東華三院 Tung Wah Group of Hospitals

Family 愛+人 健健康康 開開心心 和和氣氣 Health Happiness Harmony 賽馬會和諧社會計劃 A Jockey Club Initiative for a Harmonious Society

SCHOOL OF PUBLIC HEALTH
THE UNIVERSITY OF HONG KONG
香港大學公共衞生學院

FAMILY: A Jockey Club Initiative for a Harmonious Society
愛+人：賽馬會和諧社會計劃

REPORT SERIES

Community-based Participatory Projects

Evaluation on More Appreciation and Less Criticism Project

捐助機構 Funded by:

香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust

3Hs • HEALTH • HAPPINESS • HARMONY • 家有康和樂 • 健康 • 快樂 • 和諧

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The Hong Kong Jockey Club Charities Trust

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Mr. YAU Yue Chi, Isaac

PREFACE (1)

Being the largest community benefactor in Hong Kong, The Hong Kong Jockey Club increasingly takes proactive approach to tackling pressing social issues through its unique not-for-profit business model and Charities Trust. The wide range and diversity of projects and programmes reflect the Club's role as a "Force for Good" in society. To ensure their maximum reach and effectiveness, we work closely with non-governmental organisations ("NGOs"), district organisations and other parties across Hong Kong as trusted community partners, helping to fill gaps in a number of important areas and support needy groups across different parts of the city.

In recent years, our society is undergoing rapid changes together with macro social and economic trends. Demographic shifts, economic upheavals, changing societal norms and values together with immigration across borders are creating new and altered structures, processes and relations within families. The family structure has become more complex and diverse, creating a range of discords to family life.

To address these social issues, The Hong Kong Jockey Club Charities Trust earmarked HK$250 million in 2007 to launch a citywide project – "FAMILY: A Jockey Club Initiative for a Harmonious Society". Led by the School of Public Health of The University of Hong Kong, the project has been carrying out a six-year territory-wide household survey, developing intervention projects, as well as conducting a wide range of community participatory programmes. By adopting a positive preventive and public health approach, the project aims at devising suitable preventive measures and to strengthen and promote the 3Hs for a family: health, happiness and harmony.

The "More Appreciation and Less Criticism Project" was successfully implemented in Shatin, Tin Shui Wai, Southern District, Northern District, Islands District and Yau Tsim Mong in 2013 in collaboration with the Tung Wah Group of Hospitals and the School of Public Health of The University of Hong Kong, with the participation of over 60 NGOs, schools and community groups in the districts. The project aimed to promote positive communication between parents and their children. Through this report, we hope to demonstrate that simple interventions can be effective in promoting positive family communication and family well-being.

On behalf the Club, I would like to thank the Tung Wah Group of Hospitals, and various social service units/ community organisations and schools involved in the project, for their enormous support which enabled the project to be carried out smoothly. I would also like to thank the School of Public Health of The University of Hong Kong for its unfailing support and advice since the inception of the project, striving to spread the 3Hs to the community.

Mr. Douglas SO
Executive Director, Charities
The Hong Kong Jockey Club

PREFACE (2)

Being parents today is not easy. Balancing the demands for high academic achievements of our children with the struggle to ensure the healthy social development of children is not a simple task. In this parenting process, it is necessary that a loving and positive relationship is cultivated. How can parent-child relationship be nurtured and strengthened? How can families maintain a happy, healthy and harmonious relationship with family members is always a challenge.

With the financial support from The Hong Kong Jockey Club Charities Trust, Tung Wah Group of Hospitals collaborated with the School of Public Health of The University of Hong Kong to conduct this "More Appreciation and Less Criticism" Project. This project is part of the territory-wide project "FAMILY: A Jockey Club Initiative for a Harmonious Society" which is specially designed to promote the concepts of 3Hs: Happiness, Harmony and Health in our families. Under the "More Appreciation and Less Criticism" Project, 60 workshops including more than 1,000 parents of primary three to primary six students from 62 primary schools and community groups participated. These schools and community groups covered six districts in Hong Kong, including Northern District, Shatin, Tin Shui Wai, Yau Tsim Mong, Islands, and Southern District.

A public health model using a single session intervention approach is applied. Reports from the evaluation conducted by The University of Hong Kong demonstrated the effectiveness of the intervention approach being able to bring about positive change. Implication of this project would not only shed light on the importance of more appreciation and less criticism in parent-child relationships, but also the application of the public health prevention work in social service sector.

On behalf of the Group, I would like to express my heartfelt thanks to The Hong Kong Jockey Club Charities Trust in providing funding support for this project, and the input and advice from Professor Lam Tai Hing and his research team in carrying out the research and evaluation. We are also grateful for the participation from teachers and parents from 62 primary schools and community groups. Without their contribution, we would not be able to complete the project.

We certainly wish that every family in Hong Kong will continue to express more appreciation and less criticism in their parent-child relationships and together, we shall continue to foster happiness, health and harmony in our families.

Mr. YIU Tze Leung, Ivan, JP
Community Services Secretary
Tung Wah Group of Hospitals

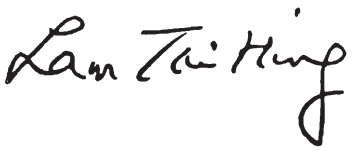
PREFACE (3)

Family is the elementary building block of any society. Harmonious society cannot be built without positive family relationship. Nowadays in Hong Kong, however, the diminishing traditional family values, the long working hours and stressful urban lifestyle pose great hindrances to positive family communication.

In view of this, The Hong Kong Jockey Club Charities Trust, initiated and donated HK$250 million to fund and launch a citywide project entitled "FAMILY: A Jockey Club Initiative for a Harmonious Society", in collaboration with the School of Public Health of The University of Hong Kong. The project aims at identifying the sources of family problems, devising cost-effective preventive measures and promoting FAMILY Health, Happiness and Harmony (3Hs) through a territory-wide household survey, a variety of intervention projects and extensive public education.

More Appreciation and Less Criticism Project, in partnership with the Tung Wah Group of Hospitals, is one of the major intervention projects under the FAMILY Project. By adopting the Community-based Participatory Research (CBPR) model, the More Appreciation and Less Criticism Project used the public health approach for project planning, implementation and evaluation on one hand, and gathered the power of social welfare organizations, local groups and schools to benefit the families through the best social work practice on the other hand. The project is thus regarded as a ground-breaking initiative in Hong Kong which integrates "Best Science" and "Best Practice" to generate the "Best Evidence".

The More Appreciation and Less Criticism Project has been completed with a great success. I wish that through this report, the findings and experiences can be shared with the community partners and other stakeholders, and the message of "Expressing more appreciation and less criticism when parents interacting with their children" can be spread across the territory, which will result in better family relationship and FAMILY 3Hs.



Professor LAM Tai Hing
Principal Investigator, FAMILY: A Jockey Club Initiative for a Harmonious Society
Sir Robert Kotewall Professor in Public Health
Chair Professor of Community Medicine, School of Public Health, The University of Hong Kong

FAMILY: A JOCKEY CLUB INITIATIVE FOR A HARMONIOUS SOCIETY

BACKGROUND & OBJECTIVES

- Family is the base of every society. No harmonious society can be built without loving family relationships. However, traditional family values inevitably start to change when a society becomes more economically, socially and educationally advanced, as is the case in today's Hong Kong, and many family discord cases emerge.
- To help build a more harmonious society, The Hong Kong Jockey Club Charities Trust has invited the School of Public Health of The University of Hong Kong to collaboratively launch a project entitled "The FAMILY Project" with a HK$250 million funding.
- The project is based on the premise that traditional Chinese values of cherishing family relationships can still be adapted to modern-day life, and can help promote the 3Hs – Health, Happiness and Harmony – across generations. It is preventive in nature, rather than trying to rectify family problems.

