VIETNAMESE PARENTS' ATTITUDES TOWARDS WESTERN PARENTING BEHAVIORS AND INTERVENTIONS

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CHAPTER I

INTRODUCTION

Parents are a primary influence on child development

Parents have the most central and enduring influence on their children's lives, in general as well as in relation to the development of emotional and behavioral problems (Krause & Dailey, 2009). All major theories of human development emphasize the importance of parents. In attachment theory (Bowlby, 1973; 1979; 2004), for instance, the nurturance and responsiveness provided by parents to their children determines the quality of the attachment between the parent and child, which influences the child throughout the rest of his or her life through the internal representation it provides for human relationships. Even immediately after birth, the parents' attachment-related behaviors (e.g., parental warmth, sensitivity, emotional availability) are fundamental for establishing a secure attachment that influences the subsequent course of their relationship. When children have a secure attachment with parents, they tend to play more appropriately with their peers, even in the absence of their parents (McDevitt & Ormrod, 2002), which both directly and indirectly influence development. The emotional bonds between children and their parents allow parents to enhance their child's motivation to comply with rules and requests, which is in turn associated with positive long term outcomes such as higher academic achievement and lower levels internalizing and externalizing mental health problems (Granot & Mayseless, 2001).

Other theories also emphasize the role of parents in the development of the child.

In general learning theory, parents shape their children's development through reinforcement or punishment of behavior, and by serving as behavioral models for their children (Herbert, 1991). In the social learning theory introduced by Bandura (1991), imitation is central to the learning of new behaviors and within the child's environment, the process of imitating others centrally includes parents (Bandura, 1991) Parents may provide information about behavioral alternatives, expectations, and possible contingencies for various courses of action, model relevant behaviors, and reinforce and punish the child for different actions. Similar to learning theories, cognitive theories emphasize parents' influence on children through serving as models, for the way in which their children interpret the events they experience and subsequently their attributions about other people's intent and their own efficacy (e.g., Garber, 2005). And in psychodynamic theory too, parents' are the central influence on children, as their behavior and values and characteristics are transmitted to their children through the process of internalization (Klin & Jones, 2007).

There are of course important non-parental environmental influences on children, such as television and peers, but even these factors are influenced by parents. (e.g., Springer et al., 2010). Parents chose their children's environment, often encouraging or prohibiting the television that their children watch, or the peers with whom they socialize. Parents may be overprotective, and inhibit their children from exploring the social and physical environments, which will limit their children's opportunities chances to learn and progress socially. Parents who have healthy eating habits and are physically active will support their children growth and development, which will in turn influence their subsequent opportunities for development (Sealy & Farmer, 2011). Parents who engage

children in conversation will stimulate the development of their verbal skills which will in turn influence later social and academic opportunities (Noom & Dekovic, 1998). Thus, in considering children's development, including their development of emotional and behavioral problems, parents are central and essential.

Parenting influences most if not all domains of child functioning such as, for instance, emotional and behavioral self-regulation, pro-social moral development, and children's cognitive abilities. In regards to self-regulation, parenting can influence (a) emotion regulation; (b) behavior self-regulation; and (c) susceptibility to negative peer influence (Bernier, Carlson & Whipple 2010). Parents help children develop the capacity to flexibly regulate emotions both by serving as models for self-regulation as well as directly teaching them adaptive self-regulation strategies such as self-distraction (Grolnick, Bridges, & Connell, 1996). In order to internalize such strategies, children must practice such strategies, first with the support and reinforcement of parents and later on their own. Children cannot internalize these strategies without adult guidance and modeling, particularly when these regulatory tasks are beyond the current abilities of the child.

Another way in which parents help children to learn to regulate their affect is by providing a responsive parental environment. Parents' vocal and facial expressions are important sources of information and support in ambiguous or fearful situations, helping the child to control their affect within socially acceptable limits, which allows the child to take steps toward self-regulation. Kogan and Carter (1995) found, for instance, that emotionally available, empathic, and contingent responsiveness to child emotion were

associated with increased child ability to regulate emotion. Calkins and Johnson (1998) examined parents' styles of interacting with their children in play situations and found that effective child emotion regulation was associated with parental styles that were positive (i.e., use of praise, affection, and encouragement) and not overly intrusive or controlling (i.e., relatively little use of scolding, restricting, and directing the child).

A child's moral development (i.e., self-regulation of behavior by and acceptance of social norms) is also associated with parental behavior. Certain parental behaviors, such as eliciting the child's opinion, drawing out the child's reasoning with appropriate probing questions, paraphrasing the child's responses, and checking that the child understands family rules all have a positive influence on children's moral growth (Walker & Hennig, 1999). According to Bornstein (2002), children with higher levels moral reasoning tend to have parents who are supportive and encourage autonomous thinking, who stimulate their children's moral reasoning through a conversational style that involves their children in moral discussions, and who use inductive rather than power-assertive modes of reasoning.

Children's appropriate guilt, an important component of moral development, is fostered by parents use of non-punitive discipline strategies, and children's ability to resist temptation both are associated with lower levels of parental power assertion (Hoffman, 2000). According to Hoffman (2000), parents' use inductive statements (e.g., if you push him, he'll fall and cry; he feels bad because he was proud of his tower and you knocked it down) result in children's experiencing moral norms as originating from within themselves (i.e., as internalized). Hoffman (2000) hypothesized that the

informational component of inductions is semantically organized, encoded in memory and modified and integrated with similar information extracted by inductions in other disciplinary encounters the child experiences. Consequently, over time children are likely to remember the causal link between their actions and consequences for others rather than the external pressure or the specific disciplinary context. And when the stored information is recalled at a later time in a similar situation, the child is likely to experience the emotions of empathy and guilt associated with those memories.

Parents' obviously can influence their children's intellectual development through direct support for learning (e.g., helping with homework) but parents' attitude towards learning also fosters intellectual development. In fact, parents' attitude towards learning rather than specific set of behaviors may more strongly promote children's intellectual development (Bornstein, 2002). A good model for conceptualizing maximal parental influence on intellectual development is that of the athletic coach. The coach watches and helps, and may model, but does not do the activities for the child. Similarly, parents should watch and guide, remain involved, but not do for the child what the child needs to do for herself or himself (Bornstein, 2002).

Parent behaviors associated with child mental health outcomes

Given this central importance of parents on their children's development, in considering mental health outcomes researchers often have focused on the influence of parents' behavior on child mental health functioning. Several specific parenting behaviors have been identified as central to the development of child mental health functioning, serving as resiliency or risk factors for the development of emotional and

behavioral mental health problems in children. In particular, parent behaviors such (a) showing warmth, (b) appropriate behavioral monitoring and discipline (i.e., behavior control), and (c) supporting autonomy generally have been found to be related to positive outcomes (e.g., socially appropriate behavior; academic success; adaptive peer relationships); (Gray & Steinberg, 1999; Barber, Stolz, & Olsen, 2005; Caron, Weiss, Harris, & Catron, 2006; Bahr & Hoffmann, 2010) whereas parent behaviors such as (d) hostility and harshness, (e) lax and inconsistent discipline, and (f) psychological controlling behavior (i.e., attempts to control children's emotions through psychologically manipulative means such as guilt induction) have been found to be related to a variety child emotional and behavioral problems (Baumrind, Larzelere & Owens, 2010).

Parental warmth, vs. parental harshness. Parental warmth can be expressed directly through affectional behavior such as hugs, smiles or praise, or indirectly through caretaking behaviors such as providing for physical needs and showing concern for the child's welfare. Parental warmth influences child behavior in two primary ways. First, parental warmth affirms and defines the emotional bond between parents and child in a way that can be understood by both. This affirmation provides emotional security for the child and contributes to the development of a secure attachment. Second, parents' warmth establishes and maintains a positive mood and framework during interactions with the child. This positive mood state in the child is crucial because it supports the development of empathy and teaches the child to value interactions with other people (Henggeler, Schoenwald, Borduin, & Rowland 2009). In addition, it makes the child more receptive to input and control from the parent. This explains at least in part why these behaviors

are positively correlated with cognitive maturation, academic motivation and success (Aunola, Stattin, & Nurmi, 2000; Bouchard, St-Amant, & Deslandes,1998; Fulton & Tunner, 2008), and negatively correlated with mental health problems such as anxiety and depression (Suchman, Rounsaville, DeCoste & Luthar, 2007; Hipwell Keenan, Kasza, Loeber, Loeber, & Bean, 2008), and behavioral problems such as aggression, delinquency, and oppositional behavior (Pettit Bates, & Dodge,1997, Suchman et al.,, 2007) as well as adolescent substance use problems (Steinberg et al., 1994; Wilson & Cristina 2008).

A lack of warmth can also be important because a cold parent is not rewarding for the child and provides a hostile and sometimes aggressive model. Children who experience low levels of positive affect (i.e., emotional neglect) and high levels of negative affection (i.e., emotional rejection) are at risk for the development of emotional and behavioral difficulties. Indeed, emotionally neglected and rejected children frequently lack the requisite developmental experiences for learning to trust and to respond empathetically to others. Thus, these children often view interpersonal transactions in a negative light and may lack the skills that are needed for initiating and maintaining positive interactions (Pettit, Bates & Dodge, 1997; Suchman et al., 2007).

Behavior control, vs. lax control. Parental behavioral control refers to parental monitoring of the child's behavior, and use of appropriate discipline, and lower levels of harsh discipline (Cumming, Davies, Campbell, 2000). Theoretically, such control strategies have several important functions in child development, including teaching the child (a) to tolerate frustration; (b) socially acceptable norms of behavior (e.g., avoidance

of aggression; cooperating with others; showing respect for authority); (c) to prepare the child for interactions with peers and other adults where they must negotiate their and others' desires (Henggeler et al 2009).

In contrast, when parents do not appropriately control their child, and allow the child to behave aggressively toward them or other family members, or when they give in excessively to the child's demands, they teach the child social norms that promote aggression and noncooperation. Similarly, when parents fail to teach the child to respect their authority, the child is likely to have difficulty interacting with adults outside of the home. The child's lack of respect for authority (or the belief that he or she has the same rights and privileges as do adults) can lead to problems in the child's interactions with teachers, with adult leaders of youth groups (e.g., coaches, band directors, scout leaders), with neighborhood residents, and, eventually, with the even with the legal system. Empirically, these parental control behaviors have been found to be associated with lower levels of externalizing problems (Fletcher, Darling, & Steinberg, 1995; Rogers, 1999; Pettit, Laird, Dodge, Bates, & Criss, 2001; Baber, Olsen, & Shagle, 1994; Caron, Weiss, Harris & Catron 2006) and delinquency (Jacobson & Crockett, 2000), lower rates of substance use (Wilson & Cristina, 2008), and with higher levels of academic achievement (Barber, Olsen, & Shagle, 1994; Fulton & Tunner, 2008).

Support for autonomy, vs. psychological control. Support for autonomy refers to behaviors that promote children's independent behavioral competence and psychological autonomy, reflecting children's age appropriate ability to function independently. Autonomy-support functions through parental encouragement of children's own

initiative, and most critically offering choices to the child that helps them develop the ability to make their own adaptive decisions. Support for autonomy also provides a rationale for rules so that children will develop an understanding of rules, which allows them to develop a richer understanding of rules, and a more responsive attitude and acceptance of rules (Grolnick, 2003). So parents' support for autonomy allows children to develop the ability to make socially appropriate decisions independently, in turn increasing the likelihood that they will become autonomously responsible adults who can make decisions about their own lives. Autonomy support has been found to be associated with a wide range of positive outcomes, such as decreased internalizing problems (Baber at al., 2005), increased academic achievement (Joussement et al., 2005), having more positive life goals (Lekes et al., 2010), and higher adjustment ability (Soenens et al., 2007).

In contrast to autonomy support, parental psychological control seeks to control the child's feelings and thoughts through guilt induction, love withdrawal and authority assertion, and other techniques that undermine the child's independent self-confidence and sense of autonomy. Because psychological control involves manipulation of child's emotions rather than directly controlling their behaviors, it impedes the child's identity development by undermining the child's sense of self efficacy, personal control and psychological and emotional competence (Barber, Bean & Erickson, 2002; Pettit, Laird, Dodge, Bates & Criss, 2001)

Psychological control has been found to be associated with higher emotional distress, lower self-esteem (Silk, Morris, Kanaya, & Steinberg, 2003), and increased

internalizing (Barber & Harmon, 2002) and externalizing problems (Kuppens et al. 2009). It is also associated with insecure attachment (Doyle & Markiewicz, 2005). For example, Kuppens et al. (2009) examined the association between parental control and child aggression in a sample of 600 children (8 to 10 years old). They found that parental psychological control was positively associated with relational aggression in both girls and boys. However, although some studies have found relations between psychological control and externalizing problems, in general the relation between psychological control and internalizing problems is more consistent than its relation to externalizing problems (e.g., Soenens & Vansteenkiste, 2009).

Interventions for parenting behaviors are successful for reducing undesired child behavior

In sum, then, parents have a central influence on child development, including the development of emotional and behavioral problems. It thus is not surprising then that interventions for treatment of child emotional and behavioral problems often have focused on the parents, in particular through behavioral parent training. Behavioral parent training (BPT) has been described as a set of "treatment procedures in which parents are trained to alter their child's behavior at home" (Kazdin, 1997, p. 1349). BPT is one of the most frequently used methods to change parenting behavior and is an evidence-based treatment and prevention intervention for child behavior problems (Eyberg et al., 2008). A number of studies have found that BPT interventions are effective at reducing both ineffective parenting strategies (Connell, Sanders, & Markie-Dadds, 1997; Eyberg et al., 1995; Hutchings et al., 2002) as well as child disruptive behaviors problems, (Piquero, Farrington, Welsh, Treamblay & Jennings, 2009;

Kaminski, Valle, Filene & Boyle, 2008; Lundahl, Risser, & Lovejoy, 2006; Maughan, Christiansen, Jenson, Olympia, & Clark, 2005; Reyno & McGrath, 2006; Thomas & Zimmer-Gembeck, 2007). BPT is associated with improvements in child behaviors problems relatively to pre-treatment assessment (e.g., Costin & Chambers, 2007), and compared to children in wait-list control (e.g., Eyberg, Boggs, & Algina, 1995) and treatment as usual groups (e.g., Hutchings, Appleton, Smith, Lane, & Nash, 2002). There is also evidence that early parent training is effective in reducing delinquent behavior and criminal activity in later adolescence and adulthood (Piquero et al., 2009). McGilloway, Mhaille, Bywater et al. (2012) conducted an RCT study to assess the effectiveness of the Incredible Years BASIC parent training program (IY-BP) for children with behavioral problems with 149 families with aged 32-88 months who scored above the clinical cutoff on the Eyberg Child Behavior Inventory. They found that the program was significantly effective in reducing problem behaviors. Their research also highlighted the importance of parental intervention in early childhood. Another RCT study conducted by Leijten, Overbeek, and Janssens (2012) found that participants in their parent training program (Parents and Children Talking Together) showed significantly improved parent communication and problem solving skills as well as reduced dysfunctional parent disciplining behaviors in conflict situations. This study also found that higher SES families and families with mid-adolescence (14 – 16) children were most helped by the program.

In their meta-analysis, Kaminski et al. (2008) reported an overall weighted effect size for 77 studies of BPT outcomes of 0.34 (95% CI=0.29–0.39), reflecting a significant mean difference between treatment and comparison groups at post-treatment of slightly

larger than a third of a standard deviation. In another meta-analytic review, Piquero, Farrington, Welsh, Treamblay and Jennings (2009) found that early family / parent training is an effective intervention for reducing behavior problems among young children, with a weighted mean effect size of 0.35. Lundahl et al.'s (2006) meta-analysis reported mean effect size estimates of $d = 0.42$ (95% confidence interval 0.35 – 0.49) for child behavior problems, and d = 0.45 (95% C.I. 0.38 –0.53) for effects on parents' behavior. Maughan et al. (2005) reported a mean composite effect size estimate for child externalizing behaviors of $d = 0.30$ (95% C.I. 0.21 –0.39). They also reported mean effect size estimates of $d = 0.68$ for parent reports of child externalizing problems and $d = 0.36$ for observations of child externalizing behaviors (Maughan et al., 2005).

Parenting programs not only have been shown to reduce behavior problems but also have shown the potential for long term economic benefits. There is substantial evidence that early use of parenting interventions is not only effective but in the long run, cost efficient (Reynolds et al. 2001; Masse & Barnett 2002, Lochman and Salekin 2003).

Regarding parenting attitudes, a recent literature review suggested that parenting attitudes improve for most of participants who have participated in parenting program, including parents with children with violence, mental health and substance abuse problems (Estefan, Coulter, Vandeweerd, Armstrong and Gorski, 2013). Parents' attitudes about their parenting program are improved in parallel with the changes in their children's behavior (Galanter, Self-Brown, Valente, Dorsey, Whitaker, Bertuglia, and Prieto, 2012). Parents have better attitudes and understanding of effective parenting techniques after they have received training and had hands-on parent training documents

to foster their application to their parenting behaviors (Sauders, 2010)

The structure and components of parenting programs

Thus, overall meta-analytic findings are positive regarding the efficacy of BPT interventions. In order to more fully understand behavioral parent training programs, it is important next to consider their components and structure. These interventions sometimes have been divided into either 'relationship' focused approaches or 'behavioral' focused approaches, with many programs using both approaches.

'Relationship' approaches involve programs that are based on attachment theory, focusing on the emotional bond that exists between the child and the caregiver. Programs based on attachment theory involve strategies that increase the availability and responsiveness of the caregiver in order to enhance the child's sense of security. In contrast, 'behavioral' approaches are based on cognitive behavioral and social learning theories. These theories are based on the idea that children learn through intentional reinforcement and punishment as well as unintentional reinforcement and punishment (e.g., gaining parental attention through misbehavior), and from observing the people around them. Parenting programs based on social learning theory use strategies that focus on changing parental reinforcement contingencies, such as giving attention to positive behavior and ignoring misbehavior.

To illustrate the components of parenting programs, the three parenting intervention programs with the strongest evidence base and that are most widely used next are reviewed. These programs are (a) The Incredible Years; (b) Parent Child

Interaction Therapy; and (c) Triple P (Positive Parenting Program)

Incredible Years Parenting Program. Webster-Stratton's Incredible Years Parenting Program (Webster-Stratton et al. 2001, 2004) has several different age versions of the program but the consistent focus of this program across versions is to provide parent training (a) to strengthen the parent's competencies in monitoring and appropriately disciplining his or her child's behaviors along with (b) increasing the parent's overall involvement in the child's school experiences, thus promoting the child's social and emotional competence and reducing his or her conduct problems. This intervention is typically provided by trained experts and/or through the use of parent training videotapes. The intervention sessions are provided in the home, the school, or at the clinic, and can be offered as individual or group parent training.

Triple P-Positive Parenting Program. The Triple P-Positive Parenting Program was developed by Sanders (1999). It is a comprehensive, multi-level, prevention program that attempts to introduce and train parents to use positive and nonviolent techniques to manage their child's behavior. The five core principles of Positive Parenting Program PPP used to promote social competence and emotional self-regulation in children are: (a) parents ensuring a safe, engaging environment for their children, (b) promoting a positive learning environment, (c) using assertive discipline, (d) maintaining reasonable expectations, and (e) parents taking care of themselves. These five principles translate into 35 specific strategies and parenting skills that cluster into several major categories: (a) parent–child relationship enhancement, (b) encouraging desirable behavior through positive discipline, (c) teaching new skills and behaviors, (d) managing

misbehaviors in an adaptive, non-punitive manner, (e) preventing problems in high-risk situations, and (f) encouraging self-regulation skills in the child.

