



Implementation and process issues in using Group Triple P with Chinese parents: Preliminary findings

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Abstract

The aim of this study was to implement and evaluate a Triple P-Positive Parenting Program Level 4 (Group) intervention with Chinese parents. Forty five Cantonese-speaking parents living in Sydney participated in five groups conducted over a 12-month period. Implementation aspects included promoting the service to the Chinese community, using an appropriately trained bilingual facilitator, and modifying the process of conducting groups to suit Cantonese-speaking parents. The intervention involved four group sessions followed by four optional brief weekly telephone consultation sessions. Parents were asked to complete the Strengths and Difficulties Questionnaire (Goodman, 2001) before and after the intervention. There were significant improvements on the Prosocial Behaviour Score. Parents also completed an abbreviated version of the Client Satisfaction Questionnaire (Turner, Markie-Dadds & Sanders, 1998) which showed parents were satisfied with the program, most particularly in relation to receiving the help they required and being helped to deal with their child's behaviour. Given the unwillingness of some parents to complete questionnaires, the difficulties encountered in conducting evaluation in cross-cultural contexts are discussed, along with recommendations for multiple methods in future research.

Keywords

Triple P, groups, Chinese, cross-cultural, evaluation

Introduction

The impact of culture on parenting has long been identified as a major factor in understanding, conceptualising and responding to the needs of children and parents (Fantini & Cardenas, 1980; Kotchick & Forehand, 2002; Kolar & Soriano, 2003). However, the availability of relevant services has remained a significant issue (Sanders, 1997). For example, Forehand and Kotchick (1996) have discussed how few parenting programs are offered in languages other than English. There have been increasing attempts to document and evaluate a wide variety of culturally sensitive parenting

programs (Bennett & Grimley, 2001; Gorman & Balter, 1997). In Australia, a number of programs have been developed to meet specific parenting concerns, such as the process of parenting 'between' cultures, as well as the needs of refugee families (Kayrooz & Blunt, 2000; Lamelas, 2001).

However, there is also a need for culturally appropriate and sensitive programs which directly address parents' concerns about challenging and difficult behaviours (McDermott, 2001). This arises from the particular parenting stresses that migrant and refugee families face, such as large family size,

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Citation: Crisante, L., & Ng, S. (2003). Implementation and process issues in using Group Triple P with Chinese parents: Preliminary findings. *Australian e-Journal for the Advancement of Mental Health* 2(3) www.auseinet.com/journal/vol2iss3/crisanteng.pdf

Published by: *Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet)* - www.auseinet.com/journal

Received 14 August 2003; Revised 24 November 2003; Accepted 24 November 2003

intergenerational conflicts, and reduced or absent family and social support networks (Bevan, 2000; Kolar & Soriano, 2003; NSW Department of Health, 2003). Although there is debate over what constitutes cultural sensitivity in parent education (Gorman & Balter, 1997; Harry, 1992), there is general support for the role of bilingual practitioners in increasing the accessibility and cultural relevance of services for people from culturally and linguistically diverse backgrounds (NSW Department of Health, 1998; Long, Pirkis, Mihalopolous et al., 1999).

Migration to Australia has resulted in a multicultural society (Hartley, 1995). In the location of the present study, a culturally diverse region known as Western Sydney Area Health Service (WSAHS), over 30 percent of residents are overseas born. Cantonese-speaking people, at 3.5 percent of the population, comprise the second largest group of people of non-English speaking background. WSAHS is a major health region in New South Wales, which comprises five local government areas in the west of Sydney with a population of approximately three-quarters of a million residents. Providing parenting services in languages other than English is a priority in WSAHS, which has been supported to achieve this by state-based initiatives sponsored by the NSW Centre for Mental Health (NSW Health Department, 2001; NSW Refugee Health Service & WSAHS Multicultural Health Unit, 2001; WSAHS Parenting Program, 2002; NSW Department of Health, 2003).

