions were consistent with the difficulties they identified. Both parties suggested that there should be more time to cover the content in detail and to allow for more discussion and practice. Both parties also pointed out that the role of family members, especially husbands, should be strengthened and they should be encouraged to participate in the programme.

Furthermore, both facilitator and programme participants suggested that the video should be re-shot, featuring Chinese parents and their children. Facilitator participants also maintained that the Chinese translation should be improved.

5.3 Limitations

The data analysis was limited to participants with complete data and all of them had attended at least six out of the total eight sessions of the programme. Many of the participants without complete data attended only a few sessions of the programme. It is possible that the participants included in the present data analysis are the more motivated ones, though there was no significant difference in the pre-intervention scores and post-intervention scores between participants with complete or incomplete data.

Though the researchers have taken care in assigning participants to the intervention and control group randomly, there were still differences in the intervention and control groups in that there were more male target children in the control group than in the intervention group. However, analysis of the pre and post-intervention scores of participants with male and female target children separately suggested that there were more significant pre and post intervention differences for participants with male target children. There was only a significant difference in pre-intervention SDQ prosocial scores by sex of target children and there was no significant difference between the intervention and control group in post-intervention SDQ prosocial scores. In addition, the mother's level of education was higher in the intervention group. However, post hoc test results did not reveal any significant differences due to mother's level of education.

The questionnaires used in the present study were originally written in English. Though back translation method was used in the translation of the questionnaires, the validity of the Chinese versions of these questionnaires has not been established. The reliability of some of the questionnaires or sub-scales was below .7. The results should be interpreted with these limitations in mind.

The target children in the present study were mainly kindergarten students, with some from lower primary school grades. The effectiveness of the programme with target children from the middle and upper primary grades would need to be further investigated.

Programme participants in the qualitative part of the study were those who consented to participate in the focus group discussions. It might be possible that they were participants who were more vocal and they could not be regarded as a representative sample of the intervention group. However, the rationale for sampling in qualitative research is to sample information rich participants who could provide rich information about their insights and experiences (Patton, 1990). The purpose is to understand the perceptions of the participants, rather than making generalizations.

Finally, there was no placebo group included in the present study. Whether the change in outcome measures was due to the effectiveness of the programme or simply, programme attendance, would need to be established. However, in the qualitative data, participants did talk about specific aspects of the programme that they found useful, or even specific techniques that they had learnt and found useful.

5.4 Conclusion

Both quantitative and qualitative results indicate that the Triple P is effective in reducing child behaviour problems, dysfunctional discipline styles, as well as increasing programme participants' sense of competence and marital relationship among a group of Chinese participants. The results suggest that Triple P is not only effective in improving child mental health, but is also effective in improving parent mental health.

Qualitative results also indicate that the effectiveness is not only related to the techniques themselves, but also related to process and interpersonal issues such as discussion with other parents and individual consultations with facilitators, as well as the practical work involved. However, the cultural and language aspects of the programme content would need to be further considered and the support of family members is an important issue to be addressed as well.

Chapter 6: Recommendations

Based on findings from the outcome and process evaluation, the following recommendations on the implementation of the Triple P are put forward:

6.1 Session number and length

It is recommended that there should be some flexibility in terms of session number and session length, though the minimum should be four two-hour group sessions plus four telephone consultations. Sessions could be more than two hours, and there can be more than four sessions, depending on the needs and the circumstances of the clients and facilitators. This could allow for more sharing and elaboration on content details.

6.2 Provision for the setting up of support groups upon completion of the programme

Since support and sharing with other parents are valued by clients, it is recommended that there should be some provision for the setting up of support groups upon completion of the programme. Facilitators can identify potential group leaders, encourage and facilitate the formation of self-help support groups, where appropriate.

6.3 Grouping of clients

Where possible, clients from similar education backgrounds, with children from similar age groups should be grouped together. In this case, there could be more focused discussion of age specific issues and facilitators can elaborate on various parts of the programme according to the needs of the clients.

6.4 Support to facilitators

It is recommended that there should be professional support for facilitators. There can be periodical sharing sessions for facilitators where they can share their experiences and problems with their colleagues, being led by an experienced clinical psychologist. The clinical psychologist could also provide further training on specific issues identified by the facilitators. Urgent questions could also be referred to the clinical psychologist.

6.5 Support of spouses and other family members

It is recognized that the support of the spouse and other family members are important for the successful implementation of the parenting techniques. The need for both parents to participate in parenting can be emphasized more in ante-natal classes where both parents are likely to participate. This message could also be disseminated to the community through public education campaigns using various media.

6.6 Culturally appropriate applications of the techniques to suit the local culture

It is recommended that in the delivery of the programme, facilitators should be aware of cultural issues and values, and to facilitate clients to work out culturally appropriate applications of the various techniques. For instance, facilitators should not insist that clients should use hugging and kissing to express affection. Rather, they can encourage clients to think of ways of showing affection that they feel comfortable with. Where possible, culturally appropriate examples should be used in the workbooks and other programme materials.

6.7 Translation of materials and video tapes

It is recommended that the video tape should be re-produced in Cantonese, using local actors/actresses and settings, and culturally appropriate examples. “Stop here” signs should be inserted at the end of each segment. The translation of the parents’ handbook should also be improved to allow for easy reading and comprehension.

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