The program is typically administered at five different levels, depending on the severity of the child's behavioral problems. *Level 1* is aimed at providing universal parenting information disseminated through the media/videotapes. *Level 2* involves one or two sessions with a healthcare provider to offer individually-tailored guidance and advice to parents of children with behavior problems. *Level 3* is a four-session parent training program that targets children with mild to moderate behavior problems, and *Level 4* is a more intensive program for children with serious behavior problems and is typically composed of eight to ten parenting sessions. Finally, *Level 5* is an enhanced program provided for families that have a extensive challenges, including serious child behavior problems (Sanders, 1999; Leung et al., 2003).

Parent–Child Interaction Therapy. Parent–child interaction therapy (PCIT) is a parent training program that is designed to foster (a) a positive, caring and responsive relationship between parent and child as well as (b) provide training to parents how to structure their relationship so that the child will behave appropriately. The intervention program is typically organized in two phases: (1) child-directed interaction and (2) parent-directed interaction. The goal of the child-directed interaction phase is to modify and enhance the quality of the parent–child relationship. The parent-directed interaction phase focuses on training the parents how to reward properly the child's compliance and punish noncompliance. The PCIT program is usually provided by therapists, and the therapists train the parents through instruction, modeling, and various role playing

techniques (Eyberg et al. 1995).

The Triple-P, PCIT and Incredible Years programs are all 'behavioral' approaches in that they largely based on social learning theory. However, they all also include 'relationship' elements in that strengthening and enhancing the parent-child relationship is of central importance. The three programs have a number of commonalities that reflect the structure of behavioral parent training in general. These include that they: (a) begin with a focus on strengthening the positive dimensions of parent-child relationship; (b) use behavioral approaches to manage challenging behaviors (e.g., structured approaches for the use of time out); (c) use homework tasks; (d) increase levels of parental monitoring and supervision; (e) use role-plays; and (f) involve comprehensive training to facilitators and supervision during program delivery (Hurlburt et al., 2007).

Underlying the focus on parents obtaining behavioral control of their children is support for the use of (a) explicit and appropriate rules and consequences; (b) consistent enforcement, (c) appropriate enforcement (e.g., not yelling or humiliating) and (d) explanation for the purpose of rules. In addition, as noted above, development of a warm, positive parent-child relationship is also a focus of BPT. Thus, BPT focuses directly focuses on primarily two dimensions: (a) warmth and (b) behavioral control, identified above as central parenting behaviors associated with positive child outcomes. It is important to note that although autonomy is not directly mentioned in the parenting intervention programs reviewed above, it is assumed that the increased parental acceptance expressed through warmth and related behaviors will increase the children's

sense and ability for autonomy and independence, and that autonomy development is one (although not the only) mediator of the effects of parental warmth. In addition, by enforcing appropriate rules and consequences while at the same time explaining the purpose of rules, parents will help to gradually develop children's autonomy through the children's ability for self-regulation.

Most research on BPT has been conducted in U.S. or similar highly developed countries

Although there is an extensive literature base on BPT and its efficacy, it is limited by the fact that most of the research has been conducted in Western, English-speaking countries. Further, much of the research on parenting styles and its influences on children and adolescents that has formed the basis for the development of BPT similarly has been conducted in Western, English-speaking countries. Thus, BPT models, and the models of parenting behavior underlying its development, may be culturally limited. For example, from the Western perspective there have been four parenting styles identified, including authoritarian, authoritative, permissive and uninvolved parenting styles (Baumrind, 1971). The authoritative parenting style, which is defined by a combination of high parental responsiveness, warmth, and behavioral supervision and strictness, generally has been found to be associated with the most positive child outcomes. However, some studies have suggested that non-Euro-American parents may express the combination of high demandingness and high responsiveness in ways that appear topographically different but have the same function (Pomerantz & Wang, 2009; Zhang & Fuligni, 2006). That is, in some non-Western cultures high responsiveness may serve the same emotional and behavioral functions as warmth.

Within US, research focusing on variation in parenting styles as a function of race and economic status have suggested that a more authoritarian style may be more functional for minority families living in dangerous neighborhoods (e.g., Steinberg, Blatt-Eisengart, & Cauffman, 2006). Similarly, some studies have suggested that ethnic minority children from authoritarian homes exhibit higher levels of academic achievement than those from authoritative homes. For instance, Chao (2001) found that the first generation Chinese-American children who grew up in authoritarian families showed higher level of academic achievement than those in authoritative families. Thus the generalizability of results of PBT studies, and even the applicability of the effects parenting styles, beyond Western countries is unclear.

Reasons why parenting behaviors and their effects may differ in other countries

The following discussion regarding cultural influences on the effects of parenting focuses on Asia, and Asian countries. This discussion focuses on Asia primarily because it contains over half of the world's population, and it differs from the Western countries along important cultural dimensions.

There are in fact reasons to suspect that the effects of PBT may vary culturally, both as a function of variations in the effects of parenting behavior as well as related cultural differences. It has long been recognized that culture influences when and how parents care for children, the extent to which parents permit children freedom to explore, how nurturing or restrictive parents are, which behaviors parents emphasize, etc. (Bornstein, 1991). For example, shy and withdrawn behaviors viewed as typical and actually encouraged in Asian cultures may be viewed negatively and discouraged by

Western Europe and American parents, even leading children in Western countries to be rejected, victimized by peers and to develop negative self-images about themselves (Cheah and Rubin (2004).

There are several specific cultural factors that may make Asian and Western parenting different. First, in general Asian families and culture are highly influenced by Confucian doctrine, and by collectivism. Confucianism and collectivism emphasize the importance of: (a) family needs over individual needs; (b) maintaining harmony in the family and social groups as a top priority; (c) avoiding bringing shame to the family and (d) filial piety (i.e., the child duty to respect and to honor parents' and elders' wishes) (Baptiste, 2005; Parke, 2004; Wu, 2001). To achieve these values, parents tend to adopt an authoritarian parenting style that exerts more direct control, provides less autonomy, and less warmth. Throughout most of Asia, Confucian views regarding the nature of the child have been captured in analogies such as "children are like white paper," indicating their innocence, lack of knowledge, and the importance of parents and families in shaping their development in firm ways (Chao, 2000). With such values, the focus of a family is not on the rights of the individual but on the family member's primary responsibility as meeting the family's need.

A parent's primary responsibility for example is to teach, and the child's primary responsibility is to learn. Low academic performance will bring shame to the whole family (Chao, 2001; Cheung & Nguyen, 2001), not just to the individual, so Asian parents tend to place more demands and control on academic activities but fewer demands on chores. Filial piety values demand unconditional obedience and an

unquestioned compliance of parents' wishes. All of these values and goals can be seen linked to an authoritarian parenting style.

A second reason why cultural differences in the West and Asia may impact on parenting and its effects is that culture influences how people perceive "social norms," including parenting behavior. Parents shape their children's perceptions about what behaviors is normal or abnormal, acceptable or unacceptable, etc., all of which are influenced by culture. For instance, according to Confucian doctrine emotions are seen fundamentally as challenges that interfere with rationality and logical reasoning. So in general, according to Asian social norms emotions – in particular their expression – are to be avoided or suppressed whenever possible (Kim & Wong, 2002). As a consequence, Asian parents may tend to not show direct expression of warmth (an important component of Western parenting) through hugs or kiss. Rather, Asian parents may show their love for their child through the care and training they provide their children. Asian parents may believe that verbal praise of positive child behavior will not encourage more positive behavior, but will rather result in negative behavior because children who receive too much, or any praise, may believe that they are superior to others and act in an arrogant manner (Cheung & Nguyen, 2001). In contrast, harsh discipline and even physical punishment may be seen as acceptable and even desired because many Asian parents believe that they only effective way to train the child is through fear of the parents (Wolf, 1972).

A third reason why cultural differences in the West and Asia may impact on parenting is that parents in Asian cultures may have different sources of influence about

how to rear children than parents in Western cultures. In Asia, parents often live with extended families that can include grandparents, which can provide a number of positive supports but also create complex tensions in parenting (Kim & Wong, 2002). Grandparents may be overly involved, offer unwanted advice and try to impose their own opinions and values on the adult children and grandchildren that may not be suitable for the current social context of the children. Grandparents also may override parental authority and sabotage their child's efforts to parent the grandchildren, and increase inconsistency in parenting. This can occur because within Confucian tradition grandparents have more authority, yet will understand current social demands on children less well than the parents. In addition, grandparents may spoil the child with excessive money and gifts, and may lack of discipline skills and fail to set boundaries for grandchildren. Finally, and most importantly, grandparents may side with the grandchildren in conflict with their parents, undermining fundamental parental authority that is essential for successful child-rearing (Kim & Wong, 2002).

Empirical support for the efficacy of BPT program among Asian populations

A few studies examining the effectiveness of BPT programs have been conducted in Asia, with most conducted in China. For instance, Ho et al. (1999) examined the effectiveness of BPT with 25 Chinese families of children from 4 to 10 year old with disruptive behavior problems. She found that there was a significant improvement in children's behavior, the parent – child relationship, and parents' perception of parenting behavior compared to pretreatment levels. Improvements were maintained for 4 months

afterward. Although this study is limited by the lack of a control group, it does provide some hope that BPT programs may be useful in Asia, or at least in China.

Similarly, Leung, Sanders, Leung, Mak, and Lau (2003) evaluated a BPT program with Chinese parents in Hong Kong with children between the ages of 3 to 7 years with early onset conduct-related problems. They randomly assigned 91 parents to the intervention or a waiting control group. After treatment, they found that participants in the intervention group reported lower levels of child disruptive behaviors, less dysfunctional parenting styles, and higher levels of parenting competence in comparison to the control group.

In another study conducted in Hong Kong, Leung, Tsang, Heung, and Yiu (2009) used a relatively broad age range of children (2-12 years old) with behavior problems. They found that relative to the comparison group, the BPT group showed a reduction in child behavior problems, inappropriate parenting strategies (criticism and corporal punishment), and positive parenting pratices (praise, compliment, reflective statements). The intervention group also reported lower parenting stress post-intervention than the comparison group. Observational data also showed a decrease in inappropriate child-management strategies and an increase in positive parenting practices post- intervention. These gains were maintained 3-6 month after finishing the treatment program.

Fujiwara, Kato and Sanders (2011) investigated the effectiveness of the group TRIPLE-P intervention program with families in Japan, comparing intervention and control groups. Their results suggested that the group TRIPLE-P program is effective in decreasing child conduct problems, dysfunctional parenting practices, depression,

anxiety, stress and the perceived level of parenting difficulty, as well as in increasing parenting confidence. Matsumoto, Sofronoff and Sanders (2010) also conducted an effectiveness study of TRIPLE-P aimed to address theoretical and practical concerns related to the TRIPLE-P parent training program in community settings in Japan. Fifty-four Japanese families living in a Tokyo metropolitan area were randomly assigned to either a treatment or a wait-list control group. Their results showed significant program effects in the areas of child behavior, parenting practices, parental competence, family functioning, and parental adjustment. Parents in treatment group reported moderately high satisfaction with the program.

There have also been studies of BPT among Asian immigrant families in North America. Although overall these studies do suggest that BPT is effective for North American immigrant Asian family, there is some evidence indicating that ethnic minority immigrant families are less likely to enroll in BPT than Euro-American families (Patterson et al., 2002). Similarly, Reid, Webster-Stratton, & Beauchaine (2001) found that although ethnic minority parents including Chinese-immigrants who enrolled in a BPT program were as likely as Euro-Americans to continue to attend BPT sessions, the ethnic minority families were less likely to enroll in the program in the first place, with 28% of minority and 17% of Euro-American mothers choosing not to participate. Moreover, Asian-American parents reported that the techniques taught in a BPT program were less useful compared to Euro-American, African-American, and Hispanic-American parents (Reid et al., 2001)

Related evidence has looked at levels of acceptance for BPT components. Mah and Johnston (2012) examined cultural differences in mothers' acceptance of and intent to use behavioral parenting techniques for managing disruptive child behavior among 117 Euro-Canadian and Chinese-Canadian immigrant mothers of boys aged 4 – 8 years. Mah et al. (2012) found that Chinese immigrant mothers had more favorable attitudes towards punishment techniques than Canadian mothers, but had the same attitude towards praise, token economies, and response cost or time out. Mah et al. (2012) suggested that the differences in attitudes toward punishment were due to cultural differences regarding authoritarian parenting styles.

In sum, evidence suggests that BPT can be effective among Asian populations. However, Asian populations may be less interested and less willing to participate in BPT. There may be less cultural acceptance of Western parenting strategies which may decrease the interest in and use of BPT among Asian parents, which suggests that some modification of BPT components for this population may be useful.

Studies of parenting behavior in Asia

There have been several empirical studies of parenting and child behavior in Asia, and among Asian-American parents. In general, these studies have found that Asian parents may be more likely to adopt an authoritarian parenting style (Fuligni, Hughes, & Way, 2009), may tend to use more control-oriented restrictive strategies (i.e., use of psychologically controlling behaviors) (Lin & Fu, 1990; Russell et al., 2010) and less likely to use overtly emotionally expressive and warm behaviors (Wu & Chao, 2005; LeVine, 2003; Padmawiddjaja & Chao 2010).

As noted above, in general Asian culture emphasizes respect of authority. Asian parents are more restrictive and more control oriented than European American parents, and they tend to use more commands, physical positioning of the child's body, restraints, and attempts to directly control their children's attention (Bornstein, 2002; LeVine, 2003; Padmawidjaja & Chao, 2010). Asian parents also tend to more frequently use physical discipline such as hitting and spanking but the negative consequences of these behaviors may be weaker. As Lansford and her colleagues (2005) noted, in countries where children viewed physical discipline as normal, harsh parental punishment has a smaller effect on children's academic achievement and internalizing and externalizing problems (Lansford et al., 2005). Lansford and her colleagues also found that school performance was a moderator of the effects of harsh parental punishment, with children with better school performance less negatively influenced by parental punishment in regards to internalizing and externalizing problems. It is possible that children with better school performance receive more positive attention from parents, teacher, peers and relatives, which may compensate for the negative effects of parental punishment. In another study, Russell et al. (2010) found that Chinese-American and Filipino-American adolescents were more likely to interpret parental control behaviors as a form of caring and consequently to accept these behaviors as legitimate as compared to European-American adolescents. Thus, the negative effects of harsh parental control in Asia may not be as strong as in Western countries.

A study by Fuligni, Tseng & Lam (1999) suggested that Asian parents may attempt to exert more direct control (relative to Western parents) in their children's education. They suggested that in Asia, a child's education is often seen as an investment

for the entire family not just the individual child, because children traditionally support their parents in their old age. Thus, Asian parents may have multiple reasons, including their own direct self-interest, for exerting control over their children's education. It is interesting to note that this self-interest on the part of the parents might seem to be contrary to a collectivistic perspective emphasizing the goals and needs of the group and the family over the individual (in this case, the parents). However, in Confucianism the parents and particularly the father are the absolute head of the family, so their welfare represents the welfare of the family.

Asian parents typically do not express affection and warmth openly. Instead, they show their love and affection through their investment, devotion and personal sacrifice for the child (Padmawiddjaja & Chao 2010). Children from Asian families may report lower parental warmth than Western children because of these conceptual differences in the behaviors that signify parental concern or love, or because of differences in the meaning of parental support and warmth for Asian adolescents. Wu and Chao (2005) noted that Chinese-American adolescents stated that "you just know" that your parents care, rather than being able to report specific behaviors that directly indicated parental love. So evidence does suggest that the construct of parental warmth or love for Asian populations may differ from the construct for Western populations (Russell et al., 2010).

In regards to autonomy granting, Asian children are allowed a relatively minimal amount of freedom and autonomy (Chao & Tseng, 2002), which also reflects the traditional value of familial obligation and obedience. Asian adolescents may conceptualize "autonomy" not as "independence" from parents but as "interdependence"

in which the children earn their independence by showing they can act responsibly by continuing to follow their parents' wishes. In Vietnam, parents have a saying that expresses the Vietnamese conceptualization of such young adult "independence": "Tự do trong tay" which roughly translates to "Freedom, in the hands of the parents." The child may have freedom, and the child may think that he or she has freedom, but it is a circumscribed and limited freedom within the control and guidance of the hand of the parent. More generally, in Asian cultures children feel that relatedness is more important than autonomy, so the effects of a lack of support for psychological autonomy from parents may differ from effects on Western children (Wang, Pomerantz,,& Chen 2007).

Another cultural factor that may influence parent training interventions and their effects is the acceptance of harsh discipline in Asian cultures (e.g., such as scolding, speaking angrily and physical punishment of children), as discussed above. Children are taught to avoid bringing shame to the family, so as a logical consequence parents tend to use psychological controlling techniques that induce shame as well as guilt, and concern for family obligation (saving face) when disciplining their children. The broad cultural acceptance of such discipline strategies may make their effects different from in the West, and make it more difficult for parents to learn new, contrary behavior management strategies that involve talking in a calm voice, explaining the purpose of rules, etc. (Alber & Heward, 2000).

The willingness to seek help is an important part of any intervention. There are several reasons why this might be a problem for Asian populations. As discussed above, research has indicated that shame is a major component of Confucian culture, and that

this likely is linked to stigma, reducing parents' willingness to seek or participate in mental health services such as BPT. Asian parents, especially mothers, tend to feel ashamed, embarrassed and guilty about their children behavior problems so they are uncomfortable seeking help for the child outside the family (Chiu, 2004; Lau & Takeuchi, 2001). Instead, they may seek help from family members (grandparents) or relatives. And in fact research has shown that Asian parents are less likely to participate in BPT programs (Reid et al., 2001).

Another thing potential issue with the use BPT programs among Asian populations is that the interventions typically emphasize the goal of improving the parent – child relationship, and focus on teaching positive reinforcement techniques rather than on regulating inappropriate behavior. This focus may be a mismatch with Asian parents, who tend to believe that it is most important to focus on negative behaviors to manage disruptive child behavior (Mah et al. 2012).

Taken together, these findings suggest that to maximize the engagement of parents into program and its effectiveness for Asian populations, BPT may need to address the following issues: (a) grandparents may be more involved with caregiving and spend more time parenting their grandchildren than the parents, who go out to work. Therefore, the grandparents must be engaged in treatment and amenable to BPT intervention techniques; (b) Asian parents are not accustomed or comfortable to playing in a casual or friendly with or praising their children, as it contradicts the authoritarian and hierarchical role of elders; (c) parents may find it difficult to ignore minor child misbehavior because even violation of minor social norms regarding child behavior may

damage the family's reputation. Parents therefore often consider physical punishment, shame and guilt based punishment as acceptable and effective for minor misbehavior, to preserve the family's reputation; (d) parents may prefer to ask for help from elder family members or relatives rather than seek profession help; (e) parents may see BPT as less useful, regardless of its effectiveness, because BPT's advertised goals are a mismatch with their views about misbehavior and discipline.

Evidence regarding the acceptability of parent training

It thus is important to consider the actual acceptability of parent training programs, to understand how various culture factors may influence acceptability, which is a key component underlying effectiveness. In the U.S. and Western countries, there is a sizeable literature that supports the general acceptability of BPT treatments, particularly as compared to alternatives such as pharmacological interventions (e.g., Johnston, Hommersen & Seipp, C., 2008). BPT's acceptability appears to be related to treatment participation (Kazdin, Holland, & Crowley, 1997) and child improvement following BPT (MacKenzie, Fite, & Bates, 2004).

