

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

**Education and Manpower Bureau
&
Department of Health**

June 2003

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Abstract

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 included 69 parents of children aged three to seven, attending Maternal and Child Health Centers and Child Assessment Centers for service. 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 obtain 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 two groups in most post-intervention measures. The intervention group members reported fewer child behaviour problems and dysfunctional parenting styles, higher parent 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 programme techniques, 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 and dysfunctional parenting styles, as well as improving sense of parenting competence and marital relationship. The overall findings confirmed the efficacy of Triple P in reducing conduct problems in children and 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 degree of 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 are 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 (MCHC) and Child Assessment Centres (CAC) 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-group 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 and Manpower Bureau (then Education Department). The outcome of the programme was evaluated through a randomised control trial design, comparing the pre and post intervention results of the intervention group and the control group participants on scales measuring parents' 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 (55.10%, $n = 38$) and mothers (66.60%, $n = 46$) had received 7 to 12 years of formal education. For occupation, the majority of the mothers (58.00%, $n = 40$) were homemakers and for the fathers, the majority (58.00%, $n = 40$) 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 (79.70%, $n = 55$) were nuclear families and 18.80% ($n = 13$) were extended families and there was one single-parent family.

2.1.2 Materials

The materials consist 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 Competency 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, education, 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 names 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. The guides are in Appendix I.

2.2.3 Procedures

All focus group facilitators were invited to participate in the focus group discussion. 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 conducted by the Parent Education Implementation Team of Education and Manpower Bureau (then Education Department). 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.