A significant issue in service delivery is providing information about services in culturally appropriate ways. Lack of knowledge about services is recognised as one of the key barriers for the participation of culturally and linguistically different communities (NSW Department of Health, 1998; Sue & Sue, 2002). For example, a recent study of female sole parents from a non-English speaking background specifically drew attention to the importance of culturally relevant promotional strategies, including translated pamphlets and ethnic community newspapers, to promote access to services (Cheung, 2003).

Through the WSAHS Parenting Program, a parent education service was established several years ago. It is based on the Triple P-Positive Parenting Program, an evidence-based, multilevel, multidisciplinary behavioural family intervention (WSAHS Area Parenting Program, 2002). The theoretical basis of the program, as well as its evaluation, has been discussed extensively elsewhere (Sanders 1999). The program includes a group-based intervention in which parents meet in small groups (Turner et al., 1998). Appropriately trained facilitators introduce various strategies presented in a workbook for parents and an educational videotape. Both have been translated into a number of community languages, including a Chinese version. These strategies suggest ways to encourage desirable behaviour in children by using descriptive praise and providing a good example, as well as techniques for managing difficult behaviour through setting ground rules, logical consequences and quiet time. Group-based Triple P interventions have been found to significantly reduce problematic behaviour in children (Williams, Zubrick, Silburn & Sanders, 1997) and have been conducted in a number of countries outside Australia, including Singapore and Hong Kong, using translated materials where required (Leung, Sanders, Leung et al., in press; Triple P News, 2001).

Chinese families have been researched in various ways, including studies of comparative parenting practices (Lin & Fu, 1990), responses to therapeutic interventions (Hsu, 1995) and parenting roles (Garcia Coll, Meyer & Brillon, 1995). Lieh-Mak, Lee & Luk (1984) detail many of the issues encountered by practitioners teaching parenting management skills to Chinese parents in Hong Kong. For example, they describe the cultural belief that the private shame of a family should not be made known to outsiders. As a consequence, it is important for parents to deal with inappropriate behaviour, or be seen as not being dutiful parents and bringing shame to their family. Therefore, parents would consider it difficult to ignore inappropriate behaviour in a social situation because it hurts the family reputation (Quan, 2003). The solution offered by Lieh-Mak et al. (1984) is for the practitioner to sympathise with the parent's shame, rather than insist that the strategy of ignoring be used. Other researchers have

discussed negative reactions to specific techniques, such as praise, which are commonly used in parent management training (Hsu, 1995). For example, Ho, Chow & Fung (1999) noted in their research that 'some mothers simply refused to praise their child and some praised their children in a mechanistic and unemotional manner. ... Many believe that praising stops the child from performing better' (p. 1169).

Few studies have examined the effectiveness of behavioural family interventions in Chinese communities (Leung et al., in press). Ho et al. (1999) suggest that their research conducted in Hong Kong is the first attempt to systematically apply and empirically evaluate a parent management training program in a Chinese population. Their study of parents with children with aggressive and defiant behaviours revealed significant therapeutic gains in several areas, including parents' perception of their parenting behaviours, improved interactions between parents and children and a decrease in externalising behaviours.

The present study extends this limited literature in two ways. Firstly, it is based on a manualised parenting intervention that has been translated into Chinese and conducted by a bilingual practitioner. Secondly, it documents implementation issues involved in conducting parent education programs in a cross-cultural context. The specific aims of this research were (1) to examine the effectiveness of a parent training intervention based on the Triple P Program (Level 4 Group) (Turner et al., 1998) with a group of parents who self-refer in response to a range of promotional strategies, and (2) to document relevant issues which arose in conducting the program.

Method

Participants

The sample consisted of 45 Cantonese-speaking parents who lived in the catchment area of WSAHS. Participants were recruited through a promotional program conducted in a culturally appropriate way using ethnic media and translated information. This involved producing a pamphlet in Chinese describing the parenting course in detail and inviting interested parents to

ring the Area Parenting Service to speak to the Chinese facilitator who would be running the course. The brochure was distributed widely to relevant practitioners, both mainstream and Chinese, displayed in local libraries and sent to three Chinese newspapers and a community magazine. As a consequence, two promotional workshops for non-government organisations were conducted and an information-sharing meeting was held with Cantonese-speaking professionals interested in parenting.