THE PROGRAMME

- The project comprises three components:

1. TERRITORY-WIDE HOUSEHOLD SURVEY

The survey focuses on the family as a unit. The survey uses a public health approach that brings together various scientific disciplines such as medical, behavioural and social sciences (including psychology and social work), epidemiology, biostatistics, and environmental science. It links social practices, medicine, education, journalism and the media so as to identify the source of domestic problems and derive a preventive response that is complementary, wide-reaching, pervasive, and cost-effective. Government and other related organisations will be able to use the information and evidence to formulate long-term public policies and programmes.

1.1 Scope and duration:

- The following data were collected: personal and family particulars, lifestyles (such as eating and physical activities), physical and psychological health, happiness index, family harmony index, religious beliefs, neighbourhood relationships, work status, and use of medical and social resources, etc.
- The survey lasted for 6 years. The first household visit was conducted from March 2009 to May 2011. A total of 20,964 households (with 47,697 individuals) were successfully enumerated. The second household visit started in July 2011 to re-visit the households, and was completed in 2014.

1.2 Sample selection:

- A total of 20,964 households were enumerated. In order to reflect the situation in different stages of life span and community development, other than households from the general population, 5 targeted populations were sampled: 1) newly weds; 2) households with Primary One students living in Sham Shui Po, Kwun Tong, Hong Kong East and Hong Kong South; 3) people with recent health shocks (e.g. cancer, stroke, and coronary heart disease); 4) households living in Tung Chung, Tin Shui Wai or Tseung Kwan O; and 5) a random sample of single-member households.

1.3 Research methods:

- During the survey period, fieldworkers have conducted 2 household visits and in-between telephone and web-based follow-ups. Data collected were treated in strict confidentiality.

1.4 All participating households have became members of the "1% Club" and are eligible for all privileges, including free health information services; free access to an e-health platform which can generate real-time personalised health assessment based on the personal health data given (e.g. blood pressure index); and receive updates of the survey's progress on a regular basis.

2. INTERVENTION PROJECTS

2.1 Five pilot intervention projects were completed, in partnership with four non-governmental organisations (NGOs) and the Department of Health.

2.2 The intervention projects, developed by the various project partners in collaboration with School of Public Health, The University of Hong Kong (SPH) were designed in accordance with public health principles to be cost-effective and sustainable. Each intervention was theory-based with clearly defined, measurable and achievable objectives, was short in duration (four to five sessions), and was brief (two to three hours a session). Participants were encouraged and empowered to practice key parenting skills at home. In order to enhance the programme's sustainability and cost effectiveness, the programmes were delivered by experienced community social workers.

2.3 Pilot studies of the five intervention projects with 2 major objectives of enhancing family and parent-child relationships were conducted in 2009 and early 2010 in 13 different districts of Hong Kong. The targeted participants included families with pregnant women and children in primary school. About 100 to 150 families were involved in each project. Changes in participants' behaviour and attitudes for the study-specific outcomes, as well as the interventions' effectiveness in enhancing FAMILY 3Hs, were evaluated by follow up surveys and qualitative methods (focus groups and in-depth interviews). The 5 intervention programmes, using the most rigorous design of randomized controlled trial (RCT) with SPH's deep collaboration, were:

- "Effective Parenting Programme"《愛 + 人：「有教 • 無慮」家庭和諧計劃》organised by Caritas Hong Kong,
- "Harmony@Home"《愛 + 人：「家多 • 和諧」計劃》organised by Hong Kong Family Welfare Society,
- "Happy Transition to Primary One"《愛 + 人：「愉快學習上小一」計劃》organised by Hong Kong Sheng Kung Hui Welfare Council,
- "H.O.P.E." (Hope Oriented Parents Education for Families in Hong Kong)《愛 + 人：「愛家 • Teen 希望」希望故事計劃》organised by Hong Kong Christian Service, and
- "Share the Care, Share the Joy"《愛 + 人：「共育共樂」計劃》organised by the Maternal and Child Health Centres of the Department of Health.

2.4 With the positive results of the pilot intervention projects, two larger main RCT were completed by Caritas Hong Kong and Hong Kong Family Welfare Society with SPH, with improved content, larger sample sizes and more districts in July 2010 to December 2012.

2.5 From June 2011 to June 2013, a new RCT intervention project was launched by the International Social Service Hong Kong Branch in collaboration with SPH, to help strengthen resilience in new immigrant families, namely "FAMILY: Boosting Positive Energy Programme"《「愛 + 人 • 家添正能量」計劃》.

2.6 A school programme using the cluster RCT design, was launched from April 2012 to May 2013 by the Tung Wah Group of Hospitals, in collaboration with SPH, namely "More Appreciation and Less Criticism"《「愛 + 人 • 多讚少彈康和樂」計劃》. This project aimed to increase appreciation and decrease criticism in 1,000 parents and their school-aged children with a control group of increasing fruit and vegetables consumption, and was successfully completed in May 2013.

2.7 The Intervention Team actively worked with different non-governmental organisations or social service agencies to explore the feasibility of launching different interventions programmes to meet the diverse needs of people in the community.

2.8 All intervention projects were completed in 2013 and the final report will be ready in 2014.

3. PUBLIC EDUCATION – HEALTH COMMUNICATION

3.1 FAMILY 3Hs messages were disseminated to the general public through various channels to raise their awareness of family values, enhance their communication and participation. Community-wide events were held to promote FAMILY 3Hs and provide an opportunity for fostering harmonious relationships among family members.

3.2 Different media tools, such as newspapers, magazines, the Internet, television and advertisements were used to promote positive attitudes towards FAMILY 3Hs and enhance the public's awareness of family values.

3.3 A cross-sectional telephone survey is being conducted every year to assess changes in behaviour among the general public and the effectiveness of the programmes in promoting FAMILY 3Hs. The first and the second population-based surveys, entitled "Hong Kong Family and Health Information Trends Survey" (HK-FHInTS), were completed in 2009 and 2010 respectively. The results were released in a press conference held on 26 September 2010. The results were widely reported by the mass media and had successfully aroused public's awareness on the FAMILY 3Hs message. The third and forth surveys were completed in 2012 and 2013 respectively.

3.4 Training workshops, seminars and symposiums are being held using appropriate communication strategies to share experiences, and to develop a critical mass of social and community workers capable of promoting FAMILY 3Hs.

3.5 A public education programme, nine-episode "Love Family" TV series, sponsored by The Hong Kong Jockey Club, was produced by the Radio Television Hong Kong (RTHK). The thirty-minute programme was broadcasted on TVB Jade at 8:00 pm Saturdays from 23 January to 27 March 2010. A ceremony was held on 17 January 2010 at Times Square, Causeway Bay to announce the launch of the series.

3.6 Government department and two NGOs, in collaboration with SPH, initiated and completed four community-based participatory projects with the aim of promoting FAMILY 3Hs through local organisations and agencies:

- "Happy Family Kitchen I Project"《「快樂家庭廚房 I」計劃》organised by The Hong Kong Council of Social Service with the participation of over 19 NGOs, schools, community groups and government department in Yuen Long,
- "Learning Families Project"《愛 + 人「齊來學 • 愛家」計劃》organised by Christian Family Service Centre in Kwun Tong with the participation of Estate Management Advisory Committees (EMACs) and Mutual Aid Committees (MACs),
- "Enhancing Family Well-being Project"《「家」「深」幸福計劃》organised by Sham Shui Po District Social Welfare Office of Social Welfare Department and with the participation of 39 NGOs, community groups and schools in Sham Shui Po, and
- "Happy Family Kitchen II Project"《「快樂家庭廚房 II」計劃》organised by The Hong Kong Council of Social Service with the participation of over 24 NGOs, schools, community groups and government department in Tsuen Wan and Kwai Tsing.