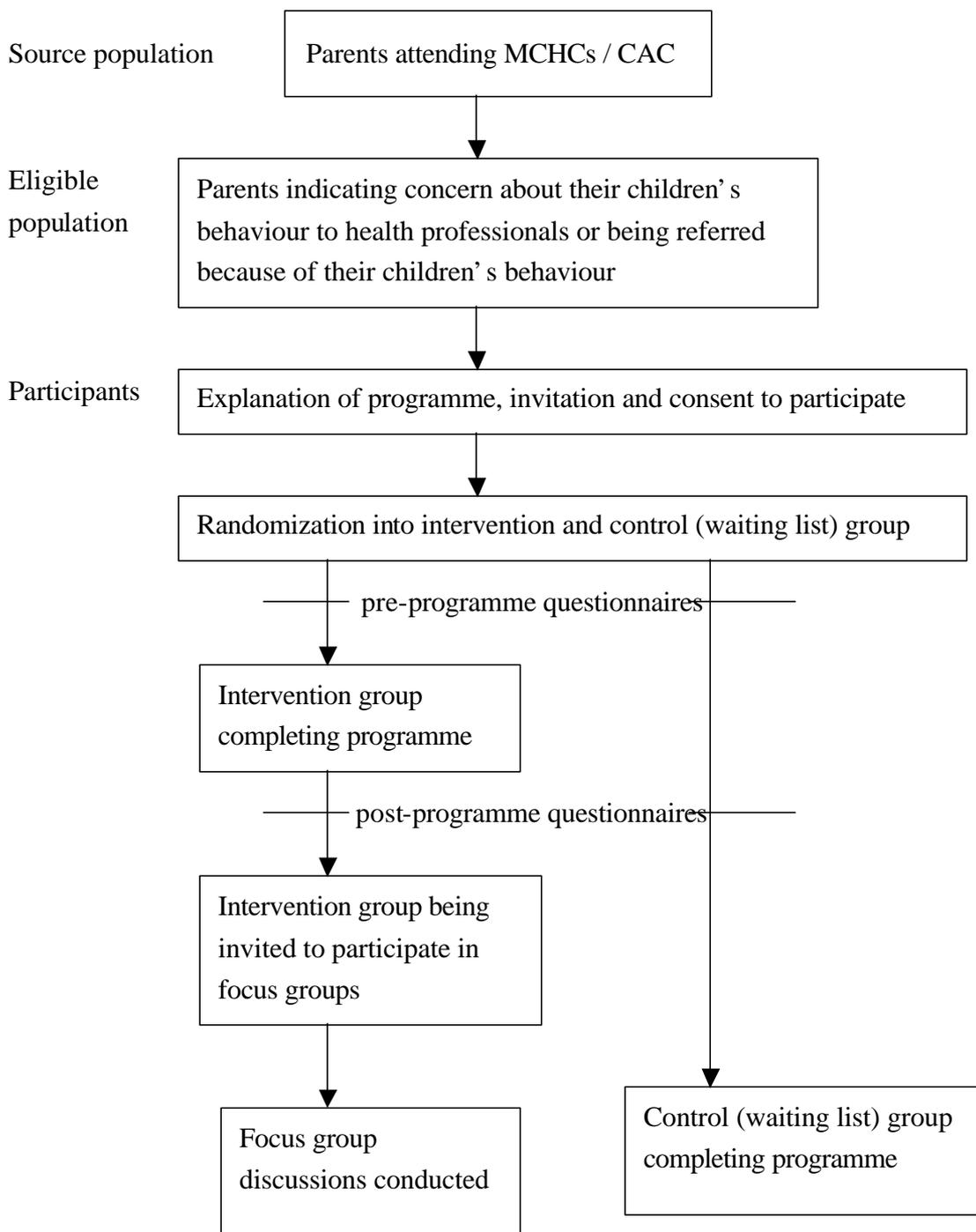


Figure 1:
Diagram showing the procedures for outcome and process evaluation

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, education 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' education level or attainment, total family income and public assistance status. There was no significant difference between the two groups on 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 on the various demographic measures and pre-intervention scale scores. In terms of the demographic variables, there was no difference between the intervention and control group members in terms of service, education 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'

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
Parent 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

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' education 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.

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, $F(3, 63) = 3.59, p < .01$, post-intervention SDQ hyperactivity scores, $F(3, 63) = 3.68, p < .01$, pre-intervention PSOC total scores, $F(3, 63) = 2.59, p < .05$, 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 lowest post-intervention ECBI problem and post-intervention 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. 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 result 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. 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. 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 result 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. 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 result 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 education 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 education 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 ($n = 26$)			CAC participants ($n = 7$)		
	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

The quantitative results indicated that the Triple P was effective in reducing child behaviour problems, dysfunctional parenting styles, parental conflicts and increasing parent 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 but the original Chinese version is in Appendix II. In the following, 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 quotes:

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 tantrum 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 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; learn 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 family. 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 of affections. 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 setting 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 of 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 the second category was related to 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. The 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 Role 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 taylor-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 are cases 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 mothers 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 am 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 education 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 case, 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 breakthrough 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. One 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 more flexible. 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 that needed 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 parenting style, as indicated by lower post-intervention PS total and PS sub-scale 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 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 parents' 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 programme 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 programme 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 parenting style, child management techniques, child behaviour and parental stress. 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 also 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 education 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 programme 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 openly show affection 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 setting 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 for the programme 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, ANOVA and associated 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 have 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 parenting 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 programme 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 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 setting, 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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Appendix I: Interview guide and focus group discussion guide

Focus Group Discussion Questions for Facilitators

- 1 What are your objectives for running the programme?
你對推行這課程有甚麼目標?
- 2 How do you see your role in the programme?
你認為你在這課程中扮演甚麼角色?
- 3 How do you find the programme (the materials, the process and the format)?
你覺得這課程如何 (教材、過程及形式)?
 - 3.1 What aspects are easy to manage?
那方面容易處理?
 - 3.2 What aspects are difficult to manage?
那方面難處理?
 - 3.3 What aspects are useful?
那部份有用?
 - 3.4 What aspects are less useful?
那部份不太有用?
- 4 How do you find the participants' responses to the programme?
你覺得參加者對課程的反應怎樣?
 - 4.1 What aspects do they like?
那部份他(她)們喜歡?
 - 4.2 What aspects do they find difficult?
那部份他(她)們覺得有困難?
- 5 What do you think about the cultural appropriateness of the programme for Hong Kong Chinese families?
你覺得這課程對香港中國人家庭的文化適切性如何?
- 6 What aspects of the programme need to be changed?
這課程有那些部份需要改變?
 - 6.1 What more should be included?
有那些需要加入?
 - 6.2 What is/are not necessary?
有那些是不必要的?
- 7 Any other issues?
其他意見?