Regarding the acceptability of types of BPT techniques, Steward et al. (2010) assessed parental acceptability of the Incredible Years Self-Administered parent training program for 5-12 year old children with externalizing problems. Parents who participated in this program watch three series of videos: (a) *Promoting Positive Behavior* (which includes techniques such as special play time, effective praise, and use of tangible rewards); (b) *Reducing Inappropriate Behavior* (which includes clear limit setting, ignoring misbehavior, timeout as a consequence, logical consequences, problem solving

with children, dealing with lying, stealing and hitting); (c) *Supporting the Child's Education* (which includes promoting children's self-confidence; fostering good learning habits, helping children deal with discouragement; participating in children homework, etc.). They found that the video series "*Reducing Inappropriate Behaviors*" (which focused on consequences and punishment) had the highest acceptance whereas the video series "*Supporting the Child's Education*" had the lowest acceptance.

Tiano (2008) compared 40 mother-father pairs in the U.S. on the acceptability of various parent training approaches regarding their male child aged two to seven. They found that acceptability of spanking was low for both parents overall, but that mothers preferred response cost whereas fathers prefer spanking. Mothers also utilized more positive verbalizations than fathers in parent child interactions. Ballew (2006) assessed the acceptability of parent-training among Native American parents. He found that parents were generally accepting of the major components of PCIT. Parents were willing to seek professional help for parenting issues if necessary, but also were concerned about privacy and shame, which Ballew (2006) concluded could be potential barriers.

Relatively little is known about treatment acceptability to child BPT techniques among Asian populations. Recently, Yu, Robert, Shen, and Wong, (2011) examined how caregivers in Hangzhou, China view behavioral family therapy. They found that Chinese caregivers viewed, as does European American culture, noncompliance, aggression, tantrums, and negative talk as deviant for pre-schoolers. Chinese caregivers showed moderately high acceptability for all nine BPT components (contingent praise, responsive play, ignoring deviant attention seeking, authoritative instruction-giving warnings, chair

timeouts, ignoring tantrums during time out, room backups for chair timeouts, immediate timeout for aggression), with all acceptability scores above the "neutral" point on Treatment Acceptability Questionnaire. The three techniques that Chinese parents showed the highest levels of acceptability were contingent praise, responsive play, and ignoring. However, compared to European American parents, these three techniques received lower acceptability scores. A repeated measures ANOVA found a significant Domain effect, indicating significant differences in acceptability across the nine treatment components. Post hoc LSD pairwise comparisons showed that contingent praise and responsive play were rated significantly higher than the other seven components. They also found that differences in component acceptability varied by type of caregiver. For example, Chinese mothers found contingent praise more acceptable than grandparents, and mothers rated ignoring deviant attention seeking more acceptable than fathers.

Ho, Yeh, McCabe, & Lau (2012) assessed parent training acceptability among Chinese immigrant parents in US . They found that Chinese parents are more accepting of positive reinforcement techniques than punishment based techniques. Parents also viewed positive reinforcement as less problematic and more likely to be supported by others than punishment-based discipline. Ho et al. (2012) also found that acceptability varied by clinical and cultural factors. For example, parents who endorsed the child rearing strategy of shaming were less likely to find parent training acceptable, and parents who reported greater dysfunctional parent-child interactions rated parent training as more acceptable. On the other hand, parents with prior involvement with Child Protective Services found parent training less acceptable.

Mah et al. (2012) compared treatment acceptability among Chinese immigrant and Euro Canadian mothers in regards to use of rewards, withdrawal of positive parent behavior, and punishment techniques. She found that Chinese-immigrant mothers had more favorable attitudes towards punishment techniques (i.e., overcorrection and spanking) than Euro Canadian mothers; i.e., the Chinese-immigrant mothers in this study accepted and intended to use punishment more than the Euro-Canadians. There were no difference in mothers' attitudes towards reward (i.e., praise and token economy) or withdrawal of positive reinforcement (i.e., response cost and time-out) between Chinese-immigrant and Euro-Canadian mothers.

Taken together, these results suggest that overall, parents in US and Western countries tend to accept BPT's components and techniques, and show higher acceptability for reward, praise, loss of privileges and time out as compared to more severe punishment techniques. However, among Asian in general and Chinese populations particular, the acceptability of child management techniques has been mixed. Some studies suggested that Asian population have relatively high acceptability toward positive reinforcement techniques but also report higher acceptability ratings and intentions to use of punishment than Euro-American populations. Asian parents may show less acceptability toward timeout since this technique requires more time and effort to monitor. In addition, their acceptability towards specific techniques varies as a function of gender (mother/father) and generation (parents/ grandparents)

Cultural Adaptation of BPT

The above review regarding parenting studies in Asia and parents' attitudes about BPT has highlighted several areas where behavioral parent training interventions may need to be adapted for Asian populations. These areas include: (a) sensitively investigating family's attitudes towards BPT early in treatment to prevent drop out; (b) providing detailed psycho-education to engage the families and address potential obstacles such as beliefs that praise will spoil children, or that time out is not punitive enough; (c) change the order of BPT goals to increase the focus on "reducing inappropriate behavior"; (d) addressing the potential impact of grandparents and other non-parental relatives on acceptance and implementation of BPT; (e) addressing the tendency to excessively favor and use punishment; (f) the need to work collaboratively with parents to troubleshoot barriers when implementing suggested punishment techniques (time out, response cost).

According to a review by Zayas et al. (2009), there are at least nine models for cultural adaptation of psychotherapy which include the: (a) Ecological Validity Model; (b) Cultural Accommodation Model; (c) Model of Essential Elements; (d) Cultural Adaptation Process Model; (e) Data Driven Adaptation; (f) Heuristic Framework; (g) Psychotherapy Adaptation and Modification Model; and (h) Adaptation model for American Indians (Zayas et al., 2009). Bernal, Jimenez-Chafey, & Rodriquez (2009) have developed what is probably the most widely used model for cultural adaptation of treatment protocols to make them compatible with clients' cultural patterns, meaning and values. More broadly, they have conceptualized cultural adaptation to include (a)

modifications to treatment content, and (b) changes to the therapeutic relationship and delivery of the treatment content, to accommodate clients' world views and accompanying behaviors (Rodríguez et al., 2011). Bernal et al.'s (2009) model for the cultural adaptation of evidence-based treatments (EBT) follows a series of stages. The first stage involves an assessment of the acceptability and feasibility of the intervention in the new population. The second stage involves the use of this information to adapt the intervention, involving both consumers (e.g., through parent focus groups) as well as professionals (e.g., the developers of the EBT program) to assist in the adaptation. The third and final stage involves outcome assessment of the adapted treatment program, with a particular focus on assessment of the components of the intervention that may have been modified. Factors related to areas that have been modified from the original EBT intervention (e.g., use of praise) are assessed in order to determine whether these factors influence outcome, and whether the cultural adaptation warrants further modification in these areas.

Rodríguez, Baumann, and Schwartz (2011) provided in detail the process of cultural adaptation for a parent management training program based on the Oregon BPT model intervention for Spanish-speaking Latino parents with children with behavior problems. Because the present research focuses on the first phase of adaptation process, here we focus on Rodriguez and her colleagues' results of the first adaptation phase. In the first phase, the treatment developer worked collaboratively with the cultural adaptation specialist to (a) examine the fit of the concepts/techniques with relevant literature; (b) collaborate with key community leaders to assess intervention need; and (c) assess community need and evaluates possible adaptations to intervention. Focus groups

were conducted and parents in focus group identified two important parenting goals upon which the adaptation should focus: (a) superacion, which refers to educational attainment and achievement beyond the parents' level; (b) educacion, which refers to education in a broad sense in which the goal is to rear children who would grow to be competent and respectful adults. Parents also reported major barriers to parenting that included (a) language; (b) long, demanding or unpredictable work schedules; and (c) children's threats to call 911 if the parents punished them. Based on the Phase 1 focus group discussions, Rodriguez et al. (2011) culturally adapted the intervention along the eight dimensions of the ecological validity model. For instance, they changed some terms and metaphors that were part of the psycho-educational materials. In terms of the content and therapeutic goals, they re-conceptualized the intervention goals to more closely align them with important values for Latinos (respeto and buena educacion) and reframed skills as a means to achieve these culturally-adapted goals. They also modified the program to better fit the sociocultural context of Latinos families, such as a lack of modeling of appropriate parenting from the parents' own parents, the parents' low level of education and long work hours, and gender roles within the culture..

In a recent meta-analysis of 65 studies using experimental or quasi-experimental methods to test cultural adaptations, Smith et al. (2011) found that culturally adapted treatments were more effective than non-adapted treatments, with a moderate effect size (d=0.46) for cultural modification. Previously, Griner and Smith (2006) found that culturally adapted interventions had positive effects on clients' engagement, retention and satisfaction with adapted intervention programs. They also suggested, however, that central questions remained, such as what adaptations are necessary to implement to

achieve cultural relevance and treatment efficacy, and what are the most relevant procedures that should be undertaken in any process of cultural adaptation.

To address these above questions, Cardona et al. (2012) compared the feasibility and cultural acceptability of two adapted versions of Parent Management Training with 12 families. The first adaptation model was the model discussed by Rodriguez et al. (2011), and the second model consisted of all the components of the first model plus two culture specific sessions aimed at addressing cultural themes that were identified as particularly relevant with participants. Results showed that participants were satisfied and perceived positive effects on parenting practices and child behaviors with both versions. However, the enhanced version showed slightly larger effects which suggested that directly addressing the role of culture may be useful.

Thus, overall, it appears that cultural adaptation is useful if one wants to maximize the efficacy of a treatment program, and to improve service delivery to diverse groups. It is clear however, the adaptation process should be conducted systematically following a structured model.

Vietnam

Although Asia is a vast and diverse continent containing over half of the world's population, the parenting research that has been conducted in Asia has focused on a small subset of Asian countries, primarily China, Korea, and Japan. The present study focuses on the Asian country of Vietnam, the 13th largest country in the world, with a documented need for parenting interventions but little clinical infrastructure of any form

(Weiss et al., 2012). Vietnam is a country of approximately 330,000 km² stretching more than 1,600 kilometers along the edge of the Southeast Asian mainland from the South China Sea to the Gulf of Thailand. It has a population of over 90 million, 25% of whom are under the age of 15 (Central Intelligence Agency, 2009). The per capita annual gross domestic product is $1,032 (World Bank, 2010).

Following the end of a long and destructive war in 1975, economic and social challenges in Vietnam were substantial. To address inefficiencies associated with its centralized economy, in 1986 Vietnam shifted to a mixed market-based economy. After two decades of this 'Doi Moi' reform Vietnam achieved significant economic progress, with GDP growth stabilized at 8% per year, although in the subsequent economic downturn annual growth has declined to 5.5% (World Bank, 2010). However, although the policies of Doi Moi were generally successful economically, social and health domains did not develop comparably. It was recognized that the rapid economic growth came with social costs, as with many developing countries, increasing stress for families and children (e.g., Gabriele, 2006), challenging families' traditional ability to socialize children into healthy, adaptively functioning adults (Korinek, 2004). For example, in response to increased economic opportunity parents often work long hours with many young children left alone for long periods of time without adult supervision (Ruiz-Casares & Heymann, 2009). These changes place Vietnamese children at increased at risk for development of mental health problems (UN-VN Youth Theme Group, 2010).

Several studies have investigated Vietnamese children's mental health functioning, and overall they suggest that Vietnamese children face substantial mental

health challenges. The Young Lives Project (Tran et al., 2003) was an epidemiological survey examining child developmental and health functioning in Vietnam as well as in several other countries. The project found that Vietnamese children face a wide range of poverty-related stressors, and that 20% were above the cut-off on the study's mental health screening measure. In southern Vietnam, Anh, Minh and Phuong (2007) found that among high school students in Ho Chi Minh City, 16% were judged to be experiencing significant affective problems, 19% were judged to have social relationship problems, and 24% behavior problems. In northern Vietnamese, Hoang-Minh and Tu (2009) found that about 25% of children were above the clinical cutoff on one or more Child Behavior Checklist scales.

As is true for most developing countries, in the early stages of modernization the Vietnamese government made an explicit decision to focus its limited resources on direct economic development, giving low priority to education and health, in particular mental health (Stern, 1998). As a result, resources for treatment of mental health problems in Vietnam are limited (WHO, 2006) with, for instance, 286 psychiatrists serving approximately 90 million people. And as is true for most Asian countries (e.g., Hong, Yamazaki, Banaag, & Yasong, 2004), this lack of personnel is especially acute among children, with only about 30 child psychiatrists in Vietnam (the equivalent of about 1 child psychiatrist per 750,000 children), the large majority of whom have not had a formal residency or fellowship in child psychiatry.

There has been increasing recognition in Vietnam of the need for resources to be shifted to social domains such as mental health (Gabriele, 2006). Yet not only are there

few mental health service resources available but there also are few resources available for training child and adolescent mental health (CAMH) practitioners. Dang and Weiss (2007) conducted a mental health needs assessment in six cities across Vietnam, meeting with 23 educational and mental health-related agencies. This assessment found that (a) children's mental health problems were viewed by Vietnamese mental health and education professionals as a very serious challenge facing the country; across the 23 meetings, 22 stated that children's mental health was a serious national problem, and (b) the professionals were unanimous in stating that there was an almost complete lack of clinical training in regards to mental health, with training in CAMH deficient even relative to mental health training in general.

Present Study

The review above highlights the importance of developing effective interventions for child and adolescent mental health problems outside the West in general, and in Asian countries such as Vietnam in particular. This is true not only because of the importance of developing culturally appropriate, effective interventions for other countries, but also to increase the generalizability of our knowledge. Research in Western countries indicates that behavioral parent training can be an effective treatment approach, which supports the theoretical models that underlie BPT. However, the applicability of BPT in non-Western countries like Vietnam is unclear, which has pragmatic applied importance as well as limits the generalizability of the theories underlying BPT.

The present study focuses on the first stage of Bernal et al.'s (2009) and Rodrígue et al.'s (2011) adaptation process, assessing parents' perceptions of the feasibility and

acceptability of BPT in Vietnam. The study assessed: (a) the strategies that Vietnamese parents indicated that they would use in response to various child misbehaviors, arranged along a continuum of severity of child misbehavior; (b) parents' response to positive child behavior, (c) BPT-related beliefs about reward and punishment; (d) help seeking for child behavior problem; (e) parents' beliefs about the acceptability, perceived feasibility, and anticipated effectiveness of six central BPT techniques.

CHAPTER II

METHODS

Participants

Participants were 303 parents with a child enrolled in the fourth or fifth grade during the recruitment period and their teachers. Families were selected from five public elementary schools (3 in Danang City and 2 in Hanoi). In Danang one school (Tran Van On public elementary school; n = 42) was selected from Haichau District which is in the city center and two schools from Lienchieu District (in a suburban area, Trung Nu Vuong public elementary school, n = 37; and Phan Phu Tien public elementary school, n = 63). In Hanoi, one school was selected from urban Hanoi (Thuc Nghiem public elementary school, n = 77) and the other from a rural area approximately 60 kilometers from the city center of Hanoi (Minh Khai public elementary school, n =84).

Means, standard deviations and percentage for all background variables are reported in Table 1. Two-thirds of the participants were mothers. As is typical in Vietnam, the larger majority of the families were intact families with both parents married and living together (92.6%). Most of families had 2 children and parents spent about 3-5 hours with their children per day. Most of participants had fulltime job (89.4%) with about 9% working at home or working without a stable monthly income. The household income per month was around $300, which puts the typical family in the lower middle-class range for Vietnam. The mean participant level of education was high school level (grade 11). Most families maintained traditional values (Mean = 5.99, SD = 1.6, on

a 1-7 scale) and did not report following Western cultural styles (Mean = 1.65; SD = 1.49, on a 1-7 scale).

Table 1. Means, standard deviations and percentage for background variables

Informant	
Mother	67.30%
Father	32.70%
Marital status	
Married and living together	92.60%
Separated	1.70%
Divorced	4.30%
Single, never married	1.30%
Occupational status	
Working full time	89.40%
Not working but looking for a job	2.00%
Working at home, child care, house work	7.30%
Retired	1.30%
Hours spent with child per day	
<1 hour	6.40%
2-3 hours	40.10%
4-5 hours	24.70%
6-7 hours	14.00%
8-9 hours	7.40%
> 10 hours	7.40%
Number of children in the family	
Mean # of children (SD)	2.06(.555)
Highest level of education	
Mean grade (SD)[Median]	11.81(3.25)[13]
Household income per month	
Mean household monthly income (SD)[Median]	$300($150)[$450]
Western acculturation	
Mean (SD) (1=never – 7=always)	1.65(1.49)
Maintain traditional values	
Mean (SD) (1=never – 7=always)	5.99(1.6)

Table 2 reports means and standard deviations for children's' behavior problems reported by parents and teacher. In general, parents reported more behavior problems in their children than the teacher (Mean CBCL Externalizing Problems scale = 6.28; Mean TRF Externalizing Problems scale = 3.47). Parents and teahers were consistent in reporting more agressive behavior than rule breaking behavior (Mean CBCL Aggressive Behavior scale = 4.48 vs. Mean CBCL Rule-breaking Behavior scale = 1.43; Mean TRF Aggressive Behavior scale = 2.19 vs. Mean TRF Rule-breaking Behavior scale = 1.27).

Table 2. Means and standard deviations for children's behavior problems.

Behavior problems	**Mean(SD)**	**Min**	**Max**
CBCL Externalizing	6.28(5.62)	0	25
CBCL Aggressive behavior	4.84 (4.11)	0	19
CBCL Rule breaking behavior	1.43 (1.86)	0	10
TRF Externalizing	3.47(5.74)	0	46
TRF Aggressive behavior	2.19(3.92)	0	32
TRF Rule breaking behavior	1.27(2.01)	0	14

Sample Selection and Procedures

Participants were selected via a screening using the Child Behavior Checklist (CBCL) and the Teacher Report Form (TRF) Externalizing Problems subscales. Teachers first sent home with their students a letter to the parents describing the study, and an initial consent to contact form. Parents who returned the consent form completed a CBCL and a background questionnaire packet, and returned the forms in a sealed self-

addressed stamped envelope to the project. Students received a $5 gift for returning the forms. Teachers completed the TRF form for students whose parents signed the consent form and returned the CBCL and background questionnaire. Teachers were paid the Vietnamese equivalent of approximately $5 for each student for whom they completed the TRF. Participants for the main part of the study were selected so as to have an approximately flat distribution of scores on the averaged standardized CBCL and TRF Externalizing Problems scales. People selected to participate were called by a research assistant to arrange a time to meet at the school in groups of approximately 15 parents, to complete the main questionnaire, which required approximately an hour and a half. Parents were paid the Vietnamese equivalent of approximately $25 for completing the main questionnaire.

Measures

There were three primary domains assessed in this study. The first was sample descriptive characteristics. These included background demographic information such as age, marital status of the parents, etc., and problem behavior levels of the child. The second domain was parents' beliefs regarding the acceptability, feasibility, and anticipated effectiveness of various BPT techniques. The third domain was predictors of parents' BPT behaviors and beliefs. These included measures from other domains including demographic characteristics (e.g., parents' education level) and child behavior problems. In addition, parents' authoritarianism were assessed as a predictor of their beliefs about BPT beliefs.

Demographic questionnaire. The demographic questionnaire contained items assessing child age, parent and child gender, occupation, parent marital status, number and role of adults in the household (grandparents, nanny, etc.), number of children in the family, parents' highest level of education, SES, child and family access to the internet, parents history of travel outside the country, Western acculturation and who had primary responsibility for raising the child.