Rigorous and longitudinal evaluations were conducted using quantitative and qualitative methods to assess the effectiveness of these innovative community-based interventions in promoting FAMILY 3Hs in the community and the effectiveness of the training programmes of service workers.

3.7 In collaboration with the Sha Tin District Council, "Sha Tin Family Fun Fest"《沙田節賽馬會「愛 + 人」家家康和樂嘉年華》was organised in December 2010.

3.8 The Hong Kong Jockey Club "Sha Tin Family Arts and Fun Day"《「愛 + 人」: 沙田藝圃樂》was organised in December 2011.

3.9 In 2010-11, a programme with the theme of "FAMILY Goes Green" was completed in 85 primary schools from six designated districts. Over 18,000 P.4 to P.6 students and their families actively participated in the educational activities with the aim of obtaining a deeper understanding of FAMILY 3Hs.

3.10 From March 2012 to October 2013, a drama school tour (performed by a professional drama company) to 100 schools was launched by The Boys' & Girls' Clubs Association of Hong Kong with SPH, namely "3Hs Family Drama Project"《「家添戲 FUN」計劃》. This project aimed to enhance FAMILY 3Hs and promote positive communication among senior primary school students and their families through drama performances, DVD viewing with family members and online participation of expressing love to family members, and was successfully completed in October 2013, ending with two successful public performances by primary school students from Tai Po and Western District.

3.11 From December 2012 to March 2013, Hong Kong Island Women's Association (HKIWA) and SPH jointly organised a pioneering community survey conducted by trained volunteers, namely "Amazing Body, Mind and Soul Women's Health Project"《奇妙身 • 心 • 靈婦女健康計劃》. The survey focused on investigating family health, happiness and harmony among residents living on Hong Kong Island. Women volunteers of the HKIWA attended a one-day workshop conducted by the SPH and the HKIWA to introduce them the basic skills and techniques used in questionnaire survey. The training was found to have boosted up women volunteers' self confidence, enhanced family communication, neighbourhood support network, and community involvement.

3.12 The FAMILY Project actively co-organised and participated in various kinds of community events with the aims to promote the FAMILY 3Hs messages by means of exhibitions, games booths, and talks, etc. Some of the community events co-organised with NGOs and community organisations include:

- "Kowloon City World Health Day 2010"《2010 年九龍城世界衛生日》, organised by the Building Healthy Kowloon City Association, Department of Health, Kowloon City District Office of Home Affairs Department, and Kowloon City District Council, was held in April 2010 in collaboration with 17 social service units/ community organisations and SPH,
- "Sham Shui Po Well-being Movement - Sham Shui Po Well-being Day"《幸福由深出發運動 – 深水埗幸福日》, organised by Sham Shui Po District Social Welfare Office of Social Welfare Department and Sham Shui Po District Council, was held in October 2010 in collaboration with 45 social service units/ community organisations and SPH,
- Participated in "Central and Western District Community Concern Day 2010"《2010 年中西區關愛日 》, organised by the Central and Western District Council and Caritas Mok Cheung Sui Kun Community Centre in December 2010,
- Participated in "2011 District Welfare Planning Seminar"《2011 年地區福利規劃研討會》, organised by District Social Welfare Offices of Social Welfare Department in 2 districts from February to March 2011,
- "Kowloon City World Health Day 2011"《2011 年九龍城世界衛生日》, organised by the Building Healthy Kowloon City Association, Department of Health, Kowloon City District Office of Home Affairs Department, and Kowloon City District Council, was held in April 2011 in collaboration with 17 social service units/ community organisations and SPH,
- Participated in "CADENZA: Elder at PEACE Launching Ceremony"《流金頌社區計劃－長和滿葵青啟動禮暨嘉年華》, organised by Hong Kong Christian Service and CADENZA Project in February 2012,
- Participated in the Fun Fair《「擁抱生命 與您同行」愛心嘉年華》organised by Hong Kong Sheng Kung Hui Welfare Council in collaboration with 8 social service units/ community organisations in February 2012,
- Participated in "Haven of Hope Tseung Kwan O and Sai Kung District Support Centre Opening Ceremony"《靈實將軍澳及西貢地區支援中心開幕典禮》organised by the Haven of Hope Christian Service in February 2012,
- Participated in "2012 District Welfare Planning Seminar"《2012 年地區福利規劃研討會》, organised by District Social Welfare Offices of Social Welfare Department in 6 districts in March 2012,
- "Kowloon City World Health Day 2012"《2012 年九龍城世界衛生日》, organised by the Building Healthy Kowloon City Association, Department of Health, Kowloon City District Office of Home Affairs Department, and Kowloon City District Council, was held in April 2012 in collaboration with social service units/ community organisations,
- "2012-2013 Central and Western District Health Festival"《2012 至 2013 年度中西區健康節－健康生活齊參與》, organised by the Central and Western District Council and co-organised by the Central and Western District Office of Home Affairs Department, was held in November 2012 in collaboration with 37 social service units/ community organisations and SPH,

- "2012 Central and Western District Healthy City Carnival"《2012年中西區健康城市齊共創嘉年華》, organised by the Central and Western District Council, was held in December 2012 in collaboration with 13 social service units/ community organisations and SPH,
- "2013-2014 Central and Western District Health Festival"《2013 至 2014 年度中西區健康節－健康生活 全家參與》, organised by the Central and Western District Council and co-organised by the Central and Western District Office of Home Affairs Department, was held in November 2013 in collaboration with 36 social service units/ community organisations and SPH,
- "2013 Central and Western District Healthy City Carnival"《2013 年中西區健康城市「一家齊減壓」嘉年華》, organised by the Central and Western District Council, was held in December 2013 in collaboration with 12 social service units/ community organisations and SPH, and
- "Kowloon City World Health Day 2014"《2014 年世界衛生日－健康龍城嘉年華「病媒傳播的疾病」》, organised by the Building Healthy Kowloon City Association, Department of Health, Kowloon City District Office of Home Affairs Department, and Kowloon City District Council, was held in April 2014 in collaboration with 19 social service units/ community organisations and SPH, etc.

3.13 With SPH's successful advocacy for using family as the theme, the "FAMILY 3Hs Gathering Day"《愛 + 人：家家樂聚日》was held in the Central and Western District on 20 October 2013, by the Steering Committee on Healthy City in the Central and Western District of the Central and Western District Council, Hong Kong Island Women's Association, Hong Kong Central and Western District Women Association, Federation of Parent-Teacher Associations of the Central and Western District, The Boys' & Girls' Clubs Association of Hong Kong Jockey Club Sheung Wan Children & Youth Integrated Services Centre and Caritas Mok Cheung Sui Kun Community Centre.

EXECUTIVE SUMMARY

This report summarizes the results of the "More Appreciation and Less Criticism Project" (MALC). The project was a collaboration between the Tung Wah Group of Hospitals (TWGHs) and the School of Public Health of The University of Hong Kong (HKUSPH), funded by The Hong Kong Jockey Club Charities Trust. The project period lasted from April 2012 to May 2013.

BACKGROUND

The MALC project was informed mainly by findings of the Hong Kong Family and Health Information Trends Survey (HK-FHInTs; Chan & Lam, 2010), and in part by findings of a youth focus group of Harmony@Home (a project jointly developed by the Hong Kong Family Welfare Society and HKUSPH), both under the FAMILY Project. Both sets of findings pointed respectively towards the importance and need for Hong Kong families to express appreciation more often and criticism less often.