Focus Group Discussion Questions for Programme Participants

- 1 What are your reasons for participating in the Triple P programme?
你參加 3P 親子正策課程的原因是甚麼?
- 2 What are your expectations for the programme?
你對這課程有甚麼期望?
- 3 How are your expectations met by the programme?
這課程如何符合你的期望?
- 4 How do you feel about the programme?
你覺得這課程怎樣?
 - 4.1 What aspects do you like?
那些部份你喜歡?
 - 4.2 What aspects do you dislike?
那些部份你不喜歡?
- 5 In your opinion, how useful is the programme?
以你的意見，這課程的用處如何?
 - 5.1 What aspects are useful?
那些部份有用?
 - 5.2 What aspects are not useful?
那些部份沒有用?
- 6 How do you find the programme materials (parent workbook, video tapes and transparencies for group level 4 participants, workbook and video tapes for level 4 standard participants)?
你覺得課程資料怎樣（家長習作本、錄影帶、投射膠片）
- 7 This programme is developed in Australia. How do you find using the programme in Chinese family?
這套課程是在澳洲發展的，你覺得這套課程用在中國人家庭如何?
- 8 How do you find yourself and your family before and after the programme
在參加課程前及課程後，你覺得自己和家人如何?
- 9 What aspects of the programme need to be changed?
課程中有那些部份需要改變?
 - 9.1 What more should be included?
那些需要包括?
 - 9.2 What is/are not necessary?
那些是不必要的?
- 10 Any other issues?
其他意見?

Appendix II: Cantonese version of quotes

4.1 Participants' perceptions and experiences

4.1.1 Reasons for participation in the programme

因為自己情緒表達受到影響呢，自己都好辛苦呀，(我)好似癲婆咁樣樣，好似有時打佢，(我)有時好似失控咁樣，可能即有時都好似虐兒咁樣，之後咁介紹咗我去見個姑娘，個姑娘話比我聽有個依啲親子就叫我參加。(G1:D29)

咁我都想 er 參加依個課程呢就學吓點樣教我個仔啦，同埋令到佢兩個 (小朋友) 相處融洽啲囉。(G1:A4)

等大家可以大家啫 er 易 D 溝通。(G2:E44)

原因呀，er，我個小朋友呢，就 er 好容易發脾氣呀。(G2:B3)

(我) 有兩個小朋友又係成日打架囉。(G1:B8)

4.1.2 Observed changes

我呀，學吓點樣控制情緒好辛苦，控制到自己之後呢，咁先呢個細路仔冇咁發脾氣、犀利啲，佢真係學我喎。(G1:A30)

真係有改善，唔駛用打囉。即係打到哇，我遲早比人告嘍啦。自己都唔想打佢啦。但係我唔打佢，佢又可以好長紀錄咁喊成個幾兩個鐘頭。我精神負荷唔到佢果個喊呀，啫佢用喊嚟解決問題。咁我聽得多我就攰，攰我就打，打佢又喊，依家就無嘞。(G2:B56)

啫 er 有得益囉，我覺得有得益囉。啫係對於佢同埋我，對於佢同我嘅關係好啱 D 囉。(G2:B9)

啫明顯者可能我個仔比較慢 D 啦，但係都見到佢逐步逐步啦。啫係話，譬如一日裏面啦，可能每日會發十次脾氣嘅，er 咁而家就大幅減低，咁樣囉。(G2:G92)

