

PARENT EDUCATION PROGRAMMES IN HONG KONG: ARE THEY EFFECTIVE?

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Abstract: The study examined whether participants of parent education programmes in Hong Kong experienced gains in parental efficacy, parental empathy, availability of social support, and parenting satisfaction as a result of programme attendance. A single-group pre- and post-programme design was adopted. Data from 130 mother participants showed that they had positive gains in the four dimensions. However, mothers aged 40 and above and those with more than one child did not experience higher parenting satisfaction after the programme. Results also indicated that among the three instrumental variables, social support was the most crucial determinant of parenting satisfaction. Implications for social work practice were discussed.

Keywords: Parent Education; Parental Efficacy; Parental Empathy; Social Support; Parenting Satisfaction.

撮要: 這項研究主要在探討家長在參加親職教育活動後，在作為家長的效能感、對子女的同理心、能得到的支持和作為家長的滿足感四方面，是否會有得益。研究採用單組活動前和活動後的設計，參與者包括130名女性家長。結果顯示，家長在活動後，在四方面均有顯著的提升。但是他們的獲益也因其背景有所分別。對於四十歲以上的家長和那些有多過一名子女的家長，他們在活動後並沒有加強了作為家長的滿足感。另外，結果指出，家長在過程中是否獲得更多支持，是影響他們作為家長的滿足感的最重要因素。作者就這些結果，提出了一些實務的啓示。

Introduction

Since the inception of the Family Life Education service in Hong Kong in the late seventies, parent education has been a central component among the programmes. Each year, more than 500 educational groups are organised for parents (Working Group on CIS for Committee on FLE and Research Department, HKCSS, 1998). According to the Funding and Service Agreement made between the agencies

providing the service and the Social Welfare Department, parents with young children are one of the major target groups to be served.

Despite the popularity of parent education programmes in Hong Kong, there have been few rigorous attempts to evaluate their effectiveness. Only three studies can be identified. First, Cheung & Yau (1996) examined the effectiveness of an adaptation of the traditional Parent Effectiveness Training (PET) among 35 parents. The results indicated that the four-session group with an added focus on developing parental understanding from the children's perspective was effective in improving parent-child relationships. In another study, Kwok (1994) examined the effectiveness of two nine-session parenting workshops based on the Systematic Training of Effective Parenting (STEP). Mothers who participated in the workshops had positive change in parenting attitudes, knowledge, and skills. However, for fathers, childrearing knowledge was the only domain that had positive change. A third study by Ho *et al.* (1999) examined the outcome of parent management training for 25 parents of children referred for aggressive and defiant behaviour. The groups lasted for eight to 12 sessions. Significant gains were found in parent-child interactions, children's externalising behaviour, and parents' perception of their parenting behaviour. The gains were found to be maintained at four-month follow-up.

While these studies seemed to suggest some versions of PET, STEP and parent management training could produce positive results, it did not follow that other parent education programmes in Hong Kong are to the same extent effective. Though in practice most of the parent education programmes are modelled on these two approaches, the number of sessions is usually limited to four. Within the four sessions, these groups often attempt to cover the skills of active listening and I-message. In addition, some would include the no-lose method of conflict resolution or the use of praise or encouragement. In most if not all cases, they lack the intensive training in parental understanding embodied in Cheung & Yau (1996). In addition, the durations are significantly shorter than those described in Ho *et al.* (1999) and Kwok (1994). Though brief parent training programmes have been described in the literature (e.g. Utay & Utay, 1998), empirical evidence to demonstrate their effectiveness is still lacking. Thus, the question can be raised: Are such condensed programmes effective in helping the parents? The following study attempts to address this question.

The present study evaluated the effectiveness of parent education programmes in Hong Kong and not that of specific approaches. Four effectiveness indicators were chosen: namely, parental efficacy, parental empathy, perceived social support, and parenting satisfaction. The concept of self-efficacy originated from Bandura (1982), who defined it as expectations for successful coping in upcoming situations. In the parenting context, this refers to the degree to which a parent feels competent

and confident in handling child problems (Johnston & Mash, 1989). Parental efficacy has emerged as both a salient direct predictor of positive parenting practices and as a mediator of the effects of a number of parenting qualities. Studies have shown that parental efficacy is related to parenting sensitivity (Teti *et al.*, 1996), the use of coercion (Bondy & Mash, 1999), the use of promotive and preventive strategies, (Elder *et al.*, 1995), and parenting stress and parenting satisfaction (Coleman, 1999). An increase in parental efficacy would be considered a positive achievement of the parent education programmes.