Built upon the successful implementation and positive findings of earlier 4-session (e.g. collaborations with Hong Kong Family Welfare Society and Caritas Hong Kong) and 2-session (e.g. collaboration with The Hong Kong Council of Social Service in Yuen Long district) programmes, we took one step further in the current project and developed a single-session programme. This programme followed a public health approach focusing on prevention to make small positive changes before problems occur, as well as brevity to increase cost-effectiveness and maximize delivery across the community. The Health Action Process Approach (HAPA; Schwarzer, 2008) was used in the workshop design.

OBJECTIVES

The objectives were to develop and test theory-driven group programmes to increase parents' intention and actual behaviours to express more appreciation or less criticism when interacting with their children, thereby enhancing family harmony and happiness.

STUDY DESIGN

This study was a cluster randomized controlled trial (RCT) with three arms. The two intervention arms consisted of the More Appreciation (MA) and Less Criticism (LC) groups, and the control arm consisted of the Healthy Living group (hereafter referred to as the Fruit and Vegetable (FV) group). Clusters, mostly schools, were the unit of random allocation to one of the three arms.

Participants from all three arms were assessed a total of four times, i.e. baseline (before the intervention workshop; T1), immediate post-workshop (T2), 2-week post-workshop (T3) and 6-week post-workshop (T4).

RESULTS

Significant differences were found among the three arms in participants' number of children, education attainment, and household monthly income at T1. After adjusting for these demographic differences, no significant differences were observed among the measured outcomes at T1.

After attending the workshop, the frequency of showing appreciation of both MA and LC arms showed significantly more increase from T2 with a small effect size at T3 and T4 when compared with the FV arm. Both MA and LC arms significantly improved more in HAPA components for showing more appreciation, namely outcome expectancies, intention, self-efficacy, action planning and coping planning than the FV arm, with small to medium effect size. No differences in the changes in the frequency of showing criticism of participants were observed in the MA arm or the LC arm when compared to the FV arm. However, both MA and LC arms significantly improved more in HAPA components for reducing criticism than the FV arm, with small to medium effect size. The FV arm showed a significantly greater increase in fruit and vegetable consumption than the MA arm from T2 with a small effect size at T4. The FV arm significantly improved more in HAPA components for consuming more fruits and vegetables than the MA and LC arms, with small to medium effect size.

CONCLUSIONS AND FUTURE DIRECTIONS

This project showed that the brief, single-session workshop had effectively increased the frequency of showing appreciation in the intervention arms, with small effect size. The single session on the control group also increased fruit and vegetable consumption. The findings suggest that the public health approach is inexpensive, feasible and effective in making positive behavioural changes in Hong Kong Chinese parents. Whereas there is now good evidence to support that the workshop is effective and can be disseminated, future studies with refinement of the intervention, addition of a booster, and longer follow-up periods are warranted.

CHAPTER 1

INTRODUCTION

1.1 BACKGROUND

Chinese culture places great importance on harmony and familial homeostasis (Hsu, 1971; Moore, 1968). To assure that familial relationships are harmonious and the integrity of the family unit is preserved, the indigenous Chinese child-rearing standards of Guan (管) and Chiao Shun (教訓) are commonly followed (Chao, 1994; Lau & Cheung, 1987). Guan means "to care for" as well as "to govern" (Tobin, Wu, & Davidson, 1989), whereas Chiao Shun refers to the idea of training, teaching, or educating children (Chao, 1994). Both Guan and Chiao Shun, however, do not emphasize the importance of expressing appreciation or praising, although appreciation is one of the six important essences of a healthy family (Lin, 1994).

Previous findings of the FAMILY Project's Hong Kong Family and Health Information Trends Survey (HK-FHInTS; Chan and Lam, 2010) showed that praising family members was significantly associated with family harmony and happiness, which are two of the goals of the FAMILY Project. However, the survey also showed that less than a quarter of respondents reported that they often used praising family members to keep or promote their relationship with the family. Findings of the focus group interview in the Harmony@Home project conducted in collaboration with Hong Kong Family Welfare Society revealed that young people held the view that their parents often withheld praise, and seemed to have standards that were impossible to meet. They also indicated that they yearned for their parents to be more kind and encouraging. The current project, guided by these findings, sought to increase parents' intention and action to use more appreciation and less criticism when interacting with their children, thereby enhancing overall family harmony and happiness. The programme adopted a public health approach that focused on preventive interventions which aimed for small but critical changes across a large sector of the population.

1.1.1 Appreciation

Appreciation can be differentiated into three different types: 1) person appreciation; 2) outcome appreciation and 3) process appreciation (Kamins & Dweck, 1999). Person appreciation focuses on appreciating the recipient's personal traits or abilities, e.g. "You are so smart" or "You are pretty". Outcome appreciation focuses on evaluating results or outcomes, e.g. "Your academic performance is impressive!" or "Well done". Process appreciation focuses on the effort paid or the process, e.g. "I could see that you worked very hard!"

There is ample evidence for benefits of showing appreciation in promoting one's motivation and performance. Although showing appreciation in general will bring positive outcome, different types of appreciation can have different impacts upon recipients. Person appreciation and outcome appreciation have been shown to lead the recipients to evaluate themselves by their performance and to foster negative reactions to subsequent failures (Kamins & Dweck, 1999). On the other hand, process appreciation enhanced the recipients' intrinsic motivation when experiencing subsequent failure, strengthening their resilience in facing difficulties.

1.1.2 Criticism

Appreciation and criticism are two sides of a coin, and criticism can also be differentiated into three types: person, outcome and process criticism. These different types of criticisms share similar effects as expressing appreciation (Kamins & Dweck, 1999). Children who received person and outcome criticisms were found to develop contingent self-worth, or the belief that worthiness was contingent on performance. A high contingent self-worth was also found to predict low resilience in the form of helplessness when facing setbacks.

It is widely recognized that criticism has a negative effect on self-worth and motivation, and the common consensus on good parenting practices is to reduce criticism. Criticism is distinct from constructive feedback when the child misbehaves. Constructive feedback is characterized as feedback given promptly with concrete identification of the undesirable behaviours with no focus on personal traits or abilities (Ng, Pomerantz, & Lam, 2007).

1.1.3 Fruits and Vegetables

An intervention programme promoting consumption of more fruits and vegetables was adopted as the control arm in the current project. Ample evidence exists that consuming adequate amount of fruits and vegetables can help prevent major diseases and chronic health problems, including some forms of cancer, cardiovascular diseases, hypertension, diabetes and obesity (Eyre et al., 2004). Hong Kong's Department of Health, in line with the World Health Organization's guideline, recommends at least five servings of fruits and vegetables per day. One serving of fruits is defined as two small-sized fruits (e.g. kiwi fruit), one medium-sized fruit (e.g. apple), or half a large-sized fruit (e.g. banana). One serving of vegetables is defined as half a rice bowl of cooked vegetables (WHO, 2003).

The FAMILY Project Cohort Study found that the level of consumption of fruits and vegetables in the Hong Kong general population was inadequate (unpublished data). The study found that only 11.1% (1,780 out of 16,039 respondents) of the general population reported eating at least five servings per day, and that more females (1,100 out of 8,727 female respondents, 12.6%) than males (679 out of 7,312 male respondents, 9.3%) consumed adequate servings. Hence, an active intervention with different targets served as the control group to the more appreciation and the less criticism arms.

1.2 THEORETICAL FRAMEWORK

This project learnt from previous programmes and adopted various strategies to promote participants' behavioural changes in order to improve the efficacy of the intervention. Cognitive dissonance (Festinger & Carlsmith, 1959) and Health Action Process Approach (HAPA; Schwarzer, 2008) were employed as both have been found to be effective in brief, single-session intervention programmes.