4.1.3 Useful aspects of the programme

同埋親子嗰個啦，以前就係話佢鍾意乜嘢我就買咩比佢啦，即係愛護唔同啦，咁宜家就學識咗點樣細聲拍膊頭同佢講吓嘢呀，或者係錫吓咗呀，攞吓佢依啲就學識咗依啲啦。(G1:D36)

即係以前唔識讚佢，宜家讚吓佢會好開心囉，吓甚至乎佢做咩咗一樣嘢，佢會話

比你知，佢會要求你讚佢咁樣囉。(G1:F33)

另外行為獎賞嗰度呢都幾好啦，譬如我特定佢要有啲咩做得好嘅，咁我就比過印仔佢，咁就儲夠七個呢(我)就送本書比佢，佢鍾意睇啲的 er 啫 . 啫某些圖書咁樣，咁就做咗個獎勵咁樣囉。(G1:B38)

er 我覺得好多方法都有用㗎，不過就自己就手嘅呢就幾樣嘢，就係好多家長都會用嘅，就係冷靜時段啦。(G2:J126)

咁仲有忽視法我又係經常用，即係話佢有陣時唔係大問題就唔睬佢呢，就尤得佢啦，唔使話自己又發脾氣，就當睇佢唔到咁樣囉，嗰個我就成日用。(G1:D36)

我覺得討論真係好緊要囉，因為每個小朋友係屋企發生嘅嘢都唔同，咁家長嗰個經驗呢可以 er 多啲討 er 研討會呢，大家伸出嚟，可以話唔好聽叫做發洩吓，呻吓出嚟，好聽就係吸收吓人咁點樣去對細路仔，我覺得譬如話研討會好重要。(G1:E66)

初時我都有啲抗拒，不過你唔實習過，你有咁深刻印象呀 . 係 . 係呀，就咁睇好容易㗎，實習過就唔同囉。(G1:F240, 242)

做功課嗰度，我都幾 enjoy 吓囉 (笑) er 我可以呀 . 知道佢因乜事咁曳呢。(G1:F69)

4.1.4 Difficult aspects

就話將正面講說話呢，有時真係好困難點樣去轉正面講嘢囉，你不嬲都話唔准做乜，唔准做物呢個係比較 er 即係唔知點樣去用 er 正面嘅語言同啲細路仔講，有時講咗唔應該做乜，哎呀諗諗吓應該點講呢？唔知應該用啲咩詞語講好，可能你用咗個詞語，佢根本就唔明。(G1:E103)

嗰個隔離時段嗰一段即用返係香港地方咁細嘅環境之下呢，要諗一諗點樣去改囉，即係話可以用開門代替門門，因為你其實可以開門，開住道門，但係擺佢入廁所嗰度，做個隔離時段都得嘅，但係香港人唔一定個個人都有咁多間房，或者困嚟廁所都有啲危險性囉，話到底都係，因為就算你開住門，你都唔知佢嚟入面攞嘅乜嘢，依一方面要諗多啲啦。(G1:F78)

咁樣有陣時其實姑娘已經好，好用心呀，同埋盡量去將好多嘢嘢話比我地聽，但係呢 em，變咗有陣時我地返到去嘅時候呢，我覺得就係個吸收可能就會有咁好。(G2:J191)

我諗膠片做 outline 咪得囉，就唔需要佢裡面，因為嗰的內容全部都有，咁其實佢

有時可以叫我哋睇返第幾頁呀，由簡介嗰部份內容，咁好似仲省時的。(G1:B127)

好忙啦，咁樣，啫 er 因為我可能搵低冇冇讀書好耐啦，(笑) 真係做番功課要好似有 D 壓力係度，哈哈哈哈哈。(G2:B364)

啫係話其他屋企人要支持你，好難做到嘍。(G1:A105)

或者因為我先生比較傳統的嘍，佢話細路仔不打不聽話，(笑聲) 但係我嘅理論呢就係細路仔係唔可以打嘅，所以有個矛盾嘅度囉，佢多啲聽，我先生就比較都有聽啲的講座，但係佢覺得就係廢，都有用，因為自己嘅理論，佢就實行自己嘅理論。(G1:E150)