Another effectiveness indicator chosen was parental empathy. Bavolek (1984) defined parental empathy as the awareness of a child's needs that entails the ability of the parent to understand the condition or state of mind of the child without actually experiencing the feelings of the child. Parental empathy is the quality underlying active listening, the central component skill emphasised in the various parent education approaches. Brems & Sohl (1995) found that individuals scoring higher on an empathy measure were less likely to endorse physical punishment and ignoring as appropriate choices of parenting. A positive relationship between self-reported empathy and the use of rewarding strategies was also indicated. Adopting a similar construct, Gerris *et al.* (1997) found that parents high in the ability to take the perspective of their children were more inclined to enhance their children's autonomy, emphasised less the importance of conformity, and adopted more child-oriented and authoritative childrearing behaviour.

Perceived social support was the third effectiveness indicator in this study. Social support has been considered an important contextual construct that helps buffer the negative effects of stress on psychosocial well-being (Cohen & Wills, 1985). In the parenting context, under conditions of moderate stress, adolescent mothers who reported higher levels of social support were more likely to engage in more nurturant behaviour (Uno *et al.*, 1998). Availability of social support also helped alleviate parents' anger expression (Lam, 1999). The construct has captured parent educators' attention that some parent education programmes have deliberately taken strengthening parents' social support as one of the goals (Webster-Stratton, 1997).

Whereas the development of parental efficacy, parental empathy and social support were instrumental goals, enhancement of parenting satisfaction was considered an ultimate goal of parent education programmes. Many previous studies have taken parenting satisfaction as one of the major outcome variables of parent education programmes (e.g. Sheeber & Johnson, 1994). In this study, we expected that participants would have their parenting satisfaction uplifted at the completion of the programme.

The Committee on Family Life Education of the Hong Kong Council of Social Service initiated the study in 1999. After some pilot testing and thorough discussion with the participating workers, parent education programmes conducted in October

to December 2000 were included in this study. A single-group pre-test and post-test design was adopted. Despite the threats to internal validity that might be incurred, the workers and the researchers found it impractical to identify suitable control groups for this purpose.

There were three major research questions. First, did the participants have higher levels of parental efficacy, parental empathy, perceived social support, and parenting satisfaction after completing the programme? Second, which backgrounds of parents benefited more from the programmes? Third, among the three instrumental goals, which factors had higher contribution to the change of parenting satisfaction?

Method

Respondents

One hundred and thirty-eight participants provided complete sets of data for the study. They were members of 18 parent education groups, among which 16 were of four sessions. For the other two, one was of three sessions, and the other, five sessions. Among the participants, the majority was female ($n = 133$, 96.4%); only five were male. In view of the small number of male participants, they were excluded from the analysis. Among the female participants, three who were absent for three or more sessions were further excluded. The final sample consisted of 130 female participants.

These respondents had a median age of 36–40 years. The majority of them (89.8%) were married, 11 of them were divorced, and one was bereaved. The median education level was F.4–F.5, and the median family income was HK\$14,001 to 21,300. They had on average 1.70 children, with the average age for the eldest and youngest children being 8.68 and 5.61, respectively. Most of them (65.6%) had the experience of attending parent-training programmes before; 35.9% had attended one to three programmes and 29.7% had attended four or more programmes.

Measures

Participants completed sets of self-administered questionnaires before the programme and two weeks after its completion. In both sets of questionnaires, there were four major measurements:

Parental Efficacy

A Chinese version of the “Parenting efficacy” scale developed by Johnston & Mash (1989) was used. It was a seven-item scale that assessed the degree to which the

parent feels competent and confident in handling child problems. Each item was answered on a 6-point scale ranging from *strongly disagree* to *strongly agree*. A scale score with a possible range from 7 to 42 was obtained by summing the items, with high scores indicating greater parental efficacy. Johnston and Mash obtained an alpha of 0.76 for the scale scores. In the present study, alpha values of 0.83 (pre-programme) and 0.76 (post-programme) were found.