1.2.1 Health Action Process Approach (HAPA)

One of the reasons that behavioural change is difficult to achieve is that intention to change does not always translate to actual behavioural change. The Health Action Process Approach (HAPA; Schwarzer, 2008) model suggests two processes behind behavioural change: preintentional motivation processes that lead to a behavioural intention (as outlined in the Motivational Phase of Figure 1), and postintentional volition processes that lead to the actual behavioural changes (as outlined in the Volitional Phase of Figure 1).

The intervention programmes described here aimed to increase both preintentional motivation processes and postintentional volition processes. To affect preintentional motivation processes, the intervention programmes described the benefits of the promoted behaviours (outcome expectancies) and encouraged participants to recall past successful experiences (self-efficacy). Increasing participants' outcome expectancies and self-efficacy were then, in turn, aimed to enhance participants' intention in making positive behavioural changes. To enhance postintentional volition processes, the intervention programmes used planning (e.g. when, what, how), a strategy that has been shown to be effective in translating intention to behavioural change. Participants also enhanced their own confidence in changing behaviours by reporting potential barriers to adopting the new behaviours and how to overcome these barriers. Figure 2 delineates the intervention pathway, and the proposed key components, intention and planning, in bringing about positive behavioural changes (primary outcomes) and enhancement in 3Hs (secondary outcomes).

Figure 1. Generic diagram of the Health Action Process Approach (Schwarzer, 2008)

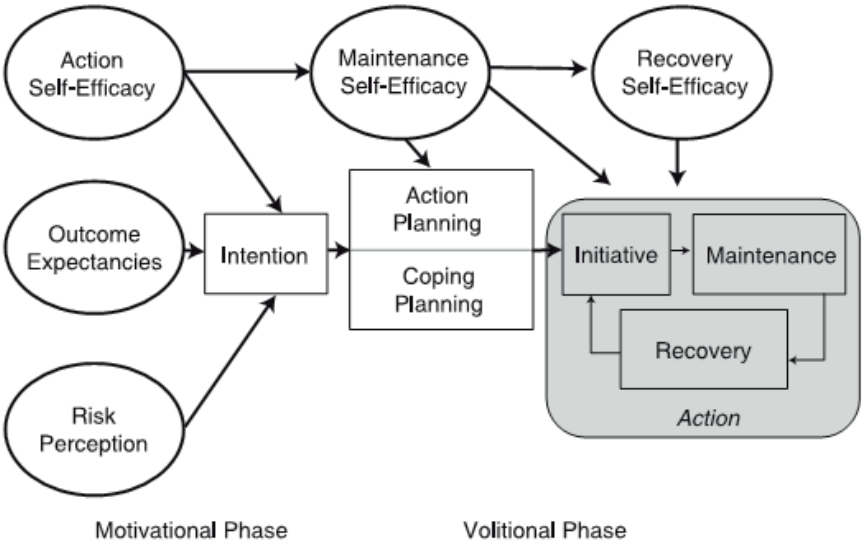
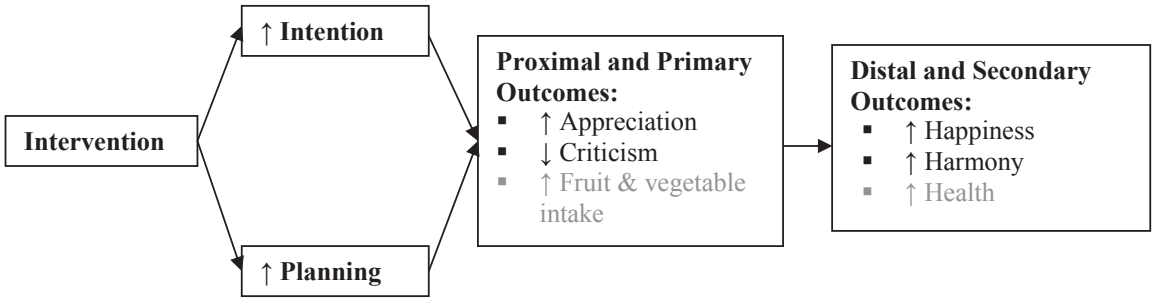


Figure 2. Intervention pathway



1.2.2 Cognitive dissonance

Cognitive dissonance refers to the discomfort (or inconsistence) when one is simultaneously holding conflicting cognitions, including ideas, beliefs, values and emotional reactions (Festinger & Carlsmith, 1959). The discomfort would drive the individual to alter his or her behaviours or beliefs to minimize the discomfort. The intervention programmes aimed to boost participants' intentions to adopt the promoted behaviours by creating cognitive dissonance. Attributional questions were adopted to create such cognitive dissonance. For instance, by asking participants to think about the effects of showing appreciation on parent-child relationships and on family communications, participants whose dominant belief was that withholding appreciation would not cause any bad influence would now hold a conflicting belief that appreciation can foster good relationships and withholding appreciation can impair relationships. These conflicting cognitions should promote intentions to show more appreciation.

1.3 PUBLIC HEALTH APPROACH

The project adopted a public health approach instead of a clinical approach. Most intervention projects utilize clinical approaches, i.e. working one-to-one with individuals who already exhibit problems (curative) by striving to induce large changes in these individuals with complex and lengthy intervention programmes. In contrast, the public health approach focuses on prevention (before problems occur) and aims at reaching larger numbers of people at the same time. Although this mass approach offers only a small benefit for each individual, the mass gain can be unexpectedly large (Ross, 1981). Programmes adopting the public health approach are usually brief and inexpensive to deliver per participant and hence it places less burden on both the service recipients and providers compared to clinically guided programmes.

1.4 PROJECT OBJECTIVES

- To increase appreciation or decrease criticism in families (primary outcomes; see Figure 2), thereby enhancing FAMILY Health, Happiness and Harmony (3Hs) (secondary outcomes; see Figure 2);
- To develop theory-driven programmes which adopt a public health approach focusing on primary prevention in a cost-effective, simple single-session design;
- To test the acceptability, feasibility, and effectiveness of the intervention programmes with scientific rigour.

1.5 PROJECT HYPOTHESES

- Participants in the More Appreciation (MA) arm would report greater increases in their intentions and actions in using more appreciation when interacting with their children, and have higher levels of happiness and harmony when compared to the Fruit and Vegetable (FV) arm;
- Participants in the Less Criticism (LC) arm would report greater increase in their intentions in using less criticism and greater reductions in their use of criticism when interacting with their children, and have higher levels of happiness and harmony when compared to the FV arm;
- Participants in the FV arm would report greater increases in their intentions and actions to consume more fruits and vegetables than the MA and LC arms.

CHAPTER 2

KICK-OFF CEREMONY

2.1 OBJECTIVES

A ceremony to kick off the More Appreciation and Less Criticism Project was held on 27 October 2012 in Shatin Town Hall Plaza. This ceremony aimed to publicize three key themes of the MALC project, including more appreciation, less criticism, and higher consumption of fruits and vegetables, and to promote FAMILY Health, Happiness and Harmony (3Hs) in the community. In order to evaluate the participants' perceptions of the event, their FAMILY 3Hs and their actions on enhancing FAMILY 3Hs, a one-page questionnaire was administered. Participants were compared with passers-by to explore potential differences in family status between them.

2.2 CEREMONY RUNDOWN

The ceremony was officiated by Mrs. Cherry Tse Ling Kit Ching, the Permanent Secretary for Education; Mr. Douglas So, Executive Director, Charities, The Hong Kong Jockey Club; Prof. Lam Tai Hing, Principal Investigator, FAMILY Project, along with Mrs. Viola Chan Man Yee Wai, Chairman, Tung Wah Group of Hospitals and Mrs. Katherine Ma, 5th Vice-Chairman, Tung Wah Group of Hospitals. Celebrity Ms. Lily Poon, child actor Coleman Tam and his mother were invited to share their positive experiences in expressing more appreciation and reducing criticism within their families. After that, various activities were held on-stage and off-stage by service units, kindergartens and primary schools of the TWGHs and local groups. Approximately 1,000 participants of the ceremony enjoyed the performances on-stage such as Lion dance performed by TWGHs Jockey Club Shatin Integrated Services Centre. Many joined the off-stage game booths such as "Healthy Eating 123" held by TWGHs Lui Fung Faung Memorial Kindergarten. In these activities, participants could learn more about "more appreciation", "less criticism" and "eating more fruits and vegetables".

