

Implementation of Triple P - Positive Parenting Program in Hong Kong: Predictors of Programme Completion and Clinical Outcomes.

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1.1 Aim

This study examined the effectiveness of the Triple P-Positive Parenting Program in a government child health service delivery context with Chinese parents in Hong Kong. Specifically, the study sought to identify pre-intervention variables that might predict programme outcomes such as level of clinical improvement and programme completion.

2.1 Hypotheses

We predicted that after receiving the intervention, there would be:

1. A significant reduction in parental reports of child behaviour problems;
2. A decrease in parenting stress;
3. An improvement in parental adjustment; and
4. Both socio-demographic and the psychosocial risk status of families might predict clinical improvement and programme completion.

3.1 Results

The results from the study revealed that participating in the Triple-P Parenting Program was associated with:

1. Significant reductions in parent-reported levels of dysfunctional parenting
2. Significant reductions in parent-reported levels of child behaviour problems
3. Positive significant effects in parent mental health, marital adjustment, and levels of child rearing conflict.

4.1 Findings

The present study suggests that Group Triple P when delivered in regular clinical services was able to demonstrate reduction in child behaviour problems, parenting stress, parent depression, anxiety and stress, and increase in parenting sense of competence. This finding which is consistent with previous results (Leung et al., 2003) indicates that Triple P can be effectively implemented in health setting with Chinese families. These findings are also consistent with the findings from randomized efficacy trials and several other service-based effectiveness trials of Triple P in health services in Australia.

5.1 Summary and Implications

There is a need for more flexible programme delivery formats and attendance requirements to cater for the needs of special needs families. Evidence-based parenting interventions can be successfully incorporated into clinical services and evaluation of outcomes can be routinely incorporated into service delivery. Programme outcomes that are comparable to those achieved in randomized efficacy and effectiveness trials can be delivered by trained service providers without loss of effect. To achieve programme outcomes, policy levels support for a programme is needed as well as cost-effective training and organizational support systems for staff delivering the programme.

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