4.1.5 Cultural issues

佢哋比較 er 叫做啫 er 好似做到好親子囉，啫 er 好似好大家好似好朋友咁樣囉，我哋始終始終 er 我哋我哋嘅方法就係，始終都好似有，我哋媽咪叫架嘍，我係你長輩叫架嘍，我同你點樣 er 好都好啦，你都要尊重我嘍，一唔尊重呢個心就覺得唔係幾好囉，咁樣囉。同大家講番個方佢哋個方法 er 應唔應用到，一 D D 啦，有 er 一半一半啦，我覺得就，啫有 D 未必適合係我身上。(G2: B293)

如果轉咗啲的人物，即係 er 可能會好的嘍、即係好有親切感呀，好直接咁樣囉。(G1:F71)

咁我就 er 但係其實啫 er 啫係教嘅方法，其實都係差唔多 mode，啫都係差唔多咁樣。其實係得環境囉，我覺得其他嘅嘢都可以囉。(G2: C302)

4.1.6 Parts that should be added

只不過我覺得係少咗研討會，真係好少。(G1:E225)

加多啲 er 唔係話加多啲，應該加埋爸爸嗰份，親子唔係話媽媽嗰個責任咁樣囉。(G1:F140)

4.2 Facilitators' perceptions and experiences

4.2.1 Objectives for the programme

呢套係好着重個 process approach 去教囉.同我哋可能以前啱個套有啲唔同囉, 咁即都 base on 全部都係正面盡量都唔 say no 咁個類啦, 咁其實都 er 啲的 parents 都有一個 new 嘅 concept 建立一個.即 er base on 一個比較好的嘅親子關係上面啦。(G3:D5)

我諗會係小朋友個度嘅成長會開心好多啦, 我諗都好緊要, 因為 parenting 做得好嘅話, 對細路仔嘅成長都好好多。(G3:C14)

我覺得有好多媽媽始終都話覺得 er parenting 個個, 譬如自己小朋友啱 er 覺得佢哋嘅行為唔係咁理想嘅 misbehavior 啦, 咁就我哋就想即係都 relieve 一吓佢哋嘅 stress 啦..., 咁就同理都幫吓佢哋咁樣囉。(G3:L4)

4.2.2 Role of facilitators

咁真係好似 facilitator 好似真係幫吓佢哋, 大家講吓咁樣樣, 再 reinforce 返原本個一套嘅 program 咁樣樣, 但有一啲呢就需要支持鼓勵啲, 有啲呢好有啲 clients 就有啲嘅問題先會嚟啦, 又發覺你要 er 鼓勵佢試啦..咁無可否認係一個 teacher's roler 嘅。(G3:J19)

4.2.3 Useful parts of the programme

Teaching aid 呀啲的都好好囉, 即 transparency 唔洗再做呀咁樣樣囉(笑聲), 啲的 video 譯晒中文又好好囉, 即係好 pack 個課程都, 吓..咁佢整好晒依啲呢, 其實如果佢有預備, 我諗真係好慘(笑聲), 佢如果預備晒之後, 我都有好多嘢做, (笑聲) 但係好彩佢預備晒, 如果唔係都好都幾.幾 er 都幾辛苦、好忙。(G3:K24)

我就好鍾意第一堂。(G3:J154)

好明顯第二堂我覺得因為佢哋第三堂呢 management behavior 佢哋唔係全部都有用, 但係第二堂呢 er 啱好多都話 er 一定會用, 即譬如呢比 calm instruction 呀之類啦, 咁佢就個個都會試, 但係會覺得真係佢哋用到, 反宜係第三堂佢哋未必。(G3:I29)

嚟 telephone counseling 佢知道呢你係 tailor-made 比佢個小朋友嘍，咁所以佢好多人呢都好啱有啲人好鍾意 er telephone 嗰個 session 咁樣樣呢 .. 有一個家長佢其中一堂佢冇做功課嘅時候呢，跟住打嘅時候，佢就變咗冇得講囉，跟住佢再做返，佢就知道做功課嗰個好處囉，咁佢就知道係做係要用好多時間，但係佢咁亦都即睇得到做功課嗰個 advantage 嚟邊度囉。(G3:B141)

我發覺有啲家長就係佢上完之後佢會話比我咁聽，佢打仔少啲，佢話佢上完個堂，未打過佢。(G3:K101).