Parent-report of behavior problems. Parents were asked to complete the Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2001). This is a broad-band measure of children's behavioral and emotional problems across two broad symptom domains: Internalizing problems (e.g., anxiety; depression) and Externalizing problems (e.g., aggression; oppositional behavior), in which parents report on the child in regards to 118 problems, rating each problem by circling 0 ("Not True"), 1 ("Somewhat or Sometimes True"), or 2 ("Very True or Often True"). The CBCL has shown good internal consistency (α's ranging from 0.78 to 0.97 in the standardization sample) and test-retest reliability (r's ranging from 0.60 to .96 in the standardization sample). Its construct validity is well-documented. The internal consistency reliability estimate of the Externalizing Problems scale in the present sample was $\alpha = 0.88$ (Achenbach & Rescorla, 2001). In the present study, we used the Externalizing Problems scale.

Teacher-report of behavior problems. For screening purposes, teachers were asked to complete the Teacher Report Form (TRF; Achenbach & Rescorla, 2001) for participating students. The TRF is a broad-band measure of children's behavioral and emotional problems that parallels the CBCL. Teachers report on the student in regards to

118 problems, rating each problem by circling 0 ("Not True"), 1 ("Somewhat or Sometimes True"), or 2 ("Very True or Often True"). Test – retest correlations over an 8 day interval and a 16 day interval for the TRF range from .78 to .93 for the social competence and adaptive functioning scales, form .60 to .96 for the syndrome scales (Achenbach & Rescorla, 2001). In the present study, we used the Externalizing Problems scale.

Parent Use and Beliefs About BPT Behaviors. This questionnaire contained four sections:

- **Section 1** included seven brief descriptions of child misbehavior along a range of severity (e.g., whining; shoplifting). For each description, parents were asked to state their response to this child behavior in regards to (a) what they would do, (b) why they would do it, and (c) what they would be hoping to accomplish.
- **Section 2** included a close-ended assessment of how likely parents would be to use specific BPT parenting techniques in response to specific child misbehaviors, along a range of severity (including whining, not doing homework, lying about school, shoplifting and fighting). Parents answered (a) how often they used each of the discipline techniques; and (b) how effective they thought each of the discipline technique would be in helping to improve their child's behavior. Section 2 also assessed parents' response to positive child behaviors (e.g., helping clean up after dinner without being asked), and BPT-related beliefs about reward and punishment (e.g., that using rewards for good behavior is like bribery; that physical punishment will be effective because the child will fear the parent).

- **Section 3** assessed parents' beliefs regarding the Acceptability, Feasibility and Anticipated Effectiveness of each six BPT intervention techniques (special play time, praise, ignoring, time out, loss of privileges, building behavioral rules). A short description of each technique was provided, followed by a series of questions assessing (a) acceptability, (b) perceived feasibility, and (c) anticipated effectiveness. The *acceptability question* was "If you had a child with the problems as in this description, how willing would you be to try this technique to improve your child's behavior?" This question was rated on a 0 (not at all willing) to 4 (completely willing) Likert scale. Parents who selected responses less than 3 (i.e., who were less than fairly willing) were asked why they had hesitations about the procedure, and what about the procedure made them at least a little hesitant to try it. The *feasibility question* was "If you had a Vietnamese friend who was a parent with a child with problems like this, and this parent wanted to try to use this approach, to what extent would there be barriers to their implementing the approach? That is, how likely is it that your friend would be able to implement this approach?" This was rated on a 0 (very unlikely able to implement) to 4 (very likely able to fully implement) Likert scale. Parents who selected responses less than 3 (i.e., who believed that the technique was not fairly feasible) were asked what barriers they believed a parent would encounter in trying to implement the technique. Responses to these open-ended questions were categorized based on the conceptual similarity of the responses. The *perceived effectiveness* question was "If a Vietnamese parent was able to implement this technique, how much do you think it would help to improve their child's

behavior?" This was rated on a 0 (not helpful at all in improving child's behavior) to 4 (very helpful in improving the child's behavior) Likert scale. Responses to these open-ended questions were categorized based on the conceptual similarity of the responses.

- **Section IV** assessed help seeking for child behavior problems. Participants were asked for what specific problem and circumstance would they seek help, and from whom would they seek help (a relative, teacher, psychologist/counselor, or physician).

Hypotheses

At least in Western countries, there is reasonably strong evidence suggesting that Behavioral Parent Training (BPT) interventions (based on the techniques assessed in Sections II-IV) generally are effective in reducing child behavior problems. However, little is known about parent's specific behaviors as well as the acceptability, feasibility and effectiveness of BTP interventions for non-Western, non-English speaking countries such as Vietnam. The present study focused on assessing the (a) frequency and anticipated effectiveness of parents' use of specific BPT techniques in response to child misbehavior and positive behaviors (b) parent's beliefs about rewards and punishment; (c) parents help seeking behavior, and (d) Vietnamese parents' beliefs about the acceptability, perceived feasibility, and anticipated efficacy of BPT intervention techniques. Based on our literature review, they following hypotheses were proposed:

1. Vietnamese parents would endorse more Inappropriate than Appropriate responses (based on Western conceptualizations) to child misbehavior, since the latter may be more acceptable in Asian culture.
2. Vietnamese parents would endorse fewer Harsh strategies than Appropriate or Inappropriate, because the Harsh strategies will be seen as inappropriate across cultures.
3. The more severe the child misbehavior is, the more inappropriate the strategies will be that are reported implemented.
4. Vietnamese parents will endorse more Inappropriate responses (based on the Western conceptualizations) towards child positive behavior than Appropriate responses, because of Asian parents' disinclination to praise.
5. Vietnamese parents will endorse more Non-adaptive beliefs about reward and punishment than Adaptive ones because the non-adaptive beliefs are more consist with Confucian values.
6. Vietnamese parents will seek help form others if their child has severe behavior problems, but will seek help form relatives or friends or teachers rather than professional help (a doctor, psychologist, counselor) since having a mental health problem brings shame for the family.
7. In regards to BPT Acceptability, we hypothesize that Vietnamese parents will be willing to try all six BPT's techniques (i.e., acceptability ratings will be significantly greater than 1) but acceptability rating will be lower for:
    a. Labeled verbal praise and/or non-contingent praise, because the literature review has suggested that Asian parents in general and Vietnamese

parent's in particular believe that too much praise will lead children acting arrogant.

b. Time out, because Vietnamese parents tend to adopt authoritarian parenting style with more control and more restrictions, and Time out will seem insufficiently controlling. In addition, Vietnamese parents believe that parents only can teach their children effectively when children fear them and time out is not punitive enough, so Vietnamese parents will have lower preference for less physical punishments such as Time Out.

c. Ignoring minor misbehavior, because it conflicts with the belief that the role of parents is to educate their children directly.

8. In regards to Perceived Feasibility, we hypothesize that feasibility ratings for praise; ignoring and time out will be lower than the others.
   a. Giving Praise will be lower, because parents feel awkward to communicate emotions directly because it conflicts with collectivism.

   b. Ignoring, which is basically withholding attention from children by all family members. This would be hard to maintain because Vietnamese families often live in an extended family. Moreover, once parents start ignoring a certain behavior, they need to keep ignoring it but some Vietnamese parents won't have sufficient patience.

   c. Time Out will not be seen as feasible, because it is a form of discipline that requires consistency (e.g., ignoring the child while they are in time

out) which is hard for Vietnamese parents (similar to ignoring above). In addition, finding appropriate space for time out may be difficult for many Vietnamese families since it is common to have three generation live in a relatively small house in Vietnam.

9. In regards to Anticipated Effectiveness, ignoring and time out will receive lower effectiveness ratings because, based on collectivistic and Confutionistic perspectives, they are too mild to have a significant effect on children's behavior.

CHAPTER III

RESULTS

Preliminary steps in data analysis

We first conducted preliminary analyses to examine the accuracy of data entry, and to identify missing data patterns. For Part 2 of the main questionnaire, for the five child inappropriate behaviors we classified parents' responses into three types: (a) Appropriate, (b) Inappropriate Not Harsh, or (c) Harsh. For the two child positive behaviors we classified parents' responses as (a) Appropriate, or (b) Inappropriate. Parents beliefs about child rearing also were classified as (a) Adaptive, or (b) Non-adaptive. Appendix C describe how classified for misbehaviors, positive behaviors and beliefs.

The data set was entered twice by undergraduate research assistants to ensure the accuracy of data entry. There were less than 0.001% items with errors, which were corrected. We excluded cases (n=45) that skipped more than 5% of closed-ended items or the main questions about acceptability, feasibility, and anticipated effectiveness. The final sample thus consisted of 303 parents (67.3% mothers, 32.7% fathers).

We next examined missing data to determine the extent and patterns of missingness in order to select an appropriate procedure(s) for handling missing data if necessary. Missing values analysis was conducted using SPSS Expectation Maximization (EM) methods to test the assumption that data were missing completely at random (MCAR). The hypothesis that data were MCAR was tested using Little's (1988) test

developed for this purpose. The null hypothesis that data were MCAR was not rejected ($\chi^2 = 2{,}941.24$ $df = 50{,}437$, $p = .99$). This suggests that there were no systematic patterns of missingness in relation to the variables of primary interest in this study; hence, no additional data analysis steps were necessary to deal with missing data.

Parents' response to child misbehavior

Means and standard deviations for the (a) frequency and (b) anticipated effectiveness of parents' responses to child misbehavior are presented in Tables 3 and 4, respectively. The bottom row of these tables presents means across the different child misbehaviors. A repeated measures ANOVA was conducted to test the null hypothesis that the three means across Type of Parent Response (Appropriate, Inappropriate, Harsh) did not differ significantly within each type of child misbehavior. In regards to frequency of use, all of the multivariate tests across the different types of child misbehavior were significant, with large effect sizes (eta squared from .34 to.73).

Follow-up paired sample t-tests with Bonferroni adjustments were conducted to compare pairs of Type of Parent Response (Appropriate vs. Inappropriate, etc.). With one exception, all pairs of means were significantly different. Vietnamese parents reported using significantly more appropriate than inappropriate or harsh strategies in response not doing homework, and lying about school performance whereas in contrast, in response to more serious misbehavior (shoplifting and fighting), parents reported significantly more inappropriate responses. Parents' Appropriate vs. Inappropriate responses for child whining did not differ significantly. Report frequency of Harsh

responses were significantly lower for Appropriate and Inappropriate responses for all child misbehaviors (see Table 3).

A similar pattern was found regarding parents' reports of the anticipated effectiveness of these techniques (see Table 4). A repeated measures ANOVA was conducted to test the null hypothesis that the three means for the anticipated effectiveness across Type of Parent Response (Appropriate, Inappropriate, Harsh) did not differ significantly. All of the repeated measures tests were significant, with large effect sizes (eta squared ranged from .16 to .62). The follow-up-t-tests tests indicated that parent ratings of anticipated effectiveness for Appropriate, Inappropriate and Harsh responses differed significantly, with the exception of Appropriate and Inappropriate responses for responding to the child not doing homework. The parents reported Appropriate responses as more effective for dealing with whining, not doing homework and lying about school performance, and less effective than Inappropriate responses for dealing with shoplifting and fighting. Harsh responses were rated as significantly less effective than Appropriate and Inappropriate responses across all child misbehaviors.

Table 3. Frequency of parents' responses to child misbehavior

Misbehavior	**(1) Appropriate**	**(2) Inappropriate**	**(3) Harsh**			
	Mean (SD)	Mean (SD)	Mean (SD)	Paired t test (1) vs. (2)	Paired t test (1) vs. (3)	Paired t test (2) vs. (3)
Whining	1.98(.84)	1.90(.56)	1.58(.52)	t(302)=1.74	t(302)=8.28***	t(302)=11.66***
Not doing homework	2.33(.72)	2.14(.71)	1.35(.45)	t(302)=5.10***	t(302)=25.00***	t(302)=20.70***
Lying about school	2.43(.78)	1.97(.67)	1.34(.48)	t(302)=13.61***	t(302)=26.92***	t(302)=18.70***
Shoplifting	1.9(.93)	2.56(.87)	1.45(.54)	t(302)= -13.64***	t(302)=11.22***	t(302)=24.37***
Fighting	1.91(.88)	2.49(.86)	1.41(.49)	t(302)= -13.11***	t(302)=11.62***	t(302)=23.64***
Mean across five child misbehaviors	2.12(.66)	2.21(.58)	1.43(.43)	t(302)= -4.32***	t(302)= 22.94***	t(302)= 28.52***

Note. *** p<.001; Range of Likert scale responses [1:never---5:always]

Table 4. Perceived effectiveness of parents' responses to child misbehavior

Misbehavior	**(1) Appropriate**	**(2) Inappropriate**	**(3) Harsh**			
	Mean (SD)	Mean (SD)	Mean (SD)	Paired t test (1) vs. (2)	Paired t test (1) vs. (3)	Paired t test (2) vs. (3)
Whining	2.23(1.09)	2.10(.87)	1.90(.93)	t(302)=2.59**	t(302)=6.31***	t(302)=6.37***
Not doing homework	2.44(.91)	2.41(.98)	1.59(.83)	t(302)=0.56	t(302)=21.43***	t(302)=16.78***
Lying about school	2.59(.93)	2.23(.99)	1.62(.96)	t(302)=9.00***	t(302)=22.36***	t(302)=13.80***
Shoplifting	2.03(1.04)	2.61(.98)	1.67(.92)	t(302)= -12.41***	t(302)=9.35***	t(302)=19.82***
Fighting	2.01(1.08)	2.57(.99)	1.64(.91)	t(302)= -12.02***	t(302)=8.56***	t(302)=19.90***
Mean across five child misbehaviors	2.26(.84)	2.38(.81)	1.68(.82)	t(302)= -4.94***	t(302)= 19.28***	t(302)= 21.67***

Note. **p<.01; *** p<.001; Range of Likert scale responses [1:not at all effective---5:extremely effective]

Parents' response to positive child behavior

Means and standard deviations for parents' reported response to positive child behaviors are listed in Table 5. The two positive scenarios included the child doing what s/he was supposed to do without being asked, and the child not doing an inappropriate behavior that s/he typically did (argue with sibling). Paired t-tests were conducted to compare means for the types of behaviors. Significantly higher frequency of Appropriate responses were reported for both positive child behaviors as well as their mean; i.e., parents reported responding in appropriate ways (as defined by Western psychology, at least) towards child's positive behavior more than in inappropriate ways.

Table 5. Parents' response to positive child behavior

Positive behavior	**Appropriate**	**Inappropriate**	
	Mean (SD)	Mean (SD)	Paired t test
Does chores without being told to do	2.71(.70)	1.68(.62	t(302)= 22.97***
Behave friendly and get along with sister	2.68(.73)	1.64(.63)	t(302)=22.50***
Mean across positive child behaviors	2.69(.69)	1.66(.58)	t(302)=24.44***

Note: *** p<.001. Range of Likert scale responses [1: never---5: always]

Parents' beliefs about reward and punishment

Means and standard deviations for parents' beliefs about reward and punishment are presented in the Table 6. The beliefs were categorized into Adaptive (e.g., *It's*

important to praise the child when they do well so that they will do the same behavior again) and Non-adaptive (e.g., *Giving children a reward for good behavior is bribery*). A paired t-test was used to compare mean levels of beliefs regarding Adaptive vs. Non-adaptive beliefs. This test indicated that Vietnamese parents endorsed significantly more appropriate beliefs about rewards and punishments than inappropriate beliefs**.**

Table 6. Parents' beliefs about reward and punishment

Adaptive	**Non-adaptive**	
Mean(SD)	Mean(SD)	Paired t test
2.62(.66)	2.12(.45)	t(302)=13.598***

Note: *** p<.001, Range of Likert scale responses [1 strongly disagree – 4 strongly agree]

Acceptability, feasibility and anticipated effectiveness ratings for BPT techniques

Table 7 reports the means and standard deviations for the acceptability, feasibility and anticipated effectiveness ratings for the six BPT techniques. The scale for the acceptability, feasibility and anticipated effectiveness ratings ranged from from 0 to 4. We first conducted three repeated measures ANOVA to assess whether the (1) Acceptability, (2) Perceived Feasibility and (3) Anticipated Effectiveness differed across the six BPT's techniques. The Pillai's Trace tests for Acceptability, Perceived Feasibility and Anticipated Effectiveness were, respectively, $F(5,295) = 41.993$ ($p<.001$); $F(5,294) = 42.147$ ($p<.001$); $F(5,293) = 49.022$ ($p<.001$) indicating that ratings differed significantly across the different BPT techniques.

A series of follow-up paired sample t-tests with Bonferroni adjustments were conducted to test whether the Acceptability, the Feasibility and the Anticipated Effectiveness differd across the six techniques (see Table 7). The results indicated that (a) in general, Vietnamese parents fairly willing to try using all six BPT's techniques and that they viewed them as fairly feasible and fairly effective; and (b) the more they were willing to try a particular technique, the more feasibility and more effective they viewed them. Specifically, Vietnamese parents reported significantly higher acceptability towards Praise (M= 3.38) than Special Play Time (M=3.19), and Building Rules and Effective Directions (M= 3.17). They reported significantly lower acceptability toward Time Out (M = 2.76) and Loss of Privileges (M = 2.68). The PBT technique that had the least Acceptability was Ignoring. The same pattern was seen for Perceived Feasibility and Anticipated Effectiveness.

Table 7. Means and standard deviation of Acceptability, Perceived Feasibility and Anticipated Effectiveness of BPT techniques

	Acceptability	**Feasibility**	**Anticipated effectiveness**
Technique	Mean(SD)	Mean(SD)	Mean(SD)
Attending in special play time	3.19 (.96)[a]	3.09(.89)[a]	2.97(.85)[a]
Praise	3.38(.76)[b]	3.44(.67)[b]	3.19(.73)[b]
Ignoring	2.33(1.34)[c]	2.45(1.29)[c]	2.09(1.37)[c]
Time out	2.76(1.10)[d]	2.81(1.03)[d]	2.56(1.06)[d]
Lose privileges	2.68(1.18)[d]	2.74(1.08)[d]	2.46(1.12)[d]
Building rules and effective directions	3.17(.90)[a]	3.13(.85)[a]	2.97(.90)[a]
Mean of 6 BPT's techniques	2.91(.71)	2.94(.65)	2.70(.70)

Note: Range of Likert scale responses [0-4]: 0 = Not at all, 1 = A little, 2 = Somewhat, 3 = Fairly, 4 = Very. Techniques with the same superscript do not differ significantly, as assessed by paired sample t-tests with Bonferroni adjustments.

Acceptability, Perceived Feasibility and Anticipated Effectiveness of participating in BPT training

Table 8 reports the means and standard deviations for the Acceptability, Perceived Feasibility and Anticipated Effectiveness for participating in BPT training. The results indicate that Vietnamese parents were fairly willing to participate in BPT training and that they believed that it would be feasible to do BPT homework for practicing new skills

(half an hour a day to practice the new parenting skill at home, for 10 weeks). They also reported that BPT would be fairly effective to help their child improve his/her behavior.

Table 8. Means and standard deviations for Acceptability, Perceived Feasibility and Anticipated Effectiveness of participating in BPT training.

	Acceptability	**Feasibility**	**Anticipated effectiveness**
	Mean(SD)	Mean(SD)	Mean(SD)
Time spend on BPT training	2.93(.99)	2.80(.96)	2.87(.88)

Note: Range of Likert scale responses [0-4]: 0 = Not at all, 1 = A little, 2 = Somewhat, 3 = Fairly, 4 = Very.