During the promotional period, 83 Chinese parents, mainly mothers, contacted the service, with 90 percent of callers hearing about the course from Chinese newspapers. They were accepted into courses if they were Cantonese-speaking, lived in the catchment area and had a child aged between three and ten years. In order to assess the urgency of the inquiry, the facilitator asked parents their reasons for doing the course. Sole parents and parents with greater emotional distress were given priority. Three groups with 26 participants were conducted during the daytime in the later months of 2002. Promotional activities were repeated in 2003 and an additional two groups were conducted, resulting in 45 parents attending a total of five courses.

Demographic information was available from 39 participants, all mothers except for one father, who completed a Family Background Questionnaire (see below). The mean age of parents who participated was 39 years. The children of concern (22 males and 16 females) had an average age of 5.7 years. Almost all children (92%) lived in their original family. Fifty-three percent of the sample was born in Hong Kong and 43 percent were born in China. The majority of the parents (91%) were married and not in paid employment (77%). While 40 percent of the sample did not indicate their income level, 42 percent of those who did indicated that their family income was less than \$21,000 per year, and 59 percent of the sample received some form of government assistance. Eighty-five percent of the sample had completed qualifications post the equivalent of Year 10. These demographics suggest that like many migrants, most of the parents lived in families with low incomes and difficulties finding suitable employment, perhaps because

qualifications were not recognised or English proficiency was low.

Measures

Parents were asked to complete three questionnaires, all of which were translated into Chinese. The Strengths and Difficulties Questionnaire (Goodman, 2001) has been translated into more than 40 languages and copies can be downloaded from <http://www.sdqinfo.com/>. The Family Background Questionnaire and the Client Satisfaction Questionnaire (Turner et al., 1998) were initially translated by the Chinese project coordinator, who then consulted with three Chinese parenting facilitators to obtain agreement over translation of the items.

Family Background Questionnaire

The Family Background Questionnaire was filled out with the parents prior to the first session. It elicited demographic information, including the child's details (sex and date of birth), parent's age, marital status, relationship to the child, country of birth, current employment status, educational background, total family income and whether income was supplemented by government benefits.

Strengths and Difficulties Questionnaire (SDQ; Goodman, 2001)

The Chinese version of the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 2001) was used to assess the clinical severity of the child's difficulties from the parent's perspective. The SDQ contains 25 items about positive and negative attributes and parents use a 3-point Likert scale to rate how much each attribute applies to their child. It is divided into five scales with five items each, generating scores for emotional symptoms, conduct problems, hyperactivity-inattention, peer problems and prosocial behaviour. Example questions include the extent to which a child has fears (emotional symptoms), gets into fights (conduct problems), is restless (hyperactivity-inattention) and is picked on by peers (peer problems). The first four are summed to generate a total difficulties score. High scores overall or for any subscale point to the likelihood of significant issues and specific disorders. For

example, the five items comprising the hyperactivity-inattention scale 'were deliberately selected to tap inattention (two items), hyperactivity (two items) and impulsiveness (one item) because these are the three key symptom domains for a DSM-IV diagnosis of attention-deficit/hyperactivity disorder (ADHD)' (Goodman, 2001:1337). The Prosocial scale asks about strengths such as a child's capacity to share or be helpful, and is scored so that an absence of prosocial behaviour scores low. Therefore, an increase in the score post-intervention points to an improvement in prosocial behaviour (Goodman, 1997). The SDQ is regarded as useful in detecting both internalizing and externalizing problems (Goodman, 2001). The main reason for selecting this measure was because of the ready availability of a Chinese version.