都其實 release stress 真係好好囉，我就記得有個 client 呢由第一堂呢就喊到第三堂，係咪，每一次講 .. 每一次講 sharing 個小朋友啲嘢呢，佢就喊嚟喇，喊到第三堂，但係最後去到結果去到 reunion 啫(我) 睇到(佢) 就係好唔同嘅就係好開心囉，(我)見到啫 er 嗰個 stress 減咗好多。(G3: K153)

都試過有啲 client 比嘅 feedback 呢，佢小朋友個問題呢，唔係全部解決晒，宜係有啲存在嘅，不過佢覺得佢嘅睇法改變咗，覺得輕鬆咗舒服咗。(G3:E148)

4.2.4 Difficult areas

我發覺好難可以能夠可以 stick 到佢兩個鐘，或者兩個鐘頭零十五分鐘，一定唔得，真係趕到死死吓，咁其實就係嗰個 er .. 最大嗰個問題就係阿媽嗰個 sharing er 嗰個 homework 呀，因為呢好多時都比幾分鐘佢咁，每人比一分鐘，佢咁簡直呢就覺得啫唔捨得停呀，(笑聲)好難 deal。(G3:A45)

另外一個 difficulties 係 time-consuming 嘅問題，如果我咁 er 我咁宜家暫時就話八至十個、八個啦咁樣，我咁已經兩個人去帶一 group，即每個人呢就負責四個嘅，但係其實都發覺即係因為仲有啲 telephone consultation 嘅嘢，我咁又唔係話剩係做佢咁嘢嘛，我咁仲要做其他 clinical 嘅嘢嘛，咁變咗其實係依方面呢就會有一個問題。(G3:K66)

我就十一點要打電話嘍，但係見緊 case，死喇。(G3:A69)

同埋我覺得有時遇到一啲 client 即佢唔係好 well-organized, 係 phone follow-up 嗰度呢佢都幾亂囉, 第一個 agenda 又唔會嚟啦, 同埋佢個 focus 會好散囉, 變咗 er 即係好似你個 phone 呢好難好似本 guide book 咁呢真係可以 focus 係自己個 objectives 嗰度囉。(G3:G63)

我個 client 都係, 佢會覺得佢即唔得囉, 做 time-out 唔肯呀個細路仔, 喊得好緊要 ... 同埋有冇地方囉其實 time-out, 有冇地方, quiet-time 都容易啲, 因為 portable, 但係 time-out 佢哋覺得就難啲搵地方。(G3:A159, 162)

因為自己我唔係 Professor Sanders, 啱佢好識嘅, 佢緊係識得點樣去處理(參加者嘅問題), 啱始終我都係第一次帶, 我都係學咗嗰套嘢然後先帶出嚟, 變咗比較 er 有時自己都驚驚咁, 會唔會自己諗嘅嘢, 或者自己明白嘅嘢, 就係個 client 想要嗰啲嘢呢。(G3:A51)

唔知 section two 同 three 我哋有啲嘢係 query 嘍, 咁我哋搵尾問就有 support 啦, 就問咁點呀, 咁你可以 send email 過去 triple P 嗰個 facilitator 嗰度問啦, end up 我哋個 group 完咗都未 reply 到, 第二, 跟住再講呢, 嗰個 group material 依度有 support 比我哋。(G3:B74)