Parent help seeking behavior

Table 9 reports the percentages of parents' who would seek help for four different child misbehaviors (a) now, (b) if the problem got worse, or (c) never. The results indicate that the large majority of Vietnamese parents (90 to 95%) would seek advice either immediately or in the future if situation get worse. However, with the less severe behavior problems such as whining, noisy, crying, tantrum, cursing, fighting with siblings, Vietnamese parents were more likely to wait to seek help until the situation became worse in the future. The opposite was true for more serious behaviors such as stealing or academic performance issues (not doing homework, getting a bad grade).

Table 9. Percentage of parents who would seek help for different child behavior problems

	Whining, noisy, crying, tantrum	**Using bad words, fighting with siblings, cursing**	**Not doing homework, getting bad grades**	**Stealing**
I would seek advice from someone for help with this problem	41.7%	41.7%	56.5%	54.3%
I would seek advice if situation got worse in the future	50.0%	47.0%	38.5%	39.0%
I would not seek advice even the situation got worse	8.3%	11.3%	5.0%	6.7%

Table 10 lists from whom Vietnamese parents would seek help. Percentages total greater than 100% because parents often picked more than one source. A McNemar's test was conducted to determine whether the proportion of the participants who stated they would seek help from one source was significantly different from other sources or not. In Table 10, two help sources with the same superscript do not differ significantly (based on McNemar's test). Across the four types of child misbehaviors, parents were significantly least likely to seek help from a psychologist. In general parents were significantly most like to seek help from school personnel (a teacher or school principal), with the exception of fighting; with fighting, seeking help from school personnel did not differ significantly from seeking help from a doctor.

Table 10. Percentages of from whom the parent would seek help

Behavior Problem	Relative	Teacher	Doctor	Psychologist
1. Whining, noisy, crying, tantrum	33.5%[a]	54.6%[b]	42.3%[a]	6.3%[c]
2. Fighting with siblings, cursing, throwing	32.1%[a]	51.8%[b]	52.2%[b]	6.9%[c]
3. Misbehavior at school	17.4%[a]	88.5%[b]	24.7%[c]	4.5%[d]
4. Stealing	32.7%[a]	55.3%[b]	48.6%[b]	6.0%[c]

Note. Percentage refers to the percentage of participants who reported that they would seek help for a particular behavior problem from that source. Sources with the same superscript within behavior problem do not differ significantly, as assessed by the McNemar test of dependent proportions.

Total relations between parent background characteristics, and parents' responses to child behavior

Table 11 reports Pearson correlations between (a) parents' responses to child behavior and parents' beliefs, with (b) family background characteristics (i.e., household income, parental level of education, behave following Western style, maintain traditional values, levels of child's externalizing behaviors reported by parents and teachers). ***Monthly income*** correlated negatively with Inappropriate responses to positive child behaviors (r= -.32, p<.001) and correlated positively with Adaptive Beliefs (r= .26, p<.001). That is, the higher monthly family income the more adaptive (from a Western perspective) parenting behavior and beliefs. Similarly, ***parents' education level*** correlated negatively with (a) frequency of Harsh responses to child misbehavior (r = -.15, p<.001) and (b) frequency of Inappropriate responses to child positive behavior (r = -.26, p<.001) and positively with (c) agreement with adaptive beliefs (r= .20, p<.001) and acceptability of Western BPT techniques (r= .17, p<.001). That is, similar to monthly

income, the higher the parent education the more adaptive (from a Western perspective) the parenting behavior and beliefs. The effect of education appeared to be greater than the effect of income (4 vs. 2 significant correlations, respectively).

Western acculturation correlated (a) negatively with frequency of Inappropriate responses to child positive behaviors ($r = -.21$, $p<.001$) and positively with (b) frequency of Appropriate response to child misbehavior ($r= .17$, $p<.001$), (c) perceived effectiveness Appropriate techniques in response to child misbehavior ($r= .13$, $p<.01$) and (d) agreement with Adaptive Beliefs ($r= .21$, $p<.001$). Somewhat surprisingly, parents who behaved following Western cultural styles did not have more of a tendency to accept BPT techniques (i.e., there were no significant correlations between Western acculturation, and BPT's Acceptability, Perceived Feasibility and Anticipated Effectiveness). ***Traditional values***, on the other hand, correlated negatively with BPT's Acceptability ($r= -.13$, $p<.01$) and BPT's Perceived Feasibility ($r= -.11$, $p<.01$). Thus, Western acculturation appeared to be a more important predictor of parent BPT behaviors and beliefs than holding traditional values (in a negative direction. ***Level of child's behavior problems*** was not related to any of the parents' reported responses or beliefs.

Table 11. Pearson correlations among type of parents' behavior and background characteristics

	Monthly income	Education level	Western style	Traditional values	Ext behaviors reported by parents	Ext behaviors reported by teacher
Frequency of Appropriate response across misbehaviors	.07	.09	.17**	.02	.04	.03
Frequency of Inappropriate response across misbehaviors	-.00	-.02	.05	.06	.06	.10
Frequency of Harsh response across misbehaviors	-.10	-.15**	-.00	.03	.09	.04
Effectiveness of Appropriate techniques across misbehaviors	.04	.08	.13*	.04	-.01	.06
Effectiveness of Inappropriate techniques across misbehaviors	-.05	.00	.04	.09	-.03	.09
Effectiveness of Harsh techniques across misbehaviors	-.06	-.07	.03	.04	-.02	.10
Frequency of Appropriate response across positive behaviors	-.07	-.00	-.02	.09	-.03	.10
Frequency of Inappropriate response across positive behaviors	-.31**	-.25**	-.21**	-.07	-.06	.10
Agreement with Adaptive beliefs	.26**	.19**	.20**	-.02	.02	-.04
Agreement with Non-adaptive beliefs	.01	.11	.00	.10	.00	-.00
Acceptability of Western BPT techniques	.06	.16**	.02	-.13*	.04	.05
Perceived Feasibility of Western BPT techniques	-.00	.09	-.06	-.11*	.00	.08
Anticipated Effectiveness of Western BPT techniques	-.07	.03	-.08	.05	-.03	.06

Note: **P<.01; *** P<.001;

Unique relations between parent background characteristics, and parents' responses to child behavior

The correlations reported in Table 11 above provide estimates of the total relations between individual parent BPT behaviors and beliefs, and the background characteristics. A series of regression analyses next were conducted to examine the relations between these *sets* of variables. The regression analyses had two primary purposes. The first was to determine overall relations (as opposed to bivariate correlations) between each of the background factors (e.g., Family Income) and the parenting behaviors and beliefs. For example, in Table 12, Model 1, the overall relation between Family Income and appropriate parent behaviors (across the various domains: in response to child misbehavior; in response to positive child behavior; agreement with adaptive beliefs) was assessed (as R^2=.10).

Because many of these variables are correlated themselves, the second purpose of the regression analyses was to assess the unique relations of each of the specific parent behaviors or beliefs (e.g., Appropriate responses to child misbehavior) and the parent background characteristics. The correlations in Table 10 assess total relations between the background characteristics and parenting behaviors and attitudes, whereas the regression beta coefficients assess unique relations, controlling for the other parent responses or beliefs.

In these analyses, it is important to note that the dependent and independent variables are reversed from what might be expected. That is, the four Appropriate Parent Behaviors predict Family Income. Conceptually, the reverse (Family Income predicting

the four Appropriate Parent Behaviors) is the more intuitive model. Such a model would be a multivariate regression, with a single predictor. The two models are precisely algebraically equivalent, in that they produce the same model F and R^2, etc. The reason we use the above models (e.g., where the four Appropriate Parent Behaviors predict Family Income) is because these models produce beta weights that represent unique effects the significance of which can easily be tested, whereas the opposite model (the multivariate regression model, where Family Income predicts the four Appropriate Parent Behaviors) would produce canonical coefficients for which most statistical packages do not produce the standard errors and t-tests.

Table 12 reports the results of the regression analyses for Family Income. Comparison of the correlations Table 11, and the Table 12 regression results indicates that there actually were more significant unique relations than total relations, and that in most instances the unique relations were larger than the total relations, which suggests that suppressor effects (Cohen, Cohen, West, & Aiken, 2003) are occurring. Statistical suppressor effects occur when the inclusion of a third variable in a regression model increases the magnitude of the relation between the dependent variable and other independent variables. It typically results from the third variable being correlated with the error in the independent variable vis-a-vis the dependent variable.

In Model 1 (of Table 12) regression results indicate that overall Family Income was significantly related to frequency of appropriate parent responses, with a moderately large effect size of R^2=.10. Two of the positive parent behavior showed unique relations with Family Income: (a) Appropriate Response to Positive Child Behavior (t = -3.26,

$p<.01$, $\beta = -.21$), and (b) Agreement with Adaptive Beliefs ($t = 5.06$, $p<.001$, $\beta = .30$). It is important to note that (a) the correlation (which assesses the total relation) between Family Income and frequency of appropriate parent response to positive child behavior was non-significant, and (b) the correlation between Family Income and agreement with adaptive beliefs ($r = .26$, $p<.01$) was smaller than the regression beta ($\beta = .30$), indicating suppressor effects.

In Model 2 (of Table 12) regression results indicate Family Income showed a significant unique relation with Frequency of Inappropriate Responses to Positive Child Behaviors ($t = -6.14$, $p<.001$, $\beta = -.37$) whereas the correlation representing the total effect was slightly smaller ($r = -.31$, $p<.01$). Model 3 (of Table 12) reported results for Family Income predicting Harsh Parent Behavior. The overall model as well as the individual predictors were all non-significant.

Model 4 (of Table 12) indicates that Family Income showed significant unique relations to Acceptability of Western BPT techniques ($t = 3.40$, $p<.01$, $\beta = .41$) and Anticipated effectiveness of Western BPT techniques ($t = -3.13$, $p<.01$, $\beta = -.30$). The correlations for these two variables, assessing the total relations, were both non-significant.

Table 12. Results of regression analyses predicting family income

Model 1	**Appropriate Parent Behavior**	t	β
Model R^2=.10, F=8.15***			
	Frequency of use of appropriate techniques across misbehaviors	0.96	0.08
	Effectiveness of appropriate techniques across misbehaviors	0.28	0.02
	Frequency of use of appropriate response across positive behaviors	-3.26**	-0.21
	Agreement with adaptive beliefs	5.06***	0.30
Model 2	**Inappropriate Parent Behavior**	t	β
Model R^2=.12, F=9.84***			
	Frequency of use of inappropriate techniques across misbehaviors	1.48	0.12
	Effectiveness of inappropriate techniques across misbehaviors	-0.65	-0.05
	Frequency of use of inappropriate response across positive behaviors	-6.14***	-0.37
	Agreement with non-adaptive beliefs	1.65	0.10
Model 3	**Harsh Parent Behavior**	t	β
Model R^2=.01, F=1.74			
	Frequency of use of harsh techniques across misbehaviors	-1.45	-0.10
	Effectiveness of harsh techniques across misbehaviors	-0.37	-0.02
Model 4	**Attitudes Towards Western Techniques**	t	β
Model R^2=.05, F=5.24**			
	Acceptability of Western BPT techniques	3.40**	0.41
	Perceived feasibility of Western BPT techniques	-1.04	-0.12
	Anticipated effectiveness of Western BPT techniques	-3.13**	-0.30

Note. * P<.05; **P<.01; *** P<.001

Table 13 reports regression results for relations between parents' Level of Education, the overall models for which were significantly related to all four domains of parenting behavior and beliefs (Appropriate Parent Behavior; Inappropriate Parent

Behavior; Harsh Parent Behavior; Attitudes Towards Western Techniques). Contrasting the correlations and regression analyses, there were more significant unique relations than total relations, and the unique effects generally were larger than the total effect, which again suggests that suppressor effects were occurring. Level of Education was most strongly related to Inappropriate Parent Behavior (R^2=.10) among the parent behavior and attitude domains.

In Model 1 (of Table 13) a significant relation between Level of Education and Agreement with Adaptive Beliefs ($t = 3.44$, $p < .01$, $\beta = .21$) was found, whereas the correlation reporting the total relation was smaller ($r = .19$, $p < .01$). In Model 2 (of Table 13), Level of Education was significantly related to Frequency of Inappropriate Response to Positive Child Behaviors ($t = -5.42$, $p < .001$, $\beta = -.32$) and Agreement with Non-adaptive Beliefs ($t = 3.13$, $p < .01$, $\beta = .18$). The correlations for these relations, which show the total relations, were either smaller ($r = -.25$, $p < .01$) or non-significant (respectively).

Model 3 (of Table 13) indicates that Level of Education was significantly related to Frequency of Harsh Response ($t = -2.27$, $p < .05$, $\beta = -.15$); in this instance, the correlation equaled the regression beta ($r = -.15$, $p < .05$). Model 4 (of Table 13) indicated that Level of Education was significantly related to Acceptability of Western BPT Techniques ($t = 3.69$, $p < .001$, $\beta = .43$), and Anticipated effectiveness of Western BPT techniques ($t = -2.35$, $p < .01$, and $\beta = -.22$). In both instances, correlations were non-significant.

Table 13. Results of regression analyses predicting parent level of education

Model 1	**Appropriate Parent Behavior**	t	β
Model R^2=.05, F=3.95***			
	Frequency of appropriate techniques across misbehaviors	0.53	0.05
	Effectiveness of appropriate techniques across misbehaviors	0.72	0.06
	Frequency of appropriate response across positive behaviors	-1.67	-0.11
	Agreement with adaptive beliefs	3.44**	0.21
Model 2	**Inappropriate Parent Behavior**	t	β
Model R^2=.10, F=8.45***			
	Frequency of inappropriate techniques across misbehaviors	-0.18	-0.01
	Effectiveness of inappropriate techniques across misbehaviors	0.78	0.06
	Frequency of inappropriate response across positive behaviors	-5.42***	-0.32
	Agreement with non-adaptive beliefs	3.13**	0.18
Model 3	**Harsh Parent Behavior**	t	β
Model R^2=.02, F=3.45*			
	Frequency of harsh techniques across misbehaviors	-2.27*	-0.15
	Effectiveness of harsh techniques across misbehaviors	-0.18	-0.01
Model 4	**Attitudes Towards Western Techniques**	t	β
Model R^2=.05, F=5.79**			
	Acceptability of Western BPT techniques	3.69***	0.43
	Perceived feasibility of Western BPT techniques	-0.93	-0.11
	Anticipated effectiveness of Western BPT techniques	-2.35*	-0.22

Note. * P<.05; **P<.01; *** P<.001

Table 14 reports regression results for relations with parents' tendency to follow Western cultural styles, which was significantly related to three out of four domains of parenting behavior and beliefs (Appropriate Parent Behavior; Inappropriate Parent Behavior; and Attitudes Towards Western Techniques).

In Model 1 (of Table 14), regression results indicate a significant relation between Western Style and Appropriate Response to Positive Child Behavior ($t = -2.71$, $p<.01$, $\beta = -.17$), and Agreement with Adaptive Beliefs ($t = 3.51$, $p< .01$, $\beta = .21$). In contrast, both correlations were non-significant. Also in contrast, correlations between Western Style, and Frequency of Appropriate Response across Misbehaviors ($r = .17$, $p< .01$) and Effectiveness of Appropriate Techniques across Misbehaviors ($r = .13$, $p< .05$) were significant where the regressions were non-significant.

In Model 2 (of Table 14), regression results indicate that Western Style was significantly related to Inappropriate Response to Positive Child Behavior ($t = -4.39$, $p< .001$, $\beta = -.27$); the correlation for this relation was smaller ($r = -.21$, $p< .01$). Model 3 (of Table 14) reports results for Western Style predicting Harsh Parent Behavior. The overall model as well as the individual predictors were all non-significant.

Model 4 (of Table 14) shows that Western Style was significantly related to Acceptability of Western BPT techniques ($t = 3.18$, $p< .01$, $\beta = .38$), Perceived feasibility of Western BPT techniques ($t = -1.98$, $p<0.05$, and $\beta = -.23$), and Anticipated Effectiveness of Western BPT Techniques ($t = -2.05$, $p< .01$, and $\beta = -.20$). The correlations for these relations were all non-significant.

Table 14. Results of regression analyses predicting western style

Model 1	**Appropriate Parent Behavior**	t	β
Model R^2=.08, F=6.54***			
	Frequency of appropriate techniques across misbehaviors	1.93	0.16
	Effectiveness of appropriate techniques across misbehaviors	0.58	0.05
	Frequency of appropriate response across positive behaviors	-2.71**	-0.17
	Agreement with adaptive beliefs	3.51**	0.21

Model 2	**Inappropriate Parent Behavior**	t	β
Model R^2=.06, F=5.04***			
	Frequency of inappropriate techniques across misbehaviors	1.04	0.08
	Effectiveness of inappropriate techniques across misbehaviors	0.62	0.05
	Frequency of inappropriate response across positive behaviors	-4.39***	-0.27
	Agreement with non-adaptive beliefs	0.80	0.05

Model 3	**Harsh Parent Behavior**	t	β
Model R^2=.00, F=.31			
	Frequency of harsh response across misbehaviors	-0.48	-0.03
	Effectiveness of harsh response across misbehaviors	0.77	0.05

Model 4	**Attitudes Towards Western Techniques**	t	β
Model R^2=.04, F=4.09**			
	Acceptability of Western BPT techniques	3.18**	0.38
	Perceived feasibility of Western BPT techniques	-1.98*	-0.23
	Anticipated effectiveness of Western BPT techniques	-2.05*	-0.20

Note. * P<.05; **P<.01; *** P<.001

Table 15 reports regression results for parents' holding Traditional Values, which were significantly related to two of four domains of parenting behavior and beliefs (Inappropriate Parent Behavior, Attitudes towards Western Techniques). Again, contrasting the correlations and regression analyses, there were more significant unique relations than total relations, and the unique effects generally were larger than the total effects.

Model 1 (of Table 15) reported results for Traditional Values predicting Appropriate Parent Behavior. The overall model as well as the individual predictors were all non-significant. In Model 2 (of Table 15), regression results indicate that Traditional Values was significantly related to Inappropriate Response to Positive Child Behaviors ($t = 2.18$, $p < .05$, $\beta = .13$) whereas the correlation was non-significant.

Model 3 (of Table 15) reports results for Traditional Values predicting Harsh Parent Behavior. The overall model as well as the individual predictors were all non-significant. Model 4 (of Table 15) indicates the overall relation between Traditional Values and Attitudes towards Western BPT was significant but none of the individual predictors (Acceptability, Feasibility, Anticipated Effectiveness) were significant in the model. Two of the three correlations, however, were significant: Acceptability of Western BPT Techniques ($r = -.13$, $p < .05$), and Feasibility of Western BPT Techniques ($r = -.11$, $p < .05$).

Table 15. Results of Regression Analysis predicting traditional values

Model 1	**Appropriate Parent Behavior**	t	β
Model R^2=.01, F=.94			
	Frequency of appropriate techniques across misbehaviors	0.50	0.04
	Effectiveness of appropriate techniques across misbehaviors	-0.41	-0.04
	Frequency of appropriate response across positive behaviors	-1.71	-0.11
	Agreement with adaptive beliefs	0.82	0.05

Model 2	**Inappropriate Parent Behavior**	t	β
Model R^2=.03, F=2.41*			
	Frequency of inappropriate techniques across misbehaviors	-0.08	-0.01
	Effectiveness of inappropriate techniques across misbehaviors	-1.21	-0.10
	Frequency of inappropriate response across positive behaviors	2.18*	0.13
	Agreement with non-adaptive beliefs	-1.93	-0.12

Model 3	**Harsh Parent Behavior**	t	β
Model R^2=.00, F=.38			
	Frequency of harsh techniques across misbehaviors	-0.35	-0.02
	Effectiveness of harsh techniques across misbehaviors	-0.55	-0.04

Model 4	**Attitudes Towards Western Techniques**	t	β
Model R^2=.01, F=2.66*			
	Acceptability of Western BPT techniques	1.74	0.21
	Perceived feasibility of Western BPT techniques	0.44	0.05
	Anticipated effectiveness of Western BPT techniques	1.54	0.15

Note. * P<.05; **P<.01; *** P<.001

Table 16 and table 17 reports regression results for the unique relations between child behavior problems as reported by parents and teacher, and the domains of parenting behavior and beliefs. None of the models or individual predictors were significant, nor were any of the correlations significant, indicating no significant relations between child behavior problems, and parenting behavior and attitudes.