A simple one-page questionnaire was also included in the ceremony which aimed to assess current family status and prevalence of 3Hs enhancing behaviours during the event in Shatin. A total of 468 people were approached by 18 volunteers from the Agency for Volunteer Service (AVS) and were asked to complete the one-page questionnaire. The questionnaire assessed demographic information, event-specific information, current 3Hs, and frequency of behaviours to enhance 3Hs. Respondents were invited to provide contact information on a voluntary basis. Overall, 468 people were approached and 247 completed the questionnaire (response rate = 52.8%). 118 of them were audience of the ceremony or participants of the game booths (i.e. within the event), while 129 of them were passers-by near Shatin MTR Station or Lucky Plaza (i.e. outside the event).

2.3 RESULTS OF ONE-PAGE QUESTIONNAIRE

2.3.1 Demographic characteristics

Demographic information of people within and outside the event is presented in Table 1. The majority (71.3%) of the respondents inside the event venue were female, compared to just over half (56.2%) of the respondents outside. Over half of the respondents (51.2% to 56.4%) were 25 to 44 years old, inside or outside. Similar proportions of respondents received or completed tertiary education within (22.7%) and outside (31.5%), but more respondents inside the event (17.3%) had primary education or below than those outside (8.7%).

The large majority of the respondents inside the event were married (73.0%). Outside, over half were never married (55.1%). The distributions regarding family members living together were similar in the two groups. The most common category was living with three family members (30.1% within, 26% outside). About 40% of both respondents within the event and outside were employed. About two-thirds within the event lived in Shatin (69.0%), whereas over half of those outside lived in Shatin (53.3%). The two groups of respondents (i.e. within and outside) were significantly different in the distributions of sex ($p = 0.02$, ES = 0.16), age ($p = 0.005$, ES = 0.27), marital status ($p < 0.001$, ES = 0.32), employment status ($p < 0.001$, ES = 0.34), and living district ($p = 0.02$, ES = 0.16), with a small to medium effect size.

Table 1. Demographic characteristics of respondents

	n (%)		p-value	ES[a]
	Within event (N = 118)	Outside event (N = 129)		
Sex[b]			0.02**	0.16
female	82 (71.3)	72 (56.2)		
male	33 (28.7)	56 (43.8)		
Age[c]			0.005**	0.27
10 – 17	10 (9.1)	29 (23.2)		
18 – 24	7 (6.4)	1 (0.8)		
25 – 44	62 (56.4)	64 (51.2)		
45 – 64	22 (20.0)	24 (19.2)		
>=65	9 (8.2)	7 (5.6)		
Educational attainment[d]			0.16	0.18
primary or below	19 (17.3)	11 (8.7)		
F.1 – F.3	23 (20.9)	19 (15.0)		
F.4 – F.5	27 (24.5)	38 (29.9)		
F.6 – F.7	16 (14.5)	19 (15.0)		
non-degree	3 (2.7)	9 (7.1)		
degree or above	22 (20.0)	31 (24.4)		
Marital status[e]			<0.001***	0.32
never married	27 (23.5)	70 (55.1)		
now married	84 (73.0)	55 (43.3)		
divorced/widowed/separated	4 (3.5)	2 (1.6)		
Number of family members living together[f]			0.76	0.15
0	0 (0)	3 (2.4)		
1	10 (9.7)	17 (13.4)		
2	25 (24.3)	30 (23.6)		
3	31 (30.1)	33 (26.0)		
4	22 (21.4)	29 (22.8)		
more than 5	15 (14.6)	15 (11.8)		
Employment			<0.001***	0.34
employed	48 (40.7)	53 (41.1)		
unemployed	70 (59.3)	76 (58.9)		
looking for jobs	3 (2.5)	2 (1.6)		
homemakers	26 (22.0)	14 (10.9)		
students	10 (8.5)	41 (31.8)		
retired	12 (10.2)	13 (10.1)		
not specified	19 (16.1)	6 (4.7)		
Living district[g]			0.02*	0.16
Shatin	60 (69.0)	65 (53.3)		
others	27 (31.0)	57 (46.7)		

* Statistically significant at p<0.05.
** Statistically significant at p<0.01.
*** Statistically significant at p<0.001.
[a] ES = effect size (Cramer's V): small = 0.10, medium = 0.30, large = 0.50.
[b] n (missing): within event = 3, outside event = 1.
[c] n (missing): within event = 8, outside event = 4.
[d] n (missing): within event = 8, outside event = 2.
[e] n (missing): within event = 3, outside event = 2.
[f] n (missing): within event = 15, outside even t = 2.
[g] n (missing): within event = 31, outside even t = 7.

2.3.2 Respondents' (inside) view of the event

Table 2 shows that nearly three quarters of the respondents inside found out about the activity when they passed by, while 15.4% heard from relatives or friends. About 38% of the respondents anticipated to stay in the event for 31 to 60 minutes and 32.7% expected to stay for less than 30 minutes. Over one-third (38.4%) attended the event with another family member, and 25.3% had two family members attending together. Forty-four per cent had participated in similar events in the year before. On a 10-point scale, 79.6% and 69.7% rated the event at 7-10 points, indicating they found it moderately to very satisfied and helpful respectively.

Table 2. Event-specific information (N = 118)

	n (%)
How did you know about this activity[a]	
passing by or others	66 (72.5)
relatives & friends	14 (15.4)
NGOs	6 (6.6)
Internet	2 (2.2)
Government	2 (2.2)
newspaper & magazine	1 (1.1)
How long do you anticipate to stay in the event (minute)[b]	
< = 30	37 (32.7)
31 – 60	43 (38.1)
61 – 90	4 (3.5)
91 – 120	17 (15)
121 – 150	1 (0.9)
151 – 180	5 (4.4)
> 180	6 (5.3)
Number of attendee including oneself[c]	
1	14 (14.1)
2	38 (38.4)
3	25 (25.3)
4	13 (13.1)
> = 5	9 (9.1)
Did you participate in similar events in the past year[d]	
no	51 (56.0)
yes	40 (44.0)
1 time	9 (9.9)
2 times	11 (12.1)
3 times	11 (12.1)
4 times	3 (3.3)
> = 5 times	6 (6.6)
Are you satisfied with the event[e]	
3 – 4	1 (1.0)
5 – 6	19 (19.4)
7 – 8	51 (52.0)
9 – 10	27 (27.6)
Do you think this event can help you achieve 3Hs[f]	
1 – 2	5 (5.1)
3 – 4	2 (2.0)
5 – 6	23 (23.2)
7 – 8	41 (41.4)
9 – 10	28 (28.3)

[a] n (missing) = 27.
[b] n (missing) = 5.
[c] n (missing) = 19.
[d] n (missing) = 27.
[e] Response ranged from 0 to 10, with higher scores indicating higher satisfaction; n (missing) = 20.
[f] Response ranged from 0 to 10, with higher scores indicating greater helpfulness; n (missing) = 19.

2.3.3 Current levels of FAMILY Health, Happiness and Harmony (3Hs)

Three items were included in the questionnaire to assess the current family status of the community. Participants were asked to rate each item on a 10-point scale, with higher points indicating higher levels of family health, happiness or harmony. As shown in Figures 3, 4 and 5, the majority of the respondents inside and outside the event rated 7-10 points for family status (family health: 89.6% and 82.2%; family happiness: 92.3% and 81.3%; family harmony: 89.2% and 84.1% respectively), showing that most of the respondents held positive view of their family status.

