



# The effect of parent education program for preschool children with developmental disabilities: A randomized controlled trial



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## ARTICLE INFO

### Article history:

Received 29 January 2016

Received in revised form 18 May 2016

Accepted 18 May 2016

Available online 31 May 2016

Number of reviews: 2

### Keywords:

Parent training

Developmental disability

Preschool children

## ABSTRACT

**Aim:** This study aimed to evaluate the efficacy of a parent education program, the Happy Parenting program, for Chinese preschool children with developmental disabilities.

**Methods:** This study adopted randomized controlled trial design without blinding. Participants were randomized into intervention group ( $n=62$ ) who were offered the Happy Parenting program delivered by educational psychologists and trainee educational psychologists, and a control group ( $n=57$ ) who were offered a parent talk after the intervention group had completed treatment. Parent participants were requested to complete questionnaires on their children's behavior, their parenting stress, and discipline strategies.

**Results:** Analysis was by intention-to-treat. The results indicated significant decrease in child problem behaviors, parenting stress and dysfunctional discipline strategies in the intervention group at post-intervention.

**Conclusion:** This study provided promising evidence on the effectiveness of a parent education program, the Happy Parenting program, for Chinese preschool children with developmental disabilities.

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## What this paper adds

This paper provided initial evidence for the effectiveness of a parent education program, the Happy Parenting Program, for parents with preschool children with developmental disabilities. The program was delivered in community settings as a universal program for all parents with preschool children with developmental disabilities. The promising evidence indicated the potential for the use of the program in early identification and intervention.

## 1. Introduction

It is well established that parents with children with developmental disabilities experienced higher levels of distress than other parents. Children's behavior problem, especially externalizing behavior, was a major stressor for parents (Hand,

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Raghallaigh, Cuppage, Coyle, & Sharry, 2013; Woodman, Mawdsley, & Hauser-Cram, 2015). In a meta-analysis, Dyches, Smith, Korth, Roper, and Mandileco (2012) found a moderate association between positive parenting and child behavior among children with developmental disabilities. It was also found that change in positive parenting strategies could be the mediator between intervention and child behavior outcomes (Gardner, Burton, & Klimes, 2006). Schuiringa, van Nieuwenhuizen, de Castro, and Matthys (2015) found that parent-child relationship predicted both parenting behavior and child behavior problems. Parent response towards child behavior was influenced by parent-child relationship. The above suggests that interventions for families with children with developmental disabilities should support parents to enhance parent-child relationship and to increase positive parenting strategies.

Studies on the effectiveness of parent training for parents with children with developmental disabilities indicated positive results. For example, in an earlier study using randomized controlled trial design, the Coping Skills Training Program was found to be effective in improving parents' problem solving skills and communication skills, and decreasing parenting stress (Gammon & Rose, 1991). More recently, in a comparative treatment outcome study, the Parent Plus Program, a program originally designed for children with conduct disorder, was found to be effective in reducing child behavior problems (effect size = 0.49) and increasing parenting satisfaction in families with preschool children with developmental disabilities (Quinn, Carr, Carroll, & O'sullivan, 2007). The Stepping Stones Triple P was specifically developed for preschool children with developmental disabilities with behavior problems. Using randomized controlled trial design, it was found that the program was effective in reducing child behavior problems and parenting stress, and improving positive parenting style (Roberts, Mazzucchelli, Studman, & Sanders, 2006; Whittingham, Sofronoff, Sheffield, & Sanders, 2009).

### 1.1. The Hong Kong situation

Services to preschool children with developmental disabilities are mainly provided through Early Education and Training Centers (EETCs), integrated program (IP) in kindergarten-cum-childcare-centres, and special childcare centres (SCCCs). Preschool children with developmental disabilities who are not receiving other preschool rehabilitation services can receive EETC services to facilitate their integration into mainstream education. IP places in kindergarten-cum-childcare-centres provide training and care to mildly disabled preschoolers to facilitate their integration into mainstream education. SCCC provide training and care for moderately and severely disabled children (Social Welfare Department, 2015). To be eligible for these services, children should have been assessed by pediatricians or psychologists. According to Social Welfare Department (2014), in the year 2013–14, there were 2613 children enrolled in EETCs, 1860 children enrolled in IP places in kindergarten-cum-childcare-centres, and 1732 children enrolled in SCCC. Two local studies found that parents of children with developmental disabilities reported higher stress than parents of children with typical development (Leung, Lau, Chan, Lau, & Chui, 2010; Leung & Tsang, 2010).

In Hong Kong, there were some studies on the effectiveness of parent training programs for parents with preschool children with developmental disabilities, and they were based on programs developed overseas with validated Chinese versions. Level 4 Group Triple P program was found to be effective in decreasing child behavior problems, parenting stress and dysfunctional discipline strategies in families with preschool children with developmental disabilities (Leung, Fan, & Sanders, 2013). In a more recent study, the Parent-Child Interaction Therapy (PCIT) was found to be effective in reducing child behavior problems, parenting stress, inappropriate discipline practices, and in increasing positive parenting practices in families with primary or preschool children with Attention Deficit Hyperactivity Disorder (Leung, Tsang, Ng, & Choi, 2015b). These two programs were originally designed for children with conduct problems, rather than children with developmental disabilities, and the facilitators had to adapt the program to meet the needs of Chinese families with children with developmental disabilities, without compromising program fidelity. Though Stepping Stones Triple P was designed for children with developmental disabilities, there was no validated Chinese version in Hong Kong at the time of the study.

### 1.2. The Happy Parenting Program

Triple P and PCIT were not specifically designed for children with developmental disabilities, and the inclusion criteria for PCIT included children's behavior being in the clinical range. There was no existing validated Chinese version of Stepping Stones Triple P, and very few trials of Stepping Stones Triple P were effectiveness trials under normal service delivery conditions (Tellegen & Sanders, 2013). The Happy Parenting program was designed to specifically address the needs of families of children with developmental disabilities within a normal service delivery setting. Taking references from Triple P and PCIT, the Happy Parenting program was developed based on the social learning model, emphasizing modelling and rehearsal. The Happy Parenting program also took reference from a locally developed program, Hands-On Parent Empowerment-20 (HOPE-20; Leung, Tsang, & Kwan, 2015) which was a universal program developed for Chinese parents with children aged two years old. These programs, together with other parenting training programs, focused on strategies to enhance adult responsiveness to children, behavioral strategies to train parents to act appropriately on their children's behavior, and strategies to structure the environment to minimize undesirable behavior (Kong and Carta, 2013; Roberts et al., 2006). As mentioned earlier, parents of children with developmental disabilities experienced higher levels of distress than other parents and one of the stressors was their children's behavior problems (Hand et al., 2013; Woodman et al., 2015). Parent-child relationship was also known to affect parenting behavior and child behavior problems (Schuiringa et al., 2015). The Happy Parenting program was designed to target these issues. To equip parents with the skills to manage child behavior, the Happy

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