Client Satisfaction Questionnaire (CSQ; Turner et al., 1998)

This 13-item scale addresses the quality of the service provided. An abbreviated set of items (Items 2 to 6 and 11 to 13) was translated into Chinese. The items assessed how well the program met the parent's and child's needs, increased the parent's skills and decreased the child's problems behaviours, as well as the parent's current feeling about their child's progress. The measure has a 7-point scale for each item with seven indicating favourable responses and one indicating unfavourable responses.

Procedure

During 2002, four Cantonese-speaking practitioners were invited by WSAHS Parenting Program to undertake Triple P Level 4 (Group) training, as they were interested in providing services to members of their communities. As a consequence, regular meetings were held to discuss implementation and practical issues related to establishing the service. One of the practitioners, an ex-school teacher from Hong Kong, joined the WSAHS Parenting Program in order to fulfil requirements of registration as a psychologist in New South Wales and so took on the roles of project coordinator and group facilitator. The practitioner's knowledge of parenting issues, combined with training and

experience in behavioural family interventions and interest in evaluation, provided an impetus for the project. In consultation with other members of the Parenting Program, a framework for developing and evaluating the service was established. Three of the four trained practitioners conducted five groups, of which four were conducted with a single facilitator and one with two facilitators.

Parents who were eligible to participate were sent a pre-intervention package, which included the Family Background Questionnaire and the SDQ. Parents then attended four 2-hour weekly group sessions conducted by a Cantonese-speaking facilitator at various locations, including a church hall, community health centre and school. Parents were given the option of having four 20 to 30 minute weekly telephone consultations starting after the final group session. Ninety-five percent of the sample completed all of these. Upon completion of the telephone consultations, parents were sent a second questionnaire package that included the SDQ and CSQ. Parents returned these to the WSAHS Parenting Program office in a reply-paid envelope.

The intervention

The Triple P Level 4 (Group) intervention consists of four group sessions covering topics such as positive parenting, promoting children's development and managing misbehaviour, and an optional four brief weekly follow-up phone calls upon completion of the face-to-face sessions (Turner et al., 1998). While this intervention is universal, as opposed to culturally specific, the content and process of conducting sessions was made culturally relevant by the program being conducted by a Cantonese-speaking facilitator. This approach is well-recognised as ensuring the cultural appropriateness of service delivery (NSW Department of Health, 1998). The approach avoids directly challenging cultural beliefs, but rather works within the family framework and focuses on changing specific parent-child interactions identified by the parents as unhelpful. Promoting the program as a way of creating happier and less stressed parents was the key focus, so removing a sense of criticism

and public shaming as a 'bad parent', which would be viewed as culturally inappropriate (Lieh-Mak et al., 1984). Thus, the group became a forum that encouraged cultural validation but also allowed comparison of 'Australian' and 'Chinese' families on a range of parenting practices, such as the use of physical punishment (Kayrooz & Blunt, 2000). Strategies to facilitate the cross-cultural appropriateness of the program were regularly discussed in consultation sessions between the facilitator and the service manager, who drew upon an extensive background in this area (Crisante, 1992; 1996; 1998a; 1998b).

Results

Of the 45 parents who participated, 15 completed the SDQ and 17 completed the CSQ. One of the major issues that emerged during the evaluation of the program was the reluctance of parents to complete questionnaires, even though confidentiality was emphasised. For example, parents expressed their concerns that providing information about their child might result in them being disadvantaged in some way or that their answers would somehow be linked to government bureaucracies. Therefore, the data available, particularly regarding the SDQ, is based on a small sample. This issue is common in the evaluation of projects involving migrant communities and will be discussed further.

Clinical severity of children's difficulties

Paired (two-tailed) t-tests were conducted to examine pre-post differences on the SDQ, as indicated in Table 1. The Total Difficulties score was at the upper end of the normal range pre-intervention and decreased post-intervention, but not at a statistically significant level. The scores for emotional symptoms, conduct problems, hyperactivity-inattention and peer problems scales were in the borderline range pre-intervention and were at the normal range post-intervention, but these changes were not statistically significant. The Prosocial Behaviour score which was borderline pre-intervention showed significant improvement post-intervention ($t = .047, p < .05$).