Table 16. Results of regression analyses predicting parent-reported behavior problems

Model 1	**Appropriate Parent Behavior**	t	β
Model R^2=.00, F=.67			
	Frequency of appropriate techniques across misbehaviors	1.40	0.12
	Effectiveness of appropriate techniques across misbehaviors	-0.96	-0.08
	Frequency of appropriate response across positive behaviors	-0.86	-0.06
	Agreement with adaptive beliefs	0.48	0.03

Model 2	**Inappropriate Parent Behavior**	t	β
Model R^2=.02, F=1.91			
	Frequency of inappropriate techniques across misbehaviors	2.49*	0.20
	Effectiveness of inappropriate techniques across misbehaviors	-2.00*	-0.16
	Frequency of inappropriate response across positive behaviors	-1.24	-0.08
	Mean agreement with non-adaptive beliefs	0.24	0.01

Model 3	**Harsh Parent Behavior**	t	β
Model R^2=.01, F=2.11			
	Frequency of harsh response across misbehaviors	2.02*	0.13
	Effectiveness of harsh response across misbehaviors	-1.27	-0.08

Model 4	**Attitudes Towards Western Techniques**	t	β
Model R^2=.01, F=1.56			
	Acceptability of Western BPT techniques	1.85	0.22
	Perceived feasibility of Western BPT techniques	-0.51	-0.06
	Anticipated effectiveness of Western BPT techniques	-1.70	-0.17

Note. * P<.05; **P<.01; *** P<.001.

Table 17. Results of regression analyses predicting teacher-reported behavior problems

Model 1	**Appropriate Parent Behavior**	t	β
Model R^2=.01, F=1.36			
	Frequency of appropriate techniques across misbehaviors	-0.58	-0.05
	Effectiveness of appropriate techniques across misbehaviors	0.81	0.07
	Frequency of appropriate response across positive behaviors	1.75	0.12
	Agreement with adaptive beliefs	-1.21	-0.07

Model 2	**Inappropriate Parent Behavior**	t	β
Model R^2=.01, F=1.41			
	Mean frequency of inappropriate techniques across misbehaviors	0.76	0.06
	Mean effectiveness of inappropriate techniques across misbehaviors	0.46	0.04
	Mean frequency of inappropriate response across positive behaviors	1.37	0.08
	Mean agreement with non-adaptive beliefs	-0.87	-0.05

Model 3	**Harsh Parent Behavior**	t	β
Model R^2=.01, F=1.69			
	Frequency of harsh techniques across misbehaviors	-0.01	0.00
	Effectiveness of harsh techniques across misbehaviors	1.64	0.11

Model 4	**Attitudes Towards Western Techniques**	t	β
Model R^2=.00, F=.83			
	Acceptability of Western BPT techniques	-0.51	-0.06
	Perceived feasibility of Western BPT techniques	1.13	0.13
	Anticipated effectiveness of Western BPT techniques	0.05	0.00

Note. * P<.05; **P<.01; *** P<.001.

CHAPTER IV

DISCUSSION

The goals of this study were to assess: (a) the strategies that Vietnamese parents reported that they used in response to various child misbehaviors and positive child behavior, and the expected effectiveness of these responses; (b) parents' beliefs about reward and punishment as child discipline strategies; (c) from who they would seek help for child behavior problems; and (d) parents' beliefs about the acceptability, perceived feasibility, and anticipated effectiveness of BPT techniques.

Overall, Vietnamese parents reported using significantly more of Inappropriate responses than Appropriate responses for relatively serious child misbehavior, but reported using significantly more of Appropriate responses than Inappropriate responses for more mild child misbehavior. The mean for Harsh responses was significantly lower than the mean for Appropriate and Inappropriate responses across all six child misbehaviors; however, the mean for Harsh responses was greater than 1 (never) indicating that parents did on occasion use harsh responses. The first finding, that Vietnamese parents used more Inappropriate responses for more serious child misbehavior, is consistent with the literature review that suggested that Vietnamese parents tend to adopt authoritarian parenting styles that are more control-oriented and more restrictive (Fuligni, Hughes, & Way, 2009). This perspective is supported by the fact that although Vietnamese parents reported less use of Harsh responses than other responses, their mean score for Harsh responses was greater than "never". The second finding that Vietnamese parents used more Appropriate responses for mild misbehavior

may be because Vietnamese parents are not really concerned about these behaviors, in particular because these behaviors do not immediately bring shame to parents and family in contrast to very public behaviors like fighting with others several times per week or shoplifting. It also is possible that Vietnamese parents perceived that these behaviors as caused by immaturity rather than a violation of moral values, and hence respond less aggressively (and less inappropriately, from a Western perspective). Consequently, it may be easier for Vietnamese parents to respond with a patient, calm voice and explain the purpose of rules for the child with mild misbehaviors whereas they tend to over react to more severe misbehaviors to preserve the family's reputation. (Alber & Heward, 2000)

In regards to the parents' reported interest in help seeking (Tables 9 and 10), 40% of parents reported they would seek help for minor problems (e.g., whining, cursing) immediately and about 55% of parents said they would seek help for more serious problems (e.g., school work problems, stealing) immediately; only about 5-10% of parents said they would not seek help even if the problem got worse. Across the four types of child misbehaviors, parents were significantly least likely to seek help from a psychologist, and in general parents were significantly most likely to seek help from school personnel (a teacher or school principal). This pattern may reflect several things. The first is that Vietnamese parents (and Vietnamese in general) are not highly familiar with psychologists, and hence may not understand their potential value in helping with child behavior problems. It is also possible because of this lack of familiarity, psychologists may be seen as connected to more severe and overtly abnormal forms of mental illness (e.g., schizophrenia), and their use hence may be seen as more stigmatized.

In contrast, teachers and principals may be more likely to be sources of help because they are very familiar to parents, and because the parents do not perceive the child behavior problems as "mental health" problems. Rather, they may see them as bad habits or bad temperament so a teacher can educate the child. In addition, in Asian countries, traditionally students have even more respect for teachers than parents, so parents may seek help from this potentially powerful source. Similarly and conversely, if Vietnamese do not see these child behavior problems as related to mental health they would not be likely to seek help from psychologists. This is partly supported by research findings that a sense of shame reduces parents' interest in seeking or participating in mental health services such as BPT (Chiu, 2004; Lau & Takeuchi, 2001)

Regarding BPT's acceptability, Vietnamese parents were fairly willing to try using all six BPT's techniques, perceived relatively few barriers to implementing these techniques, and that all of the techniques they would be fairly effective (all of the mean scores for Acceptability, Perceived Feasibility and Anticipated Effectiveness were > 2: somewhat willing / feasibile / effective). The results from the current study are consistent with previous findings that reported that Chinese-immigrant parents have similar views of the acceptability of the techniques offered within BPT as Euro North Americans (Reid et al., 2001).

As predicted, Vietnamese parents reported Ignoring as the least acceptable, least feasible, and least effective BPT technique. Vietnamese parents may have difficulty accepting this technique because they believe that training and educating children is the primary responsibility of parents. Children need to be educated every time they make a

mistake and parents may view ignoring as indicating that they cannot educate their children, rather than an active child discipline strategy. In addition, to implement ignoring it is very important to implement the technique consistently. However, it likely would be hard for Vietnamese parents to implement it consistently because even if they were in support of the technique, they often live in extended families and their discipline may have interrupted by grandparents who have power in the household, but less interest in trying new child management techniques.

Contrary to our expectations, Vietnamese reported relatively high levels of acceptance of praise as an effective tool to increase desired behaviors and reduce negative behaviors in their children. We hypothesized that parents would not have positive attitudes towards or use praise because the literature review suggested that Asian parents in general have a belief that too much praise on their children will lead them to act arrogant (e.g., Cheung & Nguyen, 2001), and because Asian parents and children do not talk openly about their experiences with each other. They believe that direct expression of warmth may harm their children. Moreover, children "just know parents care about them" so praise or direct positive emotional exchanges are not necessary (Kim & Wong, 2002). However, it is possible that Vietnamese parents may understand that using *labeled* praise focused on specific behavior such as "You've done a good job of cleaning! Thank you for helping me" will not increase the risk of arrogance in their children, in contrast to general, unfocused praise. There are some studies that support this position, such as Mah et al. (2012), Yu et al. (2011), and Ho et al. (2012). Yu et al. (2011), for instance, found that Chinese parents did tend to accept praise and responsive play. They suggested that Chinese populations may report positive attitudes towards and

use of praise possibly (a) because the Chinese parents believed that these techniques were being promoted by an expert and the parents rated all of the techniques as relatively acceptable, to show respect to the expert; (b) because Chinese may see the benefits of praise from a different perspective. They may praise the child before the desired behaviors to motivate them which may be more acceptable in Asian countries (Mah et al ,2012). In sum, Vietnamese parents showed less acceptability, feasibility and effectiveness toward BPT punishment techniques (ignoring, time out, losing privilege) than reinforcement techniques (praise, special play time). It is possible that the Vietnamese parents' lack of enthusiasm for BPT punishment techniques is because they are a mismatch with their cultural beliefs about shame, fear or guilt based discipline as the most appropriate forms of punishment (Alber & Heward, 2000). Similarly, Vietnamese parents may show more acceptability, feasibility and anticipated effectiveness for Adaptive Techniques (e.g., praise) because the forms of punishment that they prefer (e.g., making the child feel guilty) were not included in the list of potential responses.

To determine relations between the parents' background characteristics, and their reports of the use, acceptability, feasibility and effectiveness of BPT techniques, we conducted correlation and regression analyses. In general, correlations were in expected directions. For instance, Income and Education level correlated positively with Agreement with Adaptive Techniques and negatively with Inappropriate Responses to Positive Child Behavior, and Western Style correlated positively with Use of Appropriate Techniques and Negatively with Inappropriate Response to Positive Child Behavior. Traditional values negatively correlated with BPT's Acceptability. However, parents who

behaved following Western styles did not have more of a tendency to have positive attitudes towards BPT techniques. This suggests that the aspects of culture linked to parenting styles or attitudes towards parenting styles may be different from those linked to more general cultural issues

Contrary to expectation, the severity of the child's behavior problems was not associated with parents' reported use or attitudes towards Appropriate, Inappropriate, or Harsh responses. It is possible that this occurred because, as a result of the sample being a non-referred normative sample, problem levels as reported by the CBCL (M = 6.28) and TRF (M= 3.47) were fairly low in comparison with the maximum value of each scale (72 & 64). As a consequence, there may not have been a sense of urgency or relevance for seeking care or learning new parenting strategies among these parents. Although parents were presented with hypothetical child problems, these hypothetical cases may have been too abstract to generate sufficient concern among the parents to elicit a true response, as they might respond if their child was actually showing serious problems. These findings also were supported by Ho et al. (2012).

Although the correlations between parent behavior and attitudes, and family background characteristics were in expected directions, with the regression analyses many of the beta were not in expected directions. For instance, for the beta between Family Income and Appropriate Parent Response to Positive Child Behavior, we would have expected the beta to be positive but it was negative ($t = -3.26$, $p<.01$, $\beta = -.21$). Although the exact reason for this is not clear, several possible explanation are (a) that these are Western perspectives vis-a-vis appropriateness etc, and participants may not

have understood the responses in the intended way; and (b) that there may be some complex statistical interaction that was not clearly identified. In interpreting all of these results, it is important to remember that these are parents' reports of their use of BPT techniques rather than their actual use of these techniques.

Limitations of the present study

Several limitations should be considered when interpreting the findings of this study. First, our sample was recruited from general public schools in Danang city and Hanoi. Consequently, the children were not clinic-referred with significant levels of disruptive behavior problems; rather, they were typical children with relatively mild problem levels. Parents of children with clinically significant problems might evaluate BPT components differently, as the issues of how to modify one's child's behavior may be more relevant and more immediate when one's child actually has significant problems. Second, the median educational grade achieved by the parents in our sample was 13 (i.e., one year of college), indicating that our sample was relatively highly educated compared to Vietnamese families in general (e.g., in a nationally representative sample of Vietnamese parents, only 37% had graduated from high school; Weiss et al., 2013). This relatively high level of education may partly explain the relatively positive attitudes parents' had towards Western EBT techniques; arguing against this interpretation is the finding that relations with parent Education were relatively small, and for the majority of variables non-significant.

Third, in order to standardize the stimuli across parents, our questionnaires focused only on the misbehavior of an 11 year old boy. Vietnamese parents might

respond differently to misbehavior in girls or older (or younger) children. Fourth, all of the measures were based on self-report, with the Likert scale anchors involving relatively qualitative descriptors (e.g., "not at all" to "very'). Thus, as noted above, results may have been influenced by social desirability demands. The use of qualitative Likert scale anchors may have introduced additional variability as different parents interpreted the anchors differently. Finally, we coded parent responses into appropriate, inappropriate or harsh, based on Western perspectives, in order to understand parents' responses and attitudes relative to well researched Western BPT. This categorization, however, may not have been appropriate or even meaningful, given Vietnamese culture.

Implications

The results of this study suggest that Vietnamese parents are fairly willing to participate in BPT training and are open in general to BPT techniques. One implication thus is that relatively little modification of BPT may be necessary for Vietnamese parents. However, Vietnamese parents reported less acceptability for central non-physical punishment BPT techniques such as ignoring and time out. This suggests that in order to engage Vietnamese parents into BPT treatment, the clinician may need to be careful to avoid direct negative statements about use of physical punishment techniques, at least initially, in order to avoid alienating the parents.

The same pattern was found for the acceptability and effectiveness of BPT techniques. This suggests that it may be particularly important in regards to parental engagement to clarify the purpose of each punishment technique (in particular, techniques such as ignoring and time out, which may be seen as excessively mild) by

explaining the purpose of the technique and why it works. Since Vietnamese parents show highest level of respect for teachers and tend to seek help from teachers for their child misbehaviors, it may be better if BPT programs are advertised through school system, and school personnel who understand the program can refer the parents to this program. Finally, engagement also may be maximized by explaining the goals of BPT as focused on managing noncompliant behaviors rather than on improving parent–child relationships or increasing appropriate behaviors.

Finally, given the significant relations between parent income and education, and attitudes towards BPT, clinicians should be aware of cultural attitudes and parenting practices in Vietnam. Clinicians need to assess background information and parental capacity before training, to identify those who have the highest risk of rejecting new parenting skills, and spending additional time explaining the purpose and function of the techniques.

Recommendations for future research

These results suggest several areas where future research would be useful. First, it would be useful to assess parental attitudes and responses for several different groups, including parents of females, parents of older/younger children who might be more concerned about behavior problems, and parents of lower average education who might be more representative of Vietnam. In particular, it may be useful to assess parents of children with significant behavior problems. Second, the range of predictors in this study was relatively limited, and it would be useful to assess effects of relevant cultural variables such as self-construals (the extent to which one defines oneself in relation to

others, versus as an independent entity), which is a central cultural difference between Asian and Western cultures. Third, our sample only assessed one caregiver from each family. It may be useful to collect data from multiple caregivers, as caregivers from the same family may have different opinions regarding the acceptability, feasibility and anticipated effectiveness of BFT, and the agreement (or disagreement) between their perspectives might have implications for their child. Finally and ultimately, future research will need to assess parents' actual acceptance and use BPT's techniques after participating in BPT training programs.

APPENDIX

Appendix A: Demographic questionnaire.

Back translation of Vietnamese Measures

Please answer these following questions by darkening the appropriate circle!

5. Who spend the most time with your child

○ Biological parents ○ Nanny ○ Grandparents ○ Adult relative

Other (specify)_____

6. How many months in the last year have you lived with your child?

○ 0-2 mos ○ 3-4 mos ○ 5-6 mos ○ 7-8 mos ○ 9-10 mos ○ 11-12 mos

6.1 How many hours on average per day do you spend on your child?

○ an hour ○ 2-3hours ○ 4-5 hours ○ 6-7 hours ○ 8-9 hours ○ more than 10 hours

7. How many children do you have ? ☐☐

8. What is your household income per month (include any financial aid)?

○ Less than 800k VND ○ 800k – 1,2 mil VND

○ 1,2 - 5 mil VND ○ 5 – 10 mil VND ○ 10 mil VND and over

9. How old were the mother when your first child was born? ☐☐

10. What is your marital status?

○Married and living together ○Separated ○Divorced ○Single never married

11. Please mark the highest level of education you have completed?

○ Grades 1 - 5 ○ Grades 6-9 ○ Grades 10 - 12

○ High school or GED ○ College ○ Post college degree

12. Are you working right now?

○Yes ○Not working but looking for a job ○working at home ○Retire

12.1 What is your specific job or occupation? (IF retired, give occupation before retirement)

_____

13. What is the highest level of school your spouse/partner has completed?

○ Grades 1 - 5 ○ Grades 6-9 ○ Grades 10 - 12

○ High school or GED ○ College ○ Post college degree

14. Is your spouse/partner working right now?

○Yes ○Not working but looking for a job ○ Working at home ○Retire

14.1 What is your specific job or occupation? (IF retired, give occupation before retirement)?

_____

15. Do you know any foreign language?

○ Yes ○ No

If yes, please specify what language:
_____Level:_____

16. Have you ever traveled overseas? ○ Yes ○ Not yet

If Yes, where? _____

17. Do you have any foreign friends or work with foreign colleague?

○ Yes ○ No

18. How often do you read information from foreign websites on the internet?

7 6 5 4 3 2 1

Always ○ ○ ○ ○ ○ ○ ○ Never

19. How often do you read newspapers about rearing children?

7 6 5 4 3 2 1

Always ○ ○ ○ ○ ○ ○ ○ Never

20. How often do you read foreign books/ novel (but not Chinese, Korean or Japanese books or novel)

7 6 5 4 3 2 1

Always ○ ○ ○ ○ ○ ○ ○ Never

21. How often do you eat Western food?

7 6 5 4 3 2 1

Always ○ ○ ○ ○ ○ ○ ○ Never

22.Do you often enjoy social activities with foreigner?

7 6 5 4 3 2 1

Always ○ ○ ○ ○ ○ ○ ○ Never

23. Do you often feel comfortable talking with foreigner?

7 6 5 4 3 2 1

Always ○ ○ ○ ○ ○ ○ ○ Never

24. Do you often behave in a ways that are Western style?

7 6 5 4 3 2 1

Always ○ ○ ○ ○ ○ ○ ○ Never

25. Do you think you would always maintain your traditional values?

7 6 5 4 3 2 1

Always ○ ○ ○ ○ ○ ○ ○ Never

Thanks very much for your co-operation!

Appendix B: Parent Use and Beliefs About BPT Behaviors

Back translation of Vietnamese Measures

PART 1: This part looks at Vietnamese parents' opinion about parenting strategies for managing their child behavior. Suppose that you have a 11 year old boy.

