

Positive Parenting Program (Triple P)

WHO IT IS FOR: This programme is designed for parents who have children aged up to 16 years old with disruptive behaviour.

There are variations of the programme to cater to the different needs of parents.

- The Standard Triple P is for parents who have difficulties managing their children's behaviour.
- Stepping Stones Triple P is for parents of children with special needs.
- Pathways Triple P is for parents who have anger control issues who may be at risk of using overly harsh punishment on their children.
- Enhanced Triple P is for parents who face mental health issues such as depression.

HOW IT HELPS: The Triple P is based on five basic principles. They are:

- To ensure a safe and engaging environment at home
This helps promote the healthy development of the child.
- To create a positive learning environment
Parents learn how to respond constructively to their children's requests for help and attention, and in the process, help their children solve problems for themselves.
- To use assertive discipline
Parents learn how to use effective strategies - such as giving clear and calm instructions, using time-outs and planned ignoring - instead of resorting to ineffective practices - such as shouting, threatening or using physical punishment.
- To have realistic expectations
Parents explore their expectations about the causes of their children's behaviour and choose goals that are realistic for both themselves and their children.
Parents who are at risk of abusing their children are more likely to have unrealistic expectations of their children's capabilities.
- To take care of themselves as parents
Parents are encouraged to view parenting as part of a larger context of personal self-care and well-being.

Each programme usually comprises about eight or more sessions of about an hour or longer each.

WHERE IT IS USED: The programme was developed by Australian psychologist Matt Sanders and his colleagues at the University of Queensland in Australia more than 30 years ago.

In Australia, it is widely available in the community and has been adopted by the Australian government as a framework to promote healthy families. It is also used in the United States, Britain, Germany and Hong Kong.

The programme was introduced in Singapore by the Ministry of Social and Family Development, then known as the Ministry of Community Development, Youth and Sports (MCYS), in 2001.

Since 2005, the ministry has partnered community agencies, such as MCYS Community Services Society and Daybreak Family Service Centre, to offer the Standard and Pathways Triple P to its clients.

There are also psychologists who are Triple P practitioners at Changi General Hospital and Khoo Teck Puat Hospital.

Sources: Ministry of Social and Family Development, Matthew Sander's Triple P Positive Parenting Program As A Public Health Approach To Strengthening Parenting published in the Journal Of Family Psychology 2008

Collaborative Problem Solving

WHO IT IS FOR: This method is meant for managing "explosive kids", that is, children with significant oppositional defiant behaviour (a pattern of disobedient, hostile and defiant behaviour towards authority figures) and explosive outbursts of temper and rage.

It is usually used on children aged seven and above, but it can also be used on any mature child from the age of five who is able to come up with ideas and solutions.

HOW IT HELPS: The Collaborative Problem Solving (CPS) model views "explosive" disruptive behaviour as a result of a learning disability or developmental delay.

In other words, such children lack the cognitive skills, rather than the will, to behave well, said DrChong Shang Chee, head and consultant at the child development unit at the National University Hospital (NUH).

They lack specific cognitive skills related to problem solving, flexibility and frustration tolerance.

Hence, motivational strategies, such as reward and punishment, do not work on them.

The CPS model proposes a middle path for parents. Instead of insisting that their children perform desired behaviour, which is likely to trigger an explosive episode, or dropping completely any expectation of their children, parents should engage their children in solving problems collaboratively.

This involves three basic steps.

- The first is for the parent to identify and understand the child's concern about a given issue. For instance, a child may be struggling to complete homework because he is a slow writer and finds the volume of work overwhelming.
- The second step is to identify the adult's concern about the same issue. Hence, the parent may express her concern to her child that if he stops doing homework altogether, he will not get any writing practice and writing will always be hard for him.
- In the third step, the parent invites the child to brainstorm solutions together, with the ultimate goal of agreeing on a plan of action that is both realistic and mutually satisfactory.

The number of sessions each parent and child needs to undergo is not fixed, but is individualised to suit the family's needs.

Research in the United States shows that where CPS has been used effectively, in prisons and juvenile centres, for instance, there are significantly lower rates of repeat offences and aggressive behaviour resulting in injuries.