Figure 3. Family health

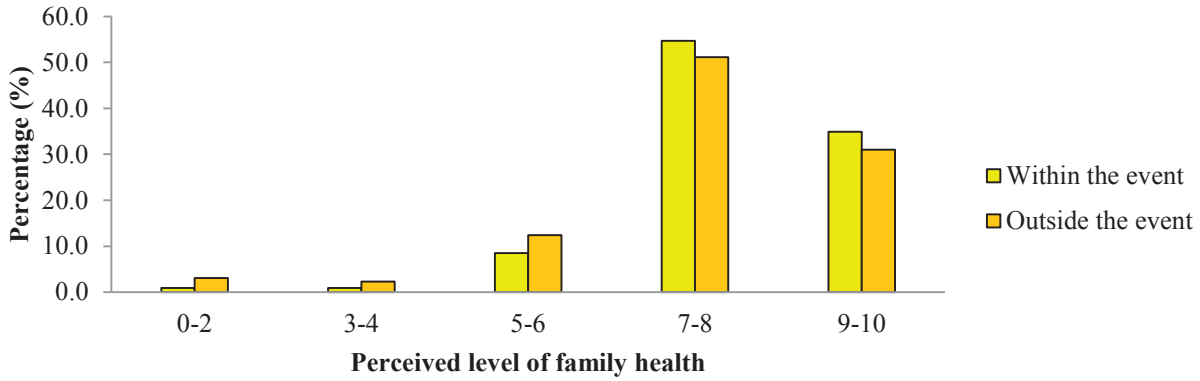


Figure 4. Family happiness

Figure 5. Family harmony

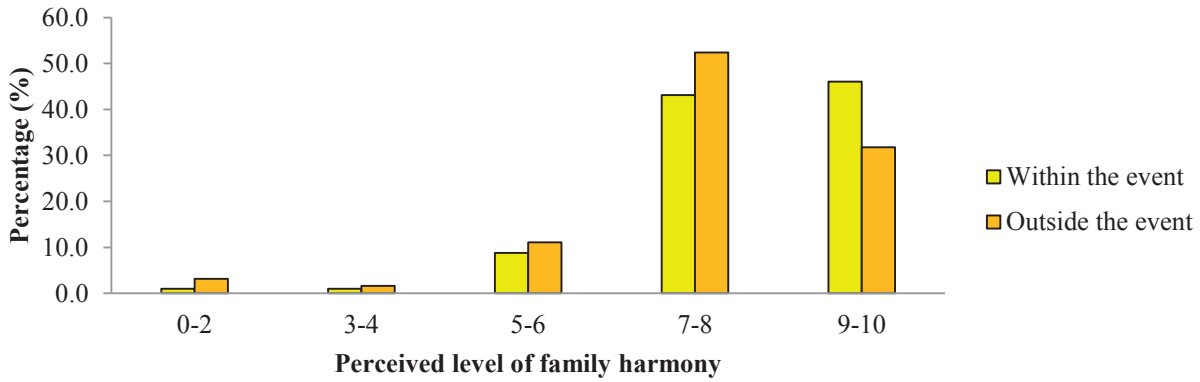


Table 3 shows that respondents inside reported significantly greater family happiness with a small effect size (p = 0.01, ES = 0.34). Although respondents inside also reported higher levels of family health and harmony, the differences did not reach statistical significance (marginal significance).

Table 3. Difference of current FAMILY 3Hs between respondents within and outside the event

	Within event		Outside event		p-value	ES[a]
	n	M ±SD	n	M ±SD		
Current family status						
health	106	8.07±1.51	129	7.67±1.79	0.07	0.24
happiness	105	8.19±1.33	128	7.71±1.46	0.01*	0.34
harmony	102	8.22±1.61	126	7.77±1.85	0.06	0.26

* Statistically significant at p<0.05.

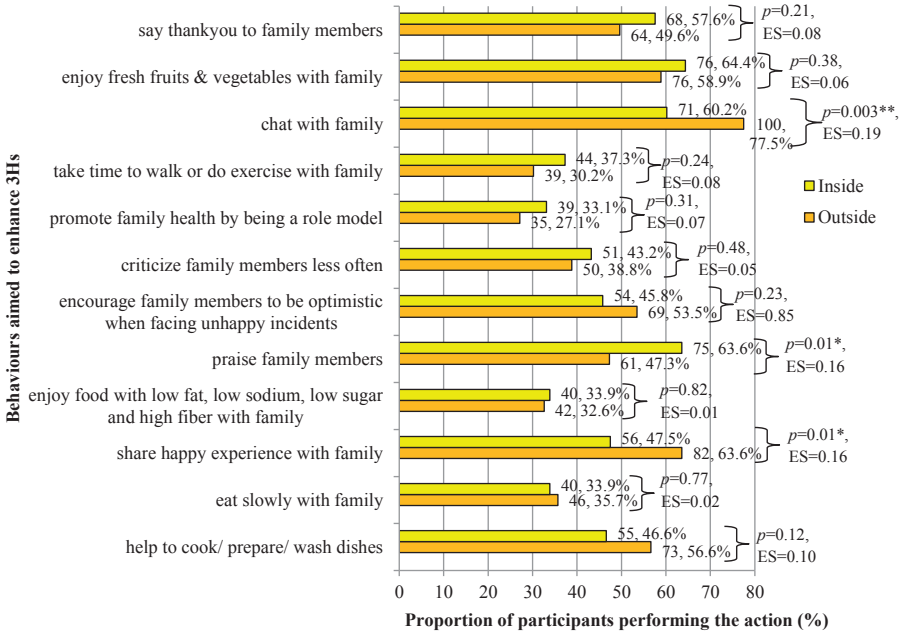
[a] ES = effect size (Cohen's d): small = 0.20, medium = 0.50, large = 0.80.

2.3.4 FAMILY Health, Happiness and Harmony (3Hs) enhancing behaviours

In the last part of the questionnaire, a total of 12 behaviours were listed to assess what respondents had done during the past three months to enhance their FAMILY 3Hs based on the questions used in the Hong Kong Family and Health Information Trends Survey (HK-FHInTS; Chan & Lam, 2010). Figure 6 shows that the most common practice to enhance 3Hs was talking with family and significantly more respondents outside (77.5%) reported this behaviour than the inside (60.2%), with a small effect size (p = 0.003, ES = 0.19). Relatively fewer respondents had tried expressing appreciation (inside: 63.6%; outside: 47.3%) or reducing criticism (inside: 43.2%; outside: 38.8%) towards family members. Some of the actions were even less common, including being a model of healthy living (inside: 33.1%; outside: 27.1%), sharing healthy food which are low in fat, sugar and salt but high in dietary fibre (inside: 33.9%; outside: 32.6%), and exercising with family (inside: 37.3%; outside: 30.2%).

Significantly more respondents inside (63.6%) than outside (47.3%) reported that they praised their family members in the last three months (p = 0.01, ES = 0.16) with a small effect size, but more respondents outside (63.6%) than inside (47.5%) shared happy experiences with their family members, with a small effect size (p = 0.01, ES = 0.16).

Figure 6. Proportion of respondents inside and outside engaging in different behaviours to enhance 3Hs in the past 3 months



* Statistically significant at p<0.05.

** Statistically significant at p<0.01.

*** Statistically significant at p<0.001.

ES = effect size (Cramer's V): small = 0.10, medium = 0.30, large = 0.50.