Please read the following situations and (1) tell me what you would do if these situations happen with your child. Then (2) please tell me why would you do this and what would you be hoping to accomplish?

1.1. Recently, your son likes a girl classmate. He started to spend too much time talking on the phone with her and does not finish his homework.

What you would do?

_____
_____
_____

What would you expect from your child when you do it?

_____
_____
_____

1.2. Your son comes home late from school an hour. He said that he got into a fist fight with a friend at school and his teacher told him to stay in class and wrote a report for parents to sign. Your son says that the fight was not his fault.

What you would do?

_____
_____
_____

What would you expect from your child when you do it?

_____
_____
_____

1.3. Your son sneaks out into a neighbor's yard, climbs on the guava tree and steals some guava. Your neighbor sees and reports it to you.

What you would do?

_____
_____
_____

What would you expect from your child when you do it?

_____
_____
_____

1.4. Your son shoplifted a cellphone at a phone shop. He gets caught and was brought to the police station. Police called and asked you come to the police station to solve the problem.

What you would do?

_____
_____
_____

What would you expect from your child when you do it?

_____
_____
_____

1.5. Lately, you discovered that your son has been frequently stealing his aunt's underwear and hiding it.

What you would do?

_____
_____
_____

What would you expect from your child when you do it?

_____
_____
_____

1.6. You are cooking dinner. Your son pushes his younger sister and she is crying

What you would do?

_____
_____
_____

What would you expect from your child when you do it?

_____
_____
_____

1.7. Sometimes your son is very slow getting ready to go to school in the morning. However, this morning he gets up on time, puts his clothes on quickly, eats breakfast and gets his books and things ready for school without you saying anything.

What you would do?

_____
_____
_____

What would you expect from your child when you do it?

_____
_____
_____

***Part 2: Below are some* parenting strategies you may use for managing disruptive child behavior. For each situation, please rate (1) how often do you do the following discipline techniques and (2) How effective do you think each discipline technique would be in helping to improve your child behavior by circling the appropriate number.**

2.1. Suppose you have an 11 year old boy who is whining frequently

How often do you do the following discipline techniques? **How effective do you think each discipline technique would be in helping to improve your child behavior?**	Never	Seldom	Sometime	Often	Always	Not at all effective	Somewhat effective	Quite effective	Very effective	Extremely effective
1. Ignore	①	②	③	④	⑤	①	②	③	④	⑤
2. Stare at them but do nothing	①	②	③	④	⑤	①	②	③	④	⑤
3. Scold or yell	①	②	③	④	⑤	①	②	③	④	⑤
4. Threaten to punish him if he do it again	①	②	③	④	⑤	①	②	③	④	⑤
5. Time out for 10 minutes	①	②	③	④	⑤	①	②	③	④	⑤
6. Take away privileges (like TV, visit friends)	①	②	③	④	⑤	①	②	③	④	⑤
7. Spanking (with bare hand or something like belt, broom)	①	②	③	④	⑤	①	②	③	④	⑤
8. Slap or hit	①	②	③	④	⑤	①	②	③	④	⑤
9. Give your child more chores	①	②	③	④	⑤	①	②	③	④	⑤
10. Try to calm him/her down by giving him/her what s/he wants	①	②	③	④	⑤	①	②	③	④	⑤
11. Threaten to ignore him the rest of his life if s/he doesn't stop	①	②	③	④	⑤	①	②	③	④	⑤
12. Kick him out of the house	①	②	③	④	⑤	①	②	③	④	⑤
13. Ground your child	①	②	③	④	⑤	①	②	③	④	⑤
14. Pull hair, pull ear	①	②	③	④	⑤	①	②	③	④	⑤
15. Explain why it is so bad and express their disappointment toward the child	①	②	③	④	⑤	①	②	③	④	⑤
16. Consult with a doctor	①	②	③	④	⑤	①	②	③	④	⑤
17. Consult with a teacher	①	②	③	④	⑤	①	②	③	④	⑤
18. Consult with psychologist or counselor	①	②	③	④	⑤	①	②	③	④	⑤
19. Consult with a relative	①	②	③	④	⑤	①	②	③	④	⑤

20. Other: specify	①	②	③	④	⑤	①	②	③	④	⑤

2.2. Suppose you have an 11 year old boy who is Not doing homework

How often do you do the following discipline techniques? **How effective do you think each discipline technique would be in helping to improve your child behavior?**	Never	Seldom	Sometime	Often	Always	Not at all effective	Somewhat effective	Quite effective	Very effective	Extremely effective
1. Ignore	①	②	③	④	⑤	①	②	③	④	⑤
2. Scold or yell	①	②	③	④	⑤	①	②	③	④	⑤
3. Get him/her to apologize	①	②	③	④	⑤	①	②	③	④	⑤
4. Threaten to punish him if he do it again	①	②	③	④	⑤	①	②	③	④	⑤
5. Time out for 10 mintutes	①	②	③	④	⑤	①	②	③	④	⑤
6. Take away privileges (like TV, visit friends)	①	②	③	④	⑤	①	②	③	④	⑤
7. Spanking (with bare hand or with something like belt, broom)	①	②	③	④	⑤	①	②	③	④	⑤
8. Slap or hit	①	②	③	④	⑤	①	②	③	④	⑤
9. Give your child more chores	①	②	③	④	⑤	①	②	③	④	⑤
10. Discuss the problem with the child, teach about good and bad behavior	①	②	③	④	⑤	①	②	③	④	⑤
11. Don't allow to eat	①	②	③	④	⑤	①	②	③	④	⑤
12. Threaten to ignore him the rest of his life	①	②	③	④	⑤	①	②	③	④	⑤
13. Kick him out of the house	①	②	③	④	⑤	①	②	③	④	⑤
14. Force him to knees down for 30mins (humiliate the child and the child will get pain)	①	②	③	④	⑤	①	②	③	④	⑤
15. Tie him up	①	②	③	④	⑤	①	②	③	④	⑤
16. Ground your child	①	②	③	④	⑤	①	②	③	④	⑤
17. Pull hair, pull ear	①	②	③	④	⑤	①	②	③	④	⑤
18. Explain why it is so bad and express their disappointment toward the child	①	②	③	④	⑤	①	②	③	④	⑤
19. Consult with a doctor	①	②	③	④	⑤	①	②	③	④	⑤
20. Consult with a teacher	①	②	③	④	⑤	①	②	③	④	⑤

21. Consult with psychologist or counselor	① ② ③ ④ ⑤	① ② ③ ④ ⑤
22. Consult with a relative	① ② ③ ④ ⑤	① ② ③ ④ ⑤
23. Other: specify	① ② ③ ④ ⑤	① ② ③ ④ ⑤

2.3. Suppose you have an 11 year old boy who is: Lying about school performance or misbehaving at school

How often do you do the following discipline techniques? **How effective do you think each discipline technique would be in helping to improve your child behavior?**	Never Seldom Sometime Often Always	Not at all effective Somewhat effective Quite effective Very effective Extremely effective
1. Ignore	① ② ③ ④ ⑤	① ② ③ ④ ⑤
2. Scold or yell	① ② ③ ④ ⑤	① ② ③ ④ ⑤
3. Get him/her to apologize	① ② ③ ④ ⑤	① ② ③ ④ ⑤
4. Threaten to punish him if he do it again	① ② ③ ④ ⑤	① ② ③ ④ ⑤
5. Time out for 10 mins	① ② ③ ④ ⑤	① ② ③ ④ ⑤
6. Time out for 30 mins	① ② ③ ④ ⑤	① ② ③ ④ ⑤
7. Take away privileges (like TV, visit friends)	① ② ③ ④ ⑤	① ② ③ ④ ⑤
8. Spanking (with bare hand or with something like belt, broom)	① ② ③ ④ ⑤	① ② ③ ④ ⑤
9. Slap or hit	① ② ③ ④ ⑤	① ② ③ ④ ⑤
10. Give your child more chores	① ② ③ ④ ⑤	① ② ③ ④ ⑤
11. Discuss the problem with the child, teach about good and bad behavior	① ② ③ ④ ⑤	① ② ③ ④ ⑤
12. Don't allow to eat	① ② ③ ④ ⑤	① ② ③ ④ ⑤
13. Threaten to ignore him the rest of his life	① ② ③ ④ ⑤	① ② ③ ④ ⑤
14. Kick him out of the house	① ② ③ ④ ⑤	① ② ③ ④ ⑤
15. Force him to kness down for 30mins (humiliate the child and pain)	① ② ③ ④ ⑤	① ② ③ ④ ⑤
16. Tie him up	① ② ③ ④ ⑤	① ② ③ ④ ⑤
17. Ground your child	① ② ③ ④ ⑤	① ② ③ ④ ⑤

18. Pull hair, pull ear	① ② ③ ④ ⑤	① ② ③ ④ ⑤
19. Explain why it is so bad and express their disappointment toward the child	① ② ③ ④ ⑤	① ② ③ ④ ⑤
20. Consult with a doctor	① ② ③ ④ ⑤	① ② ③ ④ ⑤
21. Consult with a teacher	① ② ③ ④ ⑤	① ② ③ ④ ⑤
22. Consult with psychologist or counselor	① ② ③ ④ ⑤	① ② ③ ④ ⑤
23. Consult with a relative	① ② ③ ④ ⑤	① ② ③ ④ ⑤
24. Other: specify	① ② ③ ④ ⑤	① ② ③ ④ ⑤

2.4. Suppose you have an 11 year old boy who is: Caught for the first time shoplifting

How often do you do the following discipline techniques? **How effective do you think each discipline technique would be in helping to improve your child behavior?**	Never Seldom Sometime Often Always	Not at all effective Somewhat effective Quite effective Very effective Extremely effective
1. Ignore	① ② ③ ④ ⑤	① ② ③ ④ ⑤
2. Scold or yell	① ② ③ ④ ⑤	① ② ③ ④ ⑤
3. Threaten to punish him if he do it again	① ② ③ ④ ⑤	① ② ③ ④ ⑤
4. Time out for 10 mins	① ② ③ ④ ⑤	① ② ③ ④ ⑤
5. Time out for 30 mins	① ② ③ ④ ⑤	① ② ③ ④ ⑤
6. Take away privileges (like TV, visit friends)	① ② ③ ④ ⑤	① ② ③ ④ ⑤
7. Spanking (with bare hand or with something like belt, broom)	① ② ③ ④ ⑤	① ② ③ ④ ⑤
8. Slap or hit	① ② ③ ④ ⑤	① ② ③ ④ ⑤
9. Give your child more chores	① ② ③ ④ ⑤	① ② ③ ④ ⑤
10. Don't allow to eat	① ② ③ ④ ⑤	① ② ③ ④ ⑤
11. Threaten to ignore him the rest of his life	① ② ③ ④ ⑤	① ② ③ ④ ⑤
12. Kick him out of the house	① ② ③ ④ ⑤	① ② ③ ④ ⑤
13. Force him to kness down for 30mins (humiliate the child and pain)	① ② ③ ④ ⑤	① ② ③ ④ ⑤
14. Tie him up	① ② ③ ④ ⑤	① ② ③ ④ ⑤

15. Ground your child	① ② ③ ④ ⑤	① ② ③ ④ ⑤
16. Pull hair, pull ear	① ② ③ ④ ⑤	① ② ③ ④ ⑤
17. Explain why it is so bad and express their disappointment toward the child	① ② ③ ④ ⑤	① ② ③ ④ ⑤
18. Consult with a doctor	① ② ③ ④ ⑤	① ② ③ ④ ⑤
19. Consult with a teacher	① ② ③ ④ ⑤	① ② ③ ④ ⑤
20. Consult with psychologist or counselor	① ② ③ ④ ⑤	① ② ③ ④ ⑤
21. Consult with a relative	① ② ③ ④ ⑤	① ② ③ ④ ⑤
22. Other: specify	① ② ③ ④ ⑤	① ② ③ ④ ⑤

2.5. Suppose you have an 11 year old boy who is: Getting into physical fights with other students at school several times a month.

How often do you do the following discipline techniques? **How effective do you think each discipline technique would be in helping to improve your child behavior?**	Never	Seldom	Sometime	Often	Always	Not at all effective	Somewhat effective	Quite effective	Very effective	Extremely effective
1. Ignore	①	②	③	④	⑤	①	②	③	④	⑤
2. Get him/her to apologize	①	②	③	④	⑤	①	②	③	④	⑤
3. Threaten to punish him if he do it again	①	②	③	④	⑤	①	②	③	④	⑤
4. Time out for 10 mins	①	②	③	④	⑤	①	②	③	④	⑤
5. Time out for 30 mins	①	②	③	④	⑤	①	②	③	④	⑤
6. Take away privileges (like TV, visit friends)	①	②	③	④	⑤	①	②	③	④	⑤
7. Spanking (with bare hand or with something like belt, broom)	①	②	③	④	⑤	①	②	③	④	⑤
8. Slap or hit	①	②	③	④	⑤	①	②	③	④	⑤
9. Give your child more chores	①	②	③	④	⑤	①	②	③	④	⑤
10. Don’t allow to eat	①	②	③	④	⑤	①	②	③	④	⑤
11. Threaten to ignore him the rest of his life	①	②	③	④	⑤	①	②	③	④	⑤

12. Kick him out of the house	① ② ③ ④ ⑤	① ② ③ ④ ⑤
13. Force him to knees down for 30mins (humiliate the child and pain)	① ② ③ ④ ⑤	① ② ③ ④ ⑤
14. Tie him up	① ② ③ ④ ⑤	① ② ③ ④ ⑤
15. Ground your child	① ② ③ ④ ⑤	① ② ③ ④ ⑤
16. Pull hair, pull ear	① ② ③ ④ ⑤	① ② ③ ④ ⑤
17. Explain why it is so bad and express their disappointment toward the child	① ② ③ ④ ⑤	① ② ③ ④ ⑤
18. Consult with a doctor	① ② ③ ④ ⑤	① ② ③ ④ ⑤
19. Consult with a teacher	① ② ③ ④ ⑤	① ② ③ ④ ⑤
20. Consult with psychologist or counselor	① ② ③ ④ ⑤	① ② ③ ④ ⑤
21. Consult with a relative	① ② ③ ④ ⑤	① ② ③ ④ ⑤
22. Other: specify	① ② ③ ④ ⑤	① ② ③ ④ ⑤

2.6. Suppose you have an 11 year old boy. Usually you have to tell your child several times to do his chores before he will do them. Tonight your child does his chores without being told to do them.

Below is a list of things that parents might do when something like this happens. If something like this happened, how likely is it that you would do each of the things that parents sometimes do? (You can pick more than one)

	Never	Sometime	Often	Always
1. I would notice it but say nothing because this what he's supposed to do	①	②	③	④
2. I would praise or compliment him (verbally)	①	②	③	④
3. I would give him a hug, kiss, or a pat on the shoulder	①	②	③	④
4. I would say nothing but then I will cook him a favorite dish	①	②	③	④
5. I would give him some money.				
6. I would buy him something (school material, new clothes or comic book…)	①	②	③	④

7. I would smile and nod at him, let him know I acknowledge his good behavior	① ② ③ ④
8. I would give him credit by point or star on a chart to exchange for rewards.	① ② ③ ④
9. I would not even notice it because this what he's supposed to do	① ② ③ ④

2.7. Suppose you have an 11 year old boy. Usually, your child arguers with his sister at dinner but tonight he does not and behaves friendly and get along with his sister.

	Never	Sometime	Often	Always
1. I would notice it but say nothing because this what he's supposed to do	①	②	③	④
2. I would praise or compliment him (verbally)	①	②	③	④
3. I would give him a hug, kiss, or a pat on the shoulder	①	②	③	④
4. I would say nothing but then I will cook him a favorite dish	①	②	③	④
5. I would give him some money.				
6. I would buy him something (school material, new clothes or comic book…)	①	②	③	④
7. I would smile and nod at him, let him know I acknowledge his good behavior	①	②	③	④
8. I would give him credit by point or star on a chart to exchange for rewards.	①	②	③	④
9. I would not even notice it because this what he's supposed to do	①	②	③	④

2.8. Please rate how much you agree with the following statement

	Strongly disagree	More disagree than agree	More agree than disagree	Strongly agree
1. Giving children a reward for good behavior is bribery	①	②	③	④
2. I shouldn't have to reward my child to get him to do things he is supposed to do	①	②	③	④
3. Using rewards to teach the child how to behave appropriately is effective because the child learns what he should do for good	①	②	③	④

behavior that parents want then they will learn to do it again because they know what parents want.	
4. Giving too much praise will make the child be more arrogant	① ② ③ ④
5. It's important to praise the child when they do well so that they will do the same behavior again	① ② ③ ④
6. I'd like to praise my child but I cannot find any behaviors to praise	① ② ③ ④
7. If I give my child praise or rewards for his good behavior, he will demand rewards for everything	① ② ③ ④
8. If a child is having trouble doing something he is supposed to do (ex get up in the morning or cleaning up toys) it is a good idea to set up a reward so that he will learn the correct thing to do.	① ② ③ ④
9. If you punish your child a lot (yelling, spanking…), he will learn to avoid you because people avoid other people who hurt them.	① ② ③ ④
10. Punishing a child by hitting them or some other method is effective because then the child is afraid to do the behavior again	① ② ③ ④
11. If you hit your child to punish him, he will hit other people when he doesn't like what they do because he will learn that you hit people when you don't like what they do.	① ② ③ ④
12. Excessive use of punishment may erode your child's self-esteem.	
13. If I spend too much time or be close to my son, He won't respect or scare me then he will not follow what I teach him.	① ② ③ ④
14. Using shame and guilt is good because it will make the child want to do what's best or good for the family.	① ② ③ ④
15. Ignore minor misbehaviors (whining, crying) will make these behavior get worse, out of parent's control.	① ② ③ ④
16. Let children feel they own parents a lot by telling them that you work very hard to assure they have the best opportunities is good to motivate them behave appropriately.	① ② ③ ④
Other:…….	① ② ③ ④

PART 3: *In the next set of questions, we are going to describe several different techniques or suggestions that a MENTAL HEALTH expert might make to help you with your child. Please read each technique and its description. Then we would like you to answer several questions about your opinion or reaction to the technique suggested by the expert.*

3.1. Attending in special playtime

The purpose of Special Playtime is to enhance parents – child relationship and to increase the child's Compliance and positive behavior. To start "Special Time", parent set aside 10 minutes every day to play with children. Ask your child what he would like to play. Parent get down on the floor (or sit) by your child and describe out loud whatever (good) behavior your child is doing. It is something like a sportscaster describing the plays of a football game out loud over the radio. For example, "You are driving a car. You put your car into a gara. Now, you are trying to fix your car…" During playtime, parents ask no questions and give no instructions.

Imagine that you had consulted with a psychologist because your child was having problems and the psychologist recommended that you use this technique to improve the relationship between you and your child because he felt that it would be effective.

1. *How willing would you be to try using* this technique *at home to improve your child's behavior*?

□ 0=Not at all willing
□ 1=A little willing
□ 2=Somewhat willing
□ 3=Fairly willing
□ 4=Very willing

If 0, 1 or 2 explain why you are not willing?_____
_____
_____
_____

2. *If you wanted to try using this technique at your home, how feasible do you think it would be to try to use it? What we mean is that, if you wanted to try using this technique, do you think that it would be feasible, or would there be barriers that would prevent you from using the technique?*

□ 0=Not at all feasible, too many barriers to implementing this technique.

□ 1=A little feasible, many barriers to implementing this technique.

□ 2=Somewhat feasible, some barriers to implementing this technique.

□ 3=Fairly feasible, a few barriers to implementing this technique.