WHERE IT IS USED: American child psychologist, Dr Ross Greene, first articulated this model in his 1998 book, *The Explosive Child*. He and another psychologist, Dr Stuart Ablon, then described it in 2006 in a book, *Treating Explosive Kids*, for mental health clinicians.

Collaborative problem solving is a programme of the department of psychiatry at Massachusetts General Hospital.

In 2010, Dr Ablon was invited to Singapore on a Health Manpower Development Plan by the Health Ministry here to conduct training in collaborative problem solving.

Since then, doctors and allied health professionals in the child development unit at NUH have incorporated this approach in their practice.

Sources: The Explosive Child By Ross Greene; Dr Chong Shang Chee, head and consultant, and Dr Jennifer Kiing, consultant, both from the child development unit at National University Hospital

Signposts For Building Better Behaviour

WHO IT IS FOR: This method is meant for parents of children aged three to 16 who have developmental difficulties such as autism. About 2,000 such children are diagnosed with these problems every year.

HOW IT HELPS: It is designed to help parents understand their children's difficult behaviour, develop their own ways to manage the children effectively and prevent future episodes of difficult behaviour by teaching the children new skills to modify such behaviour.

The course has a minimum of five sessions, each lasting 2 to 2 1/2 hours.

Studies show that after using this method, parents reported being more confident in managing their children and feeling less stressed. They also found their children to be less disruptive.

WHERE IT IS USED: The method was developed by the Parenting Research Centre and RMIT University in conjunction with parents in Australia in 1998.

It has been a state-funded programme in the Australian state of Victoria since 2005.

In 2008 and 2010, it also became available in Britain and New Zealand.

In 2011, the method became available in Singapore through a three-year pilot community programme put together by the department of child development at KK Women's and Children's Hospital (KKH) and Parenting Research Centre in Australia.

During these three years, KKH plans to deliver the course through a network of more than 70 qualified and trained facilitators including psychologists, educational counsellors, teachers and social workers.

The course is available at KKH, the National University Hospital, all 12 centres under the Early Intervention Programme for Infants and Children (EIPIC) – which provide therapy for children suffering from developmental problems – and centres such as the Association for Persons with Special Needs and Association for Early Childhood.

It is designed to provide additional support for parents of children with developmental needs and will not replace the clinical or psychological intervention or case management that may be needed from time to time, or during instances of extreme difficulty.

Sources: www.kkh.com.sg, Nuh.com.sg

Parent-Child Interaction Therapy

WHO IT IS FOR: This therapy aims to help parents of preschoolers with disruptive behaviour, from relatively minor infractions, such as talking back, to aggressive acts.

HOW IT HELPS: There are two parts to the therapy.

Parents first learn child-directed interaction to develop a secure and loving bond with their child through playing with him.

While allowing their child to lead the play, they learn how to apply specific communication skills, called Pride skills, which pay positive attention to positive behaviour from the child as they play together.

Pride stands for

- Praising the child's behaviour,
- Reflecting the child's statements,
- Imitating the child's play
- Describing the child's play and
- using Enthusiasm.

Parents are advised to ignore any negative behaviour.

However, if such behaviour does not respond to being ignored or if it is too severe to ignore (for instance, if the child is destroying toys and hitting another child), the second part of the therapy-parent-directed interaction – teaches parents how to use specific techniques, such as a "time-out chair", to decrease such negative behaviour. The time-out chair involves getting the child to sit on a chair for a few minutes, because he has not obeyed a certain command.

The therapy usually consists of weekly, hour-long sessions, typically over a period of 12 to 20 weeks.

Studies show that after the use of the therapy, parents interacted more positively with their child and reported improvements in their child's behaviour. They also reported feeling less parenting stress.

WHERE IT IS USED: This method was developed by an American psychologist, Dr Sheila Eyberg, about 30 years ago. It was based on American psychologist Diana Baumrind's developmental research, which associates parenting practices with how well a child turns out.

It advocates authoritative parenting, in which parents meet young children's dual needs for both nurturing and setting limits.

Since then, the therapy has spread to other countries in Europe and Asia.

Sources: Pcit.org, Pcit.php.ufl.edu