Parental Empathy

The Parental Empathetic Understanding and Responding Questionnaire (PEURQ) (Cheung & Yau, 1996) was adapted for use in this study. The PEURQ was a set of questionnaire comprising two equivalent forms (A and B). Forms A and B were to be filled in before and after the programme respectively in order to minimise the testing effect. Each form included 14 items that assessed the parents' empathic understanding ability and their readiness to use active listening skills. The items were in the form of scenarios and respondents were asked to indicate among the five options the one that they found most appropriate. To illustrate, one of the items was "A child returned from school and complained that teacher was unreasonable because the whole class was punished because some individual students talked in class, and that their homework that day was extremely heavy". The respondent may choose: (a) you must feel unfairly treated, because you were punished for doing nothing wrong; (b) you look worried about not being able to complete your homework tonight; (c) your teacher seems quite unreasonable; I also think that he was quite unfair; (d) you should start doing your homework early; otherwise you will be punished tomorrow; and (e) you must have badly behaved or your teacher would not have punished you; you need to be obedient in the future. A previous study has ensured the equivalence of the two forms (Boys' and Girls' Clubs Association of Hong Kong, 1995). In this study, a score of "1" was assigned for choosing the best option and "0" for choosing otherwise. The scores of the two forms thus ranged from 0 to 14. A higher score indicates a higher level of parental empathy. High internal consistency was found for the scores of the two forms: $\alpha = 0.91$ for Form A and 0.96 for Form B.

Availability of Social Support

A six-item scale on availability of social support was constructed for use in this study. Respondents were asked to indicate how true that they could acquire different kinds of social support (getting help, ventilation, seeking advice, and assurance etc.) if there was the need. Examples of the statements were: "If I am troubled, there is someone who would listen to me", "If I have difficulties handling my

children, there is someone I could turn to for help". Cronbach's alphas for the scale items were 0.84 and 0.87 at pre-programme and post-programme, respectively

Parental Satisfaction

A modified version of the "Satisfaction with Parenting" sub-scale in the Parent-Child Relationship inventory was used (Gerald, 1994). The original scale consisted of ten items measuring the amount of pleasure and fulfillment an individual derives from being a parent. Participants responded to the items on a 6-point scale ranging from *strongly disagree* to *strongly agree*. However, results with this sample indicated that the item "My feelings about being a parent change from day to day" had low item-total correlation (i.e. $r = 0.20$). Deletion of the item resulted in a significant improvement of the internal consistency of the scale scores. Thus, this item was excluded and the average of the rest nine items were used to indicate satisfaction with parenting. Cronbach's alphas for the scale scores were 0.87 (at pre-programme) and 0.91 (at post-programme).

Apart from the four scales, participants also provided information about their age range, marital status, education level, number of children, total family income, and parent education attendance history.

Results

Repeated-measures multivariate analysis of variance was used to test the difference between the mean scores of the four dependent variables assessed before and after the programme. Results suggested significant pre- and post-programme difference, $F(4, 125) = 22.78$, $p < 0.001$. Post-hoc univariate tests indicated that post-programme scores of all four variables were significantly higher than the corresponding scores assessed before the programme (see Table 1).

In order to examine whether pre- and post-programme difference occurred differentially according to participants' backgrounds, five two-factor MANOVAs were conducted, with the four parenting variables as repeated measures and age of participant, number of children, age of eldest child, family income and education level as the between-subjects factor in each analysis. A significant interaction term between time and the background variable should indicate such a differential effect. Among the five, the interactions of time with age of participant and number of children were significant, $F(8, 166) = 2.29$, $p < 0.05$, and $F(4, 54) = 2.89$, $p < 0.05$, respectively. Post-hoc univariate tests revealed that change of parental satisfaction over time varied according to age of participants, $F(2) = 7.82$, $p < 0.001$ and number of children, $F(1) = 9.22$, $p < 0.01$.

Table 1. Means, standard deviations (in parentheses) and univariate test: results of parenting variables (n = 130).

| | Pre-Programme | Post-Programme | F | p |
|-----------------------|-----------------|-----------------|-------|-------|
| Parental Efficacy | 26.81 (5.32) | 28.7 (4.55) | 4.11 | 0.045 |
| Parental Empathy | 7.7 (4.34) | 10.64 (3.64) | 14.46 | 0 |
| Perceived Support | 4.43 (0.72) | 4.66 (0.69) | 88.73 | 0 |
| Parental Satisfaction | 4.39 (0.93) | 4.52 (1.02) | 4.41 | 0.038 |

Table 2. Means and standard deviations of pre- and post-programme parental satisfaction by age of participants and number of children.