Table 1: Pre and post intervention scores on Strengths and Difficulties Questionnaire (SDQ) (n = 15)

SDQ Scale	Pre- intervention		Post-intervention		Sig
	M	SD	M	SD	
Total difficulties	13.07	5.01	11.80	4.51	ns
Emotional symptoms	2.60	1.64	2.13	1.64	ns
Conduct problems	2.57	1.60	1.86	1.17	ns
Hyperactivity	5.40	2.72	5.00	2.48	ns
Peer problems	2.86	1.66	2.57	1.45	ns
Prosocial	5.33	1.59	6.13	1.81	*

ns - not significant * significant $p < .05$

Table 2: Client Satisfaction Questionnaire (n = 17)

Questions	M	SD	Range
1. Received help wanted	5.65	0.86	5-7
2. Met child's needs	4.47	1.07	3-7
3. Met parent's needs	4.82	0.95	3-7
4. Helped deal with child's behaviour	5.65	0.99	4-7
5. Helped deal with other family members	5.24	0.97	3-7
6. Improvement on child's behaviour now	5.19	0.54	4-6
7. Feelings about child's progress	4.94	1.09	2-6

Parents' satisfaction with the course

The 17 participants who completed the CSQ rated their satisfaction above average (3.5 on a 7-point scale) on all of the items (see Table 2). The most highly rated items related to the course providing the help parents wanted (Question 1) and helping them to deal with their child's behaviour (Question 4).

Anecdotal information supports these above average satisfaction ratings reported by parents. Parents who attended the program reported to the facilitators that they were concerned about their children in a variety of ways. On the one hand, some parents saw their child as 'naughty' because they would fight with other children or not sit or eat quietly in social situations involving community members. For example, one mother described a situation that occurred when her five-year-old son was running around during dinner in a restaurant with relatives. When she was asked how she managed this, she said that she told her son 'Sit down. Don't run. See, great uncle is here. He will say you are naughty if you leave the dinner table.' Other parents were

concerned about their child being too shy and not responding to social contact initiated by relatives. By the end of the intervention, parents expressed having more ideas about how to deal with their children, they felt happier and less stressed, and reported that the course had been helpful to them. Sessions were very well attended and the majority of parents requested the four telephone consultations that are offered as an optional part of the program.

Process issues

Consistent with other studies (e.g. Hsu, 1995), numerous process issues emerged during group sessions. Consultation sessions were held between the facilitators and service manager in order to guide and inform the process of cultural sensitivity and appropriateness. Two examples of process issues are presented here.

The first example involves a strategy known as 'Ask Say Do', which was introduced in the second session as a way of teaching children new skills and behaviours. It involves the parent breaking skills into parts, guiding the child

through each stage, and praising mastery of any of the component skills. While Chinese parents believe that teaching children is a very significant part of their role, their reaction to this strategy was not uniformly positive. This was because some parents believed that when children reach a certain age, they should understand, rather than need to be taught, how to do certain tasks, for example (e.g. tying shoelaces). Children who do not do the expected tasks are seen as uncooperative, disobedient and requiring discipline. The facilitator responded to this by discussing with parents how children develop at different rates. Therefore, instead of parents expecting certain behaviours at a particular age, they should plan ahead for how they might teach their child to acquire a skill, rather than assume the child would automatically acquire it. This approach confirmed the parent's role as having a responsibility to teach children and suggested a method that was less stressful than disciplining children for not doing tasks.

