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### COVER STORY

# Teaching parents to cope

Those with difficult kids get specialised guidance from hospitals running parenting programmes

By Lea Wee

Mealtimes were torture for Gilbert Leong and his mother, Jasmine.

Mrs Leong, 41, a housewife, said: "He preferred porridge or rice plain. If there was a piece of meat or vegetable in it, he would take it out. If I refused to let him do so, he would not eat."

Even worse for Mrs Leong and her husband, a 44-year-old civil servant, was getting their four-year-old ready to go out.

She said: "He would continue with what he was doing and ignore our pleas to hurry up and change his clothes."

The stress would escalate into shouting and scolding, which agitated Gilbert.

Mrs Leong said: "He would start to whine, or worse, lie on the floor or beat his head with his hands."

The Leongs hope the drama is a thing of the past.

Now seven years old and a calmer Primary 2 pupil, Gilbert, who has attention deficit hyperactivity disorder (ADHD), agrees to have his rice or porridge along with at least one other food item. He also rarely kicks up a fuss about going out.

### REACHING A COMPROMISE

Mrs Leong credits the improvement to an American parenting technique called Collaborative Problem Solving, which she learnt from a doctor at the child development unit at National University Hospital (NUH) after she went there to get help with Gilbert's behavioural issues.

She said: "In the past, we either imposed our will on him to do something or we gave up asking him to do it altogether. Collaborative Problem Solving taught us there was another way - by working with him to find a solution together."

After some probing, Gilbert revealed he did not like to eat meat because it was tough.

But when his mother cut the meat into smaller pieces, he felt overwhelmed by the amount of food he had to handle. So, she gave him fewer pieces of meat and he agreed to eat them.

Mrs Leong also found out from her son that he did not like to go out because he felt he was being rushed and he had problems handling buttons.

To help him cope, she would give him at least half a day's notice about an outing and remind him half an hour before they were due to leave.

She also bought clothing without buttons, though she also encouraged him to practise using buttons.

She said: "He tells us his needs and I tell him my needs and we try to reach a compromise."

More parents such as Mrs Leong are rejecting traditional beliefs that parenting comes naturally by agreeing - sometimes in desperation - to let science help them resolve behavioural problems such as tantrums and non-compliance in their children.

More doctors, psychologists and other allied health experts at hospitals here are turning to evidence-based parenting programmes, or elements of them, to help these stressed-out parents.

## PROGRAMMES PROVEN TO WORK

Besides NUH, three other hospitals - Changi General Hospital (CGH), Khoo Teck Puat Hospital (KTPH) and KK Women's and Children's Hospital (KKH) - have staff trained in at least one evidence-based programme. They offer these programmes to individual parents on a case-by-case basis.

At CGH, NUH and KTPH, parents who participate in such programmes need to pay just the psychologist's consultation fees. At KTPH, the consultation fee for a psychologist starts from \$52.

There is increasing recognition worldwide of the importance of delivering evidence-based treatment to promote the well-being of children and to prevent serious issues such as mental health problems, anti-social behaviour and drug and alcohol abuse in the young.

Aside from the Collaborative Problem Solving programme at NUH, there is also the well-known Positive Parenting Program (or Triple P) from Australia, which has been used by psychologists at CGH and KTPH since 2001 and 2010.

Parenting experts at the Ministry of Social and Family Development (MSF) and its community partners conduct the same programme and have helped more than 130 parents since 2005.

A few medical social workers at KKH have also been certified to conduct another form of therapy from the United States called Parent-Child Interaction Therapy (PCIT) for selected parents of preschoolers.

More recently, in 2011, KKH and the Parenting Research Centre in Australia launched a community-level parenting programme called Signposts For Building Better Behaviour.

In the three-year pilot run, only parents of children with developmental difficulties can be referred to the programme by their children's doctor under the Health Ministry's Child Development Programme. The course is available not only at KKH and NUH, but also 16 other centres for children with special needs.

Most who are participating in the programme pay a subsidised rate of \$65 for each set of parents.

Studies show that children with behavioural difficulties may be more prone to aggression and non-compliance, or do things that hurt themselves.

How they conduct themselves can be a major source of stress for parents and impede children from learning how to become independent or integrate well with the community.

About 2,000 children are diagnosed with developmental difficulties, such as autism, every year. The Signposts programme seeks to reach out to 1,500 families during the pilot run. Unlike the other parenting programmes in hospitals here, the sessions are carried out in groups, with a set of five parents to one trained facilitator.

## DISRUPTIVE BEHAVIOUR HARMS

Although challenging behaviour is often associated with conditions such as ADHD, anxiety disorders and autism, they can sometimes be the result of poor parenting skills or be part of growing up where children learn to test boundaries and assert themselves, said Ms Eunice Yap, a senior clinical psychologist at KTPH.

Whether the disruptive behaviour is tied to a diagnosis or not, it can, if not managed well early, affect the child's ability to function well in school and develop relationships. This, in turn, can have long-term consequences on the child's social and psychological well-being, she said.

Theories about the most effective way to change such behaviour have been changing over the last few decades.