| | n | Pre-Programme | | Post-Programme | |
|---------------------------|----|---------------|------|----------------|------|
| | | M | SD | M | SD |
| <i>Age of Participant</i> | | | | | |
| Under 35 | 37 | 4.44 | 0.92 | 4.59 | 1.03 |
| 36–40 | 61 | 4.43 | 0.90 | 4.67 | 0.97 |
| 41 and above | 31 | 4.28 | 0.93 | 4.14 | 1.01 |
| <i>Number of Children</i> | | | | | |
| One | 49 | 4.38 | 0.97 | 4.71 | 0.92 |
| Two or above | 81 | 4.40 | 0.90 | 4.40 | 1.05 |

As shown in Table 2, whereas those under 40 had their parental satisfaction increased after the programme, those aged 41 or above experienced a decline. It also showed that those with two or more children did not experience significant change in parenting satisfaction after the programme.

Table 3 displayed the correlations between the different parenting variables assessed before and after the programme. While significant correlations were found between the three instrumental variables and parenting satisfaction assessed before the programme, only parental efficacy and social support were significantly related to post-programme parenting satisfaction. Correlations between demographic variables and parenting satisfaction were also computed. Education level and age of the eldest child had significant correlations with parenting satisfaction, $r(129) = 0.29$ and -0.18 respectively, $p < 0.01$ and 0.05 .

Table 3. Correlations between parenting variables assessed before and after programme (n = 128).

| | Efficacy(t ₂) | Empathy(t ₁) | Empathy(t ₂) | Support(t ₁) | Support(t ₂) | Satisfaction | |
|-------------------------------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------|-------------------|
| | | | | | | (t ₁) | (t ₂) |
| Efficacy(t ₁) | 0.67 [‡] | 0.20 [*] | -0.02 | 0.42 [‡] | 0.28 ⁺ | 0.39 [‡] | 0.28 ⁺ |
| Efficacy(t ₂) | | 0.21 [*] | 0.05 | 0.32 [‡] | 0.39 [‡] | 0.38 [‡] | 0.34 [‡] |
| Empathy(t ₁) | | | 0.62 [‡] | 0.19 [*] | 0.02 | 0.25 ⁺ | 0.02 |
| Empathy(t ₂) | | | | 0.05 | 0.02 | 0.20 [*] | 0.05 |
| Support(t ₁) | | | | | 0.56 [‡] | 0.19 [*] | 0.08 |
| Support(t ₂) | | | | | | | 0.30 ⁺ |
| Satisfaction(t ₁) | | | | | | | 0.73 [‡] |

Note: t₁: pre-programme; t₂: post-programme.

*p < 0.05. ⁺p < 0.01; [‡]p < 0.001.

Hierarchical multiple regression on post-programme parenting satisfaction was conducted to examine the instrumental variable(s) that mostly accounted for the change in parenting satisfaction (see Table 4). In step 1 of the analysis, education, age of the eldest child and the four parenting variables assessed before the programme were entered. In step 2, the three instrumental variables assessed after the programme were entered, resulting in a significant increment of variance explained, $\Delta R^2 = 0.05$, $F(3, 119) = 4.23$, $p < 0.01$. Among the three instrumental variables, social support was the only significant predictor of residualised parenting satisfaction.

Table 4. Summary of hierarchical regression analysis for variables predicting post-programme parenting satisfaction (n = 128).

| | B | SE B | β |
|--|-------|------|--------------------|
| <i>Step 1</i> | | | |
| Education | -0.01 | 0.07 | -0.01 |
| Age of Eldest Child | -0.03 | 0.02 | -0.10 |
| Parental Efficacy (t ₁) | 0.06 | 0.10 | 0.05 |
| Social Support (t ₁) | -0.08 | 0.10 | -0.06 |
| Parental Empathy (t ₁) | -0.54 | 0.22 | -0.17 ⁺ |
| Parenting Satisfaction (t ₁) | 0.82 | 0.08 | 0.75 [‡] |
| <i>Step 2</i> | | | |
| Parental Efficacy (t ₂) | 0.12 | 0.14 | 0.08 |
| Social Support (t ₂) | 0.36 | 0.11 | 0.24 ⁺ |
| Parental Empathy (t ₂) | -0.13 | 0.30 | -0.03 |

Note: $R^2 = 0.55$ for Step 1; $\Delta R^2 = 0.04$ for Step 2 ($p < 0.05$). ⁺p < 0.01; [‡]p < 0.001.