The second example involves descriptive praise, a strategy used in the Triple P program that involves commenting positively about specific behaviours that children demonstrate and that parents want to encourage. In order to teach this to parents in a way that did not encourage resistance, the facilitator presented the strategy as one of several ways parents could encourage desirable behaviour in their children. The main aim was to invite parents to consider that the use of praise might have benefits other than getting children to comply with their standards. As part of this process, parents were asked to pay close attention to the interaction of a parent and child in a videotape demonstration of descriptive praise. It was explained that the strategy involves acknowledging children's achievements in genuine ways. There was discussion of both the verbal and non-verbal aspects that the strategy involves, using the detailed process described in the Table 3.

Table 3: Description of process used to encourage use of descriptive praise

	Facilitation technique	Purpose
Observation	Highlighting the positive interaction of the parent and child in the videotape segment on descriptive praise.	To teach the idea that praise needs to be genuine and not conditional and that it can be expressed in verbal and non-verbal ways.
Facilitated discussion	Introducing examples to help parents to consider age-appropriate achievements and the importance of praise; and to help parents to be genuine and spontaneous, e.g. to say what they feel. The interaction involving praise must be positive and the praise should 'come from their heart' so children will feel positive and genuinely acknowledged by their parents.	To indirectly challenge parents' beliefs: <ul style="list-style-type: none"> • Praise is not a bribe, but a sign of appreciation • Praising children's behaviour is not to be used solely to push them to reach parents' standard.
Practice	Getting parents to practise descriptive praise through role-play exercise. Encouraging parents to share their feelings after the exercise.	To create an opportunity for parents to experience the positive feeling of being praised, without their children being present. To reinforce the positive interactions associated with descriptive praise.

In practising the skill of descriptive praise, the emphasis was on the parent's feelings about the process, so that the parents could directly experience being praised in a safe situation. Usually, the parents laughed a lot during and after the role-play exercise as they found the exercise very enjoyable and different. Through the use of observation, facilitated discussion and practice, cultural beliefs about praise were not directly challenged. As the parents experienced first hand the positive feelings associated with giving and receiving praise, the facilitator was able to highlight that if children have such positive feelings, they become closer to and more cooperative with their parents. In this way, the parents shifted focus from a parent-driven to a child-centred use of praise.

Discussion

The primary aim of the present study was to examine the effectiveness of a Triple P Level 4 (Group) intervention with Cantonese-speaking parents. While all scores on the SDQ showed a general trend towards improvement, only one item, the Prosocial Behaviour score revealed a statistically significant change post-intervention. These findings may be explained in several ways. The SDQ, like many other clinical measures, has not been validated with a Chinese sample, an evaluation issue of concern to researchers undertaking research with culturally and linguistically diverse families. Many parents chose not to participate in the evaluation process or were reluctant to provide information. The parents who completed the SDQ may have been the ones who experienced least change and wanted to use the evaluation instruments as a way of communicating this.

The evaluation was based on paper-and-pencil instruments, an approach that has been criticised in research with culturally diverse communities. For example, Forehand & Kotchick (1996) comment that 'most of the instruments designed to assess parental attitudes toward and quantitative ratings of child behaviour were developed, standardised and used almost exclusively with middle to upper class European American families' (p. 202). Others (Morrow, Rakhsha & Casteneda, 2001; Pederson, Dragus, Lonner & Trimble, 2002) suggest that the

empirical paradigm for researching culturally diverse communities needs to be expanded to include qualitative methods, such that multimethod processes are used, recognising the complexity of conducting research with communities who are difficult to access and whose migrant status poses challenges to their participation in evaluation (Stringer, 1999; Feldman, Bell & Berger, 2003).

In conclusion, the present study highlights the importance of understanding and responding to cultural beliefs about parenting. By using relevant cultural information, parents were encouraged to try alternative practices to promote positive relationships with their children and help them to behave well. Conducting parent education courses in cross-cultural contexts is a challenging enterprise and is highly relevant to the Australian community. This study is significant in documenting the issues involved in this process, such as making the service known to prospective parents and conducting the program and its evaluation in ways which are culturally relevant. Further research is required using qualitative methods such as focus groups, to fully explore parents' experience of participating in parent training programs in cross-cultural contexts.

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