□ 4=Very feasible, no real barriers to implementing this technique.

If answer 0, 1, 2 please specify berries that would prevent you from using the technique:

_____
_____
_____
_____

3. The purpose of Special Playtime is to enhance parents – child relationship and to increase the child's Compliance and positive behavior. *If you were able to implement and try* this technique *with your child, how effective do you think it would be in helping to improve your relationship with children?*

□ 0=Not at all effective, will not help my child improve their at all.

□ 1=A little effective, will help my child a little.

□ 2=Somewhat effective, will help my child some in improving their behavior.

□ 3=Fairly effective, will help my child improve their behavior quite a bit.

□ 4=Very effective, will help my child improve their behavior almost entirely.

3.2. Praise:

To manage your child's behavior, you give him lots of positive attention and praise when he behaves appropriately. This will increase desired behaviors like being polite and respectful, doing chores when the parent asks the child to do it. It will also reduce negative behaviors such as being noisy, arguing, etc. because it will reinforce the opposite behavior.

Whenever your child does what you tell him to do, you let him know how much you like it by giving him hugs or pats on the back. You also tell him how you appreciate his good behavior such as, "You've done a good job of cleaning! Thank you for helping me".

Imagine that you had consulted with a psychologist because your child was having problems and the psychologist suggested that you use this technique to improve your child behavior. For ex If your child has some good behavior like come to dinner when you call, do you willing to try this technique to encourage your child motivation to be good.

1. *How willing would you be to try using this technique at home to improve your child's behavior*?

□ 0=Not at all willing
□ 1=A little willing
□ 2=Somewhat willing

□ 3=Fairly willing
□ 4=Very willing

If answer 0, 1 or 2 explain why you are not willing?_____
_____
_____
_____

2. *If you wanted to try using this technique at your home, how feasible do you think it would be to try to use it? What we mean is that, if you wanted to try using this technique, do you think that it would be feasible, or would there be barriers that would prevent you from using the technique?*

□ 0=Not at all feasible, too many barriers to implementing this technique.

□ 1=A little feasible, many barriers to implementing this technique.

□ 2=Somewhat feasible, some barriers to implementing this technique.

□ 3=Fairly feasible, a few barriers to implementing this technique.

□ 4=Very feasible, no real barriers to implementing this technique ut.

If answer 0, 1, 2 please specify berries that would prevent you from using the technique:
_____
_____
_____

3. *If you were able to implement and try this technique with your child, how effective do you think it would be in helping to improve your child's behavior?*

□ 0=Not at all effective, will not help my child improve their at all.

□ 1=A little effective, will help my child a little.

□ 2=Somewhat effective, will help my child some in improving their behavior.

□ 3=Fairly effective, will help my child improve their behavior quite a bit.

□ 4=Very effective, will help my child improve their behavior almost entirely.

3.3 Ignoring:

Ignoring means withdrawal all of your attention to your child which include no talking, no eye contact, no eye rolling nor any other gestures that show attention to the bad behavior. You can use ignoring with minor misbehavior like whining, crying, tantrum, screaming, arguing, acting irritable. Once you start ignoring a certain behavior, you must keep ignoring it. This technique works because paying attention, even negative attention from parents (E.g., yelling) will reinforce the misbehavior.

Imagine that you had consulted with a psychologist because your child was having problems and the psychologist suggested that you use this technique to improve your child behavior.

1. *How willing would you be to try using this technique at home to improve your child's behavior*?

□ 0=Not at all willing
□ 1=A little willing
□ 2=Somewhat willing
□ 3=Fairly willing
□ 4=Very willing

If answer 0, 1 or 2 explain why you are not willing?_____
_____
_____
_____

2. *If you wanted to try using this technique at your home, how feasible do you think it would be to try to use it? What we mean is that, if you wanted to try using this technique, do you think that it would be feasible, or would there be barriers that would prevent you from using the technique?*

□ 0=Not at all feasible, too many barriers to implementing this technique.

□ 1=A little feasible, many barriers to implementing this technique.

□ 2=Somewhat feasible, some barriers to implementing this technique.

□ 3=Fairly feasible, a few barriers to implementing this technique.

□ 4=Very feasible, no real barriers to implementing this technique.

If answer 0, 1, 2 please specify berries that would prevent you from using the technique:
_____
_____
_____

3. *If you were able to implement and try this technique with your child, how effective do you think it would be in helping to improve your child's behavior?*

□ 0=Not at all effective, will not help my child improve their at all.

□ 1=A little effective, will help my child a little.

□ 2=Somewhat effective, will help my child some in improving their behavior.

□ 3=Fairly effective, will help my child improve their behavior quite a bit.

□ 4=Very effective, will help my child improve their behavior almost entirely.

3.4 Using time out.

Time out is a technique to deal with more serious misbehavior like hitting, cursing, name calling, breaking or destroying things…. Time out gives your child time to calm down but also is a form of punishment, where they are removed from everything enjoyable. When your child hit his sister, you will tell him in a firm, but pleasant voice "Because you hit your sister so you have to go to your time out chair." Then calmly take him to his time out chair, ignoring any protests or promises he may make, and say "You stay in your time out chair until I tell you to get up."

Imagine that you had consulted with a psychologist because your child was having problems and the psychologist suggested that you use this technique to deal with moderate behaviors that occur in the home, such as arguing, fighting with siblings, etc.

1. *How willing would you be to try using this technique at home to improve your child's behavior*?

□ 0=Not at all willing
□ 1=A little willing
□ 2=Somewhat willing
□ 3=Fairly willing
□ 4=Very willing

If answer 0, 1 or 2 explain why you are not willing?_____
_____
_____
_____

2. *If you wanted to try using this technique at your home, how feasible do you think it would be to try to use it? What we mean is that, if you wanted to try using this technique, do you think that it would be feasible, or would there be barriers that would prevent you from using the technique?*

□ 0=Not at all feasible, too many barriers to implementing this technique.

□ 1=A little feasible, many barriers to implementing this technique.

□ 2=Somewhat feasible, some barriers to implementing this technique.

□ 3=Fairly feasible, a few barriers to implementing this technique.

□ 4=Very feasible, no real barriers to implementing this technique.

If answer 0, 1, 2 please specify berries that would prevent you from using the technique:
_____
_____
_____
_____

3. *If you were able to implement and try this technique with your child, how effective do you think it would be in helping to improve your child's behavior?*

□ 0=Not at all effective, will not help my child improve their at all.

□ 1=A little effective, will help my child a little.

□ 2=Somewhat effective, will help my child some in improving their behavior.

□ 3=Fairly effective, will help my child improve their behavior quite a bit.

□ 4=Very effective, will help my child improve their behavior almost entirely.

3.5 Response cost or lose privileges: To manage your child's behavior, whenever he disobeys, you take away a privilege that the child normally enjoys, such as things that he really likes, like watching television, a bedtime story, or eating dessert after dinner. To implement this technique, parent have to have clear rules for your child. You explain to your child "Because you violate the rules…. you will lose your television time tonight.

Imagine that you had consulted with a psychologist because your child was having problems and the psychologist suggested that you use this technique to improve your child behavior

1. *How willing would you be to try using this technique at home to improve your child's behavior*?

□ 0=Not at all willing
□ 1=A little willing
□ 2=Somewhat willing
□ 3=Fairly willing

□ 4=Very willing

If answer 0, 1 or 2 explain why you are not willing?_____
_____
_____
_____

2. *If you wanted to try using this technique at your home, how feasible do you think it would be to try to use it? What we mean is that, if you wanted to try using this technique, do you think that it would be feasible, or would there be barriers that would prevent you from using the technique?*

□ 0=Not at all feasible, too many barriers to implementing this technique.

□ 1=A little feasible, many barriers to implementing this technique.

□ 2=Somewhat feasible, some barriers to implementing this technique.

□ 3=Fairly feasible, a few barriers to implementing this technique.

□ 4=Very feasible, no real barriers to implementing this technique.

If answer 0, 1, 2 please specify berries that would prevent you from using the technique:
_____
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_____

3. *If you were able to implement and try this technique with your child, how effective do you think it would be in helping to improve your child's behavior?*

□ 0=Not at all effective, will not help my child improve their at all.

□ 1=A little effective, will help my child a little.

□ 2=Somewhat effective, will help my child some in improving their behavior.

□ 3=Fairly effective, will help my child improve their behavior quite a bit.

□ 4=Very effective, will help my child improve their behavior almost entirely.

3.6 Building rules and effective directions

Behaviors Rules are used for helping children learn to do or not do certain behaviors without having to be told every time. Behavior Rules are for behaviors that we want children to learn to self-control. Examples of House Rules in many families are: be friendly with your sister, speak respectfully with adult, clean up

the toys after playing. And the main principal for Behavior Rules is that whenever children are violated there would be an immediate punishment/consequence (such as time out).

Imagine that you had consulted with a psychologist because your child was having problems and the psychologist suggested that you use this technique to improve your child behavior

1. *How willing would you be to try using this technique at home to improve your child's behavior*?

□ 0=Not at all willing
□ 1=A little willing
□ 2=Somewhat willing
□ 3=Fairly willing
□ 4=Very willing

If answer 0 or 1 explain why you are not willing?_____
_____
_____
_____

2. *If you wanted to try using this technique at your home, how feasible do you think it would be to try to use it? What we mean is that, if you wanted to try using this technique, do you think that it would be feasible, or would there be barriers that would prevent you from using the technique?*

□ 0=Not at all feasible, too many barriers to implementing this technique.

□ 1=A little feasible, many barriers to implementing this technique.

□ 2=Somewhat feasible, some barriers to implementing this technique.

□ 3=Fairly feasible, a few barriers to implementing this technique.

□ 4=Very feasible, no real barriers to implementing this technique.

If answer 0, 1, 2 please specify berries that would prevent you from using the technique:
_____
_____
_____

3. *If you were able to implement and try this technique with your child, how effective do you think it would be in helping to improve your child's behavior?*

□ 0=Not at all effective, will not help my child improve their at all.

□ 1=A little effective, will help my child a little.

□ 2=Somewhat effective, will help my child some in improving their behavior.

□ 3=Fairly effective, will help my child improve their behavior quite a bit.

□ 4=Very effective, will help my child improve their behavior almost entirely.

3.7 Time spend on BPT training: *Assume that you had consulted with a psychologist because your child was having problems and the psychologist suggested that you need toparticipate in a Behavior Parenting Program. This training will take about 1-2 hours per week to meet with psychologist and half an hour everyday to practice the new parenting skill at home for 10 weeks. The psychologist tells you that if you do this, it will help improve your son's behavior.*

1. *How willing would you be to participate in this training*?

□ 0=Not at all willing
□ 1=A little willing
□ 2=Somewhat willing
□ 3=Fairly willing
□ 4=Very willing

If answer 0, 1, 2 explain why you are not willing?_____
_____
_____
_____

2. *If you wanted to participate in this program. You need to do some homework for practicing new skills (half an hour everyday to practice the new parenting skill at home for 10 weeks), do you think that it would be feasible, or would there be barriers that would prevent you from doing homework at home?*

□ 0=Not at all feasible, too many barriers to implementing this technique.

□ 1=A little feasible, many barriers to implementing this technique.

□ 2=Somewhat feasible, some barriers to implementing this technique.

□ 3=Fairly feasible, a few barriers to implementing this technique.

□ 4=Very feasible, no real barriers to implementing this technique.

If answer 0, 1, 2 please specify berries that would prevent you from doing homework:
_____
_____
_____

3. *If you were able to spend time practicing new parenting skills at home, how effective do you think it would be in helping to improve your child's behavior?*

□ 0=Not at all effective, will not help my child improve their at all.

□ 1=A little effective, will help my child a little.

□ 2=Somewhat effective, will help my child some in improving their behavior.

□ 3=Fairly effective, will help my child improve their behavior quite a bit.

□ 4=Very effective, will help my child improve their behavior almost entirely.

PART 4. Sometimes when parents have trouble with their children, they seek help from different kinds of professionals or other kinds of people. The final set of questions asks about when you might seek help for your child from several different kinds of people.

4.1. If you get tired because your child persistently has misbehaviors like whining, noisy, crying, tantrum, screaming, pouting, showing off, arguing, and acting irritable. Would you seek help form anyone? Please choose a, b or c.

a. I'll get advices from others □
b. I'll get advices from others if these behavior become worse in the future □
c. I'll NEVER get advices from others even if these behavior become worse □

If you choose (a) or (b) who would you seek help from? You can pick more than 1.

□*Relative* □*teacher/school principal* □ *doctor/physician* □*psychologist/counselor* □*Other:*-------

4.2. If your child persistently misbehaves like using bad words, fighting with siblings, cursing, throwing toys at wall. Would you seek help form anyone? Please choose a, b or c.

a. I'll get advices from others □
b. I'll get advices from others if these behavior become worse in the future □
c. I'll NEVER get advices from others even if these behavior become worse □

If you choose (a) or (b) who would you seek help from? You can pick more than 1.

□*Relative* □*teacher/school principal* □ *doctor/physician* □*psychologist/counselor* □*Other:*-------

4.3. If your child persistently has misbehavior at school like (not doing homework, getting bad grade because of laziness, skip school, lying about school performance and misbehavior (fighting with friends). Would you seek help form anyone? Please choose a, b or c.

a. I'll get advices from others □
b. I'll get advices from others if these behavior become worse in the future □
c. I'll NEVER get advices from others even if these behavior become worse □

If you choose (a) or (b) who would you seek help from? You can pick more than 1.

□*Relative* □*teacher/school principal* □ *doctor/physician* □*psychologist/counselor* □*Other:*-------

4.4. If your child stealing something several times. Would you seek help form anyone? Please choose a, b or c.

a. I'll get advices from others □
b. I'll get advices from others if these behavior become worse in the future □
c. I'll NEVER get advices from others even if these behavior become worse □

If you choose (a) or (b) who would you seek help from? You can pick more than 1.

□*Relative* □*teacher/school principal* □ *doctor/physician* □*psychologist/counselor* □*Other:*-------

Appendix C: Coding for child management techniques

Parent's use of specific techniques for child misbehavior

Misbehavior	Appropriate	Inappropriate not harsh	Inappropriate harsh
Whining	Ignore	Stare at them but do nothing	Spanking (with bare hand or something like belt, broom)
	Time out for 10 minutes	Scold or yell	Slap or hit
		Threaten to punish him if he do it again	Threaten to ignore him the rest of his life if s/he doesn't stop
		Give your child more chores	Kick him out of the house
		Try to calm him/her down by giving him/her what s/he wants	Ground your child
		Explain why it is so bad and express their disappointment sorrow toward the child	Pull hair, pull ear
For not doing something they supposed to do (like home works)	Time out for 10 minutes	Ignore	Spanking (with bare hand or with something like belt, broom)
	Take away privileges (like TV, visit friends)	Scold or yell	Slap or hit
	Give your child more chores	Make him/her to apologize	Don't allow to eat
	Discuss the problem with the child	Threaten to punish him if he do it again	Threaten to ignore him the rest of his life
	Ground your child		Kick him out of the house

Misbehavior	Appropriate	Inappropriate not harsh	Inappropriate harsh
	Explain why it is so bad and express their disappointment sorrow toward the child		Force him to knees down for 30mins (humiliate the child and the child will get pain) Tie him up Pull hair, pull ear
Lying about school performance or misbehaving at school	Make him/her to apologize	Ignore	Spanking (with bare hand or with something like belt, broom)
	Take away privileges (like TV, visit friends)	Scold or yell	Slap or hit
	Give your child more chores	Threaten to punish him if he do it again	Don't allow to eat
	Discuss the problem with the child		Threaten to ignore him the rest of his life
	Ground your child		Kick him out of the house
	Explain why it is so bad and express their disappointment sorrow toward the child		Force him to knees down for 30mins (humiliate the child and pain) Tie him up Pull hair, pull ear
First time shoplifting	Take away privileges (like TV, visit friends)	Ignore	Spanking (with bare hand or with something like belt, broom)
	Give your child more chores	Scold or yell	Slap or hit
	Ground your child	Threaten to punish him if he do it again	Don't allow to eat

Misbehavior	Appropriate	Inappropriate not harsh	Inappropriate harsh
		Time out for 10 mins	Threaten to ignore him the rest of his life
		Time out for 30 mins	Kick him out of the house
		Explain why it is so bad and express their disappointment sorrow toward the child	Force him to knees down for 30mins (humiliate the child and pain)
			Tie him up
			Pull hair, pull ear
Getting into a physical fights several times	Take away privileges (like TV, visit friends)	Ignore	Spanking (with bare hand or with something like belt, broom)
	Give your child more chores	Scold or yell	Slap or hit
	Ground your child	Threaten to punish him if he do it again	Don't allow to eat
		Time out for 10 mins	Threaten to ignore him the rest of his life
		Time out for 30 mins	Kick him out of the house
		Explain why it is so bad and express their disappointment sorrow toward the child	Force him to knees down for 30mins (humiliate the child and pain)
			Tie him up
			Pull hair, pull ear

Parent's use of specific techniques for child positive behavior

	Appropriate	Inappropriate
Does chores without being told to do	I would praise or compliment him (verbally)	I would notice it but say nothing because this what he's supposed to do
	I would give him a hug, kiss, or a pat on the shoulder	I would give him some money.
	I would say nothing but then I will cook him a favorite dish	I would not even notice it because this what he's supposed to do
	I would buy him something (school material, new clothes or comic book…)	
	I would smile and nod at him, let him know I acknowledge his good behavior	
	I would give him credit by point or star on a chart to exchange for rewards.	
Behave friendly and get along with sister	I would praise or compliment him (verbally)	I would notice it but say nothing because this what he's supposed to do
	I would give him a hug, kiss, or a pat on the shoulder	I would give him some money.
	I would say nothing but then I will cook him a favorite dish	I would not even notice it because this what he's supposed to do
	I would buy him something (school material, new clothes or comic book…)	
	I would smile and nod at him, let him know I acknowledge his good behavior	

	Appropriate	Inappropriate
	I would give him credit by point or star on a chart to exchange for rewards.	

Parent's beliefs about reward and punishment:

Beliefs on parenting	Adaptive	Non adaptive
	Using rewards to teach the child how to behave appropriately is effective because the child learns what he should do for good behavior that parents want then they will learn to do it again because they know what parents want.	Giving children a reward for good behavior is bribery
	It's important to praise the child when they do well so that they will do the same behavior again	I shouldn't have to reward my child to get him to do things he is supposed to do
	If a child is having trouble doing something he is supposed to do (ex get up in the morning or cleaning up toys) it is a good idea to set up a reward so that he will learn the correct thing to do.	Giving too much praise will make the child be more arrogant
	If you punish your child a lot (yelling, spanking…), he will learn to avoid you because people avoid other people who hurt them.	I'd like to praise my child but I cannot find any behaviors to praise
	If you hit your child to punish him, he will hit other people when he doesn't like what they	If I give my child praise or rewards for his good behavior, he will demand rewards for

Beliefs on parenting	Adaptive	Non adaptive
	do because he will learn that you hit people when you don't like what they do.	everything
	Excessive use of punishment may erode your child's self-esteem.	Punishing a child by hitting them or some other method is effective because then the child is afraid to do the behavior again
		If I spend too much time or be close to my son, He won't respect or scare me then he will not follow what I teach him.
		Using shame and guilt is good because it will make the child want to do what's best or good for the family.
		Ignore minor misbehaviors (whining, crying) will make these behavior get worse, out of parent's control.
		Let children feel they owe parents a lot by telling them that you work very hard to assure they have the best opportunities is a good way to motivate them to behave appropriately.

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