Evidence shows that traditional practices, such as corporal punishment and negative feedback, often do not change behaviour in the long run.

Ms Yap said: "Caning may instil fear in the child and stop him from misbehaving temporarily, but the child may grow up to be angry and resentful of his parents."

The new approaches are more positive, seeking instead to understand the root of a child's behaviour and to come up with strategies to help him modify that behaviour.

They have been proven by recent research to be effective.

For instance, the well-established Triple P has been evaluated in different countries, including Australia, United States, Britain, Germany and Hong Kong, to show it reduces difficult behaviour in children, improves parent-child interaction and increases confidence in parenting.

Studies also show it reduces parents' anxiety, depression and stress.

Here, anecdotal evidence suggests it may be just as effective.

The MSF, which is currently conducting a study on the effectiveness of Triple P here, said early results have been positive.

Dr Jasmine Pang, a senior clinical psychologist at CGH, said what makes these programmes effective is that they are grounded in sound behavioural principles on what reinforces desirable behaviour and what reduces negative behaviour.

For instance, research shows that dishing out positive consequences for a particular type of behaviour will reinforce it, while giving out negative ones for another type of behaviour will reduce it.

The programmes teach parents to give positive consequences to motivate their children to behave well. For instance, they should praise or reward their children with stars or a favourite activity every time the children do something they want to see repeated.

On the other hand, to discourage undesirable behaviour, such as tantrums, in their child, parents should give negative consequences, such as time-out, which removes from the child the freedom to do what he wants.

#### PARENTS' PIVOTAL ROLE

Many of the effective parenting programmes take the common approach of helping parents view their children not as pieces of clay to be moulded, but unique human beings with their own strengths and difficulties, said Dr Jennifer Kiing, a consultant at the child development unit at NUH.

They use strength-based models to build up the parent-child relationship in a positive, nurturing and non-hurtful way, she said.

Some parents here, however, may still be offended by the suggestion that they need to be taught how to be better parents.

Ms Yap said: "Some parents still think that their child's disruptive behaviour has nothing to do with them. They think it is purely the child's problem, especially if the behaviour is tied to a diagnosis such as ADHD or autism. They don't understand that they need to change too, in order to help their child."

But parents play such a pivotal role in children's lives that it is not possible to treat the child's behaviour without involving the parents, she said.

Thankfully, more parents are beginning to realise that.

Mrs Leong, for one, was glad that she took the advice of her son's paediatrician and changed her parenting strategy.

She said: "Gilbert is so much better behaved now and we get along much better."

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Here are four parenting programmes to deal with difficult children

#### Positive Parenting Program (Triple P)

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

There are also more specialised and intensive programmes.

For instance, 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 Dr Chong 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](http://www.kkh.com.sg), [Nuh.com.sg](http://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 and 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](http://Pcit.org), [Pcit.php.ufl.edu](http://Pcit.php.ufl.edu)

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#### Five tips for parents

Parenting can be challenging.

But it can also be enjoyable and fulfilling if parents have a positive relationship with their children and are firm in using discipline strategies consistently and appropriately, said a spokesman for the Ministry

of Social and Family Development.

The ministry has some tips on how to raise emotionally healthy children equipped with the necessary skills and resources.

1. Ensure a safe and engaging environment where children are adequately supervised and have opportunities to develop their skills

When teaching new skills and behaviour to your children, you can model the desired behaviour, break down the task into smaller steps and use behavioural charts to reward the child for practising new skills. For instance, if you want your child to go to bed without fuss every night, you may reward him with praise and a star on a behaviour chart each time he goes to bed without protesting.

If he earns three stars in a row, you can allow him to do a favourite activity, such as playing his favourite board game, the next day.

Once the new behaviour has been learnt, you can wean him off the specific rewards and keep the improved behaviour going with just a little bit of positive attention and recognition.

2. Invest time in building a relationship with your children and encouraging desirable behaviour in them  
Give your children lots of descriptive praise when they do something that you would like to see more of. For instance, when they respond immediately to do something you requested, you can say: "Thank you for doing what I asked straight away."

3. Be open to learning and applying appropriate strategies that will be helpful in managing your children's misbehaviour

There are many strategies that parents can use to manage misbehaviour appropriately rather than punitively.

These include setting clear limits on your children's behaviour. Sit down and have a family discussion on the rules at home. Let your children know what the consequences will be if they break the rules.

If your children misbehave, stay calm and give them a clear instruction to stop misbehaving and tell them what you would like them to do instead.

For instance, tell them to "stop fighting and play nicely with each other". Praise your children if they stop. If they do not, follow through with an appropriate consequence.

4. Have realistic expectations

All children misbehave at times and it is inevitable that you will have some discipline hassles. Trying to be the perfect parent can set you up for frustration and disappointment.

5. Look after yourself

It is difficult to be a calm, relaxed parent if you are stressed, anxious or depressed. Try to find time every week to let yourself unwind or do something that you enjoy.

Seek help if you experience problems in marital, health, work or other issues as these may have an impact on the way you parent your children.

Sources: Ministry of Social and Family Development, [www.triplep.net](http://www.triplep.net)