譬如話好似叫佢話 work as a team 咁其實講就容易, 咁嗰個老爺、奶奶嚟嘍嘛, 點樣叫佢做或者叫佢改者, 佢覺得係好難嘅一件事囉。(G3:K86)

weekday 佢係照顧唔到自己嘅子女, 放工之後個細路腳咗覺, (佢) 剩係得禮拜日先可以處理(佢嘅小朋友) 嘍者, 咁佢所有啲嘅 strategy 呢剩係得禮拜日先可以出嚟者, 佢屋企人配合唔到佢。(G3:E155)

因為我哋只係比一啲 knowledge 比佢, 但係有實際同佢傾佢咁嘅 situation 係點樣, 點樣去 apply 落去, 咁佢可能個 education level 有咁高, 佢哋唔係咁容易去分析到呀依個用呢個 skill 比較好的點樣去落實。(G3:C84)

4.2.5 Cultural issues

呀睇吓先, 第二堂, incidental case 嗰度特別係啲的例子呢, 就有也幾多個我覺得好嘅, 一咋嘅例子都好似唔係太 appropriate 吓係咪講答案呢好難搵嘍。(G3:J77)

另外有一啲就係特別係第二堂講一啲 affection 呀，er quality time 呀啲的啦，就係講到攞呀、錫呀、坐大肚呀啲一類呀吓，咁我諗外國人就好 easy 嘅..點樣 show affection 啲的呢我諗..我諗有啲家長有啲困難嘅。(G3:J95)

哦，如果兩至三個到呢，用個 time-out 呢啫佢哋都係用唔到，佢哋衝破唔到開頭嗰段時間，即個小朋友嗰個反應好大呀，咁佢哋覺得好淒涼啦佢哋，咁佢哋直情自己認埋呢就係“我真係做唔到呀”咁囉，即係總之一用到嗰度佢就唔用，咁依個我都同我哋的同事傾過啦，即係唔知係咪 Chinese culture 嘅問題，啫係佢哋只係可以容忍個小朋友喊一陣間咁多囉。(G3:G158)

我呢就變咗係同個 family 合作有啲問題，譬如佢學咗依套好信服嘍，係呀，咁但係返去譬如佢嘅 husband 或者佢嘅奶奶啲的人就會覺得 time-out 嗰陣佢喊成咁，變咗話嗰個合作呢亦都可能同個 culture 有關囉，好難去 persuade 屋企嘅人去跟。(G3:G85)

同埋始終 Chinese 嘅 culture 啫唔係咁容易可以即同人哋即咁多嘢可以講得到。(G3:G89)

4.2.6 Improvement of the programme

我覺得如果個 video 啲 wording 變埋中文更加好。(G3:L34)

我覺得個 video 呢有陣時有啲 topic 呢，譬如一講講晒三個 strategy 嘅裡面，嘩，之後好慘呀，(笑聲)啲帶過咗龍..好緊張呀..係呀，整返個 stop here 係差好遠嘍，好聚精會神咁記住嗰個。(G3:F182,184)

我諗文字方面呢睇吓，啫我都知之前譯嗰個工作好艱苦，但始終呢都係有啲係英文式嘅中文囉有少少蹺口，同埋我估有一啲即某一啲家長睇起上嚟都幾辛苦，因為都幾長，即嗰度可唔可以比較即點講，即中國、即中文一啲的啦，睇吓會唔會方便我哋用。(G3:G213)

佢哋有話可唔可以拉長少少，佢哋就會 prefer 愛多啲 practice 嘅 session 囉。(G3:B196)

我覺得冇乜分享，因為你好趕丫嘛。(G3:A126)

應該比嗰個 facilitator 去 ..自己去 ..比較 feasible 啲, 啫唔一定話四次, 可能一次、兩次都未定咁樣。(G3:J192)

點樣可以推動到啲唔好話老爺奶奶、阿婆、阿麻真係更加啦, 咁但係只是兩夫婦呢我又覺得如果可以比較即多少少啲先生一齊參與。(G3:J166)