Discussion

According to the Working Group on CIS for Committee on FLE and Research Department of the HKCSS (1998), about 70% of the multiple-session educational programmes are of two to four sessions. The popularity of short-term programmes can be attributed to two major related reasons. First, people in Hong Kong are busy and they cannot afford to join long-term programmes. Second, parents are inclined to get the feel of parent education programmes by enrolling in short-term courses before they invest their time in attending programmes of more sessions. In view of the reality of parent education scene in Hong Kong, it is important to examine the effectiveness of these condensed programmes. Their design and duration deviate so significantly from those of the original PET and STEP that independent verification of their effectiveness is necessary.

Findings of the study provide support that parent education programmes in Hong Kong, despite its condensed structure, are effective in terms of enhancing parental efficacy, parental empathy, perceived social support, and parenting satisfaction. Certainly, whether the outcome is clinically significant and whether the programmes are cost-effective are beyond the scope of this preliminary study. Also, how its effectiveness compares with that of the original designs is still not known.

Why are such condensed parent education programmes effective? Some of the merits of short-term treatment discussed by Fortune (1985) may be relevant. First of all, participants usually maintain higher change motivation and work harder in short-term treatment. In parent groups, parents are often found to participate actively in the process and apply what they have learnt. Second, the programmes in the parent groups are highly focused and structured. Specific themes are set and the procedures are clearly prescribed. According to Fortune, these two features are associated with better treatment outcomes.

However, the study suggests that programme effectiveness is not ubiquitous but varies according to parents' age and the number of children. Those aged 40 and above and those with two or more children do not have parenting satisfaction enhanced as a result of the programme. One possible explanation may be that their children are older. Adolescence is a period of turbulence that many parents find it difficult to relate with their children at this stage. However, noting that age of the eldest child does not mediate programme satisfaction, such explanation seems unsupported. What is more plausible is that middle-aged parents have difficulties in learning or applying the skills taught in the sessions. This may be due to the inaptness of the learning contents or the lower accommodative ability of people at this age. In addition, parents with more than one child will encounter greater demand and complexity making parenting a more challenging experience.

When planning programme contents for the parents, workers should take note of the possible learning style difference of the participants and consider relevance of the contents to ensure that participants of different backgrounds can all benefit from the experience.

While research has pointed to the importance of parental efficacy, parental empathy, and social support in the process of parenting, the present study has found that social support is the most crucial determinant of parenting satisfaction among the three. This suggests that parent education programmes should not just be a venue to impart knowledge or skill but should also act as a supportive milieu for the parents. This has implications for the role of worker in parent education. As Webster-Stratton (1997) discussing the worker's role in parent training commented:

“The group therapists not only teach parenting skills, they model a style of interaction. This modelling requires that the therapists promote intimacy and assume the role of a friend to parents in the group — that is, the kind of friend who listens, is reflective and non-judgmental, empathises, asks for clarification to ensure that he or she understands what the parent is saying, helps to solve problems, and does not command, instruct, or criticise”. (p. 164)

In addition, the worker should attend to the group process and ensure that a supportive and accepting climate is fostered among members. Involvement in a network brings about social support but also incurs cost (Basic Behavioral Science Task Force of the National Advisory Mental Health Council, 1996). Workers should encourage appropriate help-seeking attempts and foster reciprocal help among members to make the parent education group a truly social support resource.

There are a number of limitations in this study. First and the most obvious, the participants are all mothers and the findings cannot be generalised to the fathers' groups. Second, comparison groups were not employed in the design of the study. A number of threats may exist to jeopardise the internal validity, contemporaneous history being the major one. However, in view of the short duration of the programme, this practically should not be a major issue, though further studies employing more rigorous designs should be desirable. Third, though the study indicates a statistically significant change in the outcome variables, it is not certain how clinically significant the changes are. It will be vital if cut-off points of the scales are established in the future so that clinical significance can be known. Fourth, the study only assessed the parenting outcomes two weeks after the programme. In view of the short duration, it would be unrealistic to expect significant changes in children's attitudes and behaviour. However, it can be argued that instead of parenting satisfaction improvement of the child's social functioning is the ultimate aims of parent education. In future studies, it will be advisable to follow up the changes after longer periods and see

if parental changes are maintained and children's attitudes and behaviour improved as a result of parental learning.

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