A large majority of the actions were significantly associated with respondents' FAMILY 3Hs except "cook, prepare the table or wash dishes for family" on family health (p = 0.21) and "reduce criticism towards family members" on family happiness (p = 0.07). The effect size of each behaviour on family health, happiness and harmony are shown in Tables 4, 5 and 6 respectively, showing that talking with family had the largest effect size with FAMILY 3Hs (ESs = 0.58 to 0.77), followed by sharing fruits and vegetables with the second largest effect size with both family harmony and health (ES = 0.52 to 0.59). For family happiness, saying thank you and increasing appreciation towards family members both had the second largest effect size (ES = 0.53).

Table 4. Association between 3Hs enhancing behaviours and perceived family health in all respondents inside and outside

	Have you done the following behaviours in the past 3 months?				p-value	ES[a]
	Yes		No			
	n	M±SD	n	M±SD		
Say thank you to family members	131	8.18±1.38	104	7.44±1.91	0.001**	0.49
Enjoy fruits and vegetables with family	151	8.11±1.38	84	7.38±2.03	0.004**	0.52
Chat with family	170	8.06±1.47	65	7.30±2.04	0.007**	0.58
Take time to walk or do exercise with family	83	8.21±1.52	152	7.65±1.72	0.01*	0.32
Promote family health by being a role model	73	8.19±1.63	162	7.69±1.68	0.04*	0.28
Reduce criticism towards family members	100	8.13±1.30	135	7.64±1.88	0.02*	0.31
Encourage family members to be optimistic when facing unhappy incidents	122	8.06±1.51	113	7.62±1.81	0.05*	0.27
Praise family members	135	8.10±1.24	100	7.51±2.09	0.01*	0.42
Enjoy food with low fat, low salt, low sugar and high fibre with family	81	8.31±1.15	154	7.61±1.85	<0.001***	0.48
Share happy experience with family	137	8.06±1.59	98	7.55±1.75	0.02*	0.31
Eat slowly with family	85	8.31±1.56	150	7.59±1.69	0.001**	0.43
Help to cook/prepare/wash dishes	127	7.98±1.54	108	7.70±1.82	0.21	0.17

* Statistically significant at p<0.05.
** Statistically significant at p<0.01.
*** Statistically significant at p<0.001.
[a] ES = effect size (Cohen's d): small = 0.20, medium = 0.50, large = 0.80.

Table 5. Association between 3Hs enhancing behaviours and perceived family happiness in all respondents inside and outside

	Have you done the following behaviours in the past 3 months?				p-value	ES[a]
	Yes		No			
	n	M±SD	n	M±SD		
Say thank you to family members	130	8.23±1.23	103	7.54±1.55	<0.001***	0.53
Enjoy fruits and vegetables with family	149	8.14±1.15	84	7.55±1.73	0.006**	0.50
Chat with family	169	8.12±1.20	64	7.43±1.79	0.006**	0.61
Take time to walk or do exercise with family	82	8.40±1.19	151	7.67±1.47	<0.001***	0.51
Promote family health by being a role model	72	8.31±1.23	161	7.76±1.47	0.006**	0.36
Reduce criticism towards family members	100	8.13±1.29	133	7.78±1.49	0.07	0.25
Encourage family members to be optimistic when facing unhappy incidents	121	8.20±1.19	112	7.63±1.58	0.003**	0.43
Praise family members	135	8.20±1.16	98	7.55±1.64	0.001**	0.53
Enjoy food with low fat, low salt, low sugar and high fibre with family	81	8.24±1.09	152	7.76±1.54	0.006**	0.38
Share happy experience with family	136	8.17±1.21	97	7.59±1.62	0.004**	0.45
Eat slowly with family	84	8.36±1.21	149	7.68±1.47	<0.001***	0.48
Help to cook/prepare/wash dishes	126	8.10±1.31	107	7.72±1.52	0.04*	0.27

* Statistically significant at p<0.05.
** Statistically significant at p<0.01.
*** Statistically significant at p<0.001.
[a] ES = effect size (Cohen's d): small = 0.20, medium = 0.50, large = 0.80.

Table 6. Association between 3Hs enhancing behaviours and perceived family harmony in all respondents inside and outside

	Have you done the following behaviours in the past 3 months?				p-value	ES[a]
	Yes		No			
	n	M±SD	n	M±SD		
Say thank you to family members	128	8.29±1.43	100	7.57±2.03	0.003**	0.46
Enjoy fruits and vegetables with family	146	8.28±1.30	82	7.43±2.27	0.002**	0.59
Chat with family	166	8.26±1.36	62	7.19±2.37	0.001**	0.77
Take time to walk or do exercise with family	81	8.46±1.46	147	7.70±1.85	0.002**	0.42
Promote family health by being a role model	72	8.48±1.32	156	7.73±1.88	0.002**	0.41
Reduce criticism towards family members	100	8.27±1.46	128	7.73±1.93	0.02*	0.32
Encourage family members to be optimistic when facing unhappy incidents	120	8.33±1.30	108	7.57±2.08	0.001**	0.49
Praise family members	133	8.31±1.32	95	7.49±2.14	0.001**	0.55
Enjoy food with low fat, low salt, low sugar and high fibre with family	80	8.55±1.19	148	7.66±1.93	<0.001***	0.58
Share happy experience with family	134	8.29±1.31	94	7.52±2.17	0.002**	0.52
Eat slowly with family	84	8.58±1.50	144	7.61±1.80	<0.001***	0.55
Help to cook/prepare/wash dishes	124	8.20±1.55	104	7.70±1.94	0.03*	0.28

* Statistically significant at p<0.05.
** Statistically significant at p<0.01.
*** Statistically significant at p<0.001.
[a] ES = effect size (Cohen's d): small = 0.20, medium = 0.50, large = 0.80.

2.4 DISCUSSION

The primary aim of the kick-off ceremony was to publicize the idea of more appreciation, less criticism, and higher intake of fruits and vegetables; and to promote FAMILY Health, Happiness and Harmony (3Hs) in the community. The majority of the respondents within the event reported that the event was satisfying and useful in helping them to think about how they might achieve FAMILY 3Hs. These findings suggested that the kick-off ceremony was quite successful.

Most respondents indicated a high rating of 7-8 out of 10 for their FAMILY 3Hs. Several factors were significantly associated with FAMILY 3Hs. The respondents within the event had higher mean family happiness than respondents outside the event. One possible reason was that people with happy families were more likely to join this kind of event. On the other hand, having fun in the game booths with family members might have primed them with happy family memories. According to Cicchirillo and Chory-Assad (2005), certain stimuli heighten the likelihood that relevant ideas would come to mind through priming. Therefore, respondents inside the event might have perceived their family as happier than it was in reality.

Respondents who reported behaviours that may be associated with 3Hs were more likely to report higher levels of family health, happiness and harmony. These actions, however, had significant association with 3Hs and supported the findings of the Hong Kong Family and Health Information Trends Survey (HK-FHInTS; Chan & Lam, 2010).

The use of a one-page questionnaire, administered by briefly trained volunteers, has significant benefits for evaluation and collection of further information in the setting of community events. It is cheap and requires minimal cognitive burden on respondents. The brevity of the questionnaire also shortens the time required to obtain responses from each participant, and hence, can increase the number of respondents, and the representativeness of the results.

Methodologically, there were a few limitations inherent in obtaining evidence of effectiveness of an event in a “real world” setting. First, evaluation of the event was based on respondents’ subjective assessment at the end of the event and not on objective changes some time afterwards. Second, a causal relationship between behaviours that may be associated with 3Hs and the current 3Hs cannot be confirmed by the current cross-sectional design. Third, a common problem in community events is that respondents may come and go at their own pleasure and thus, pre- and post-assessment is not feasible. Finally, respondents of the questionnaire were selected by convenience sampling and nearly half of the approached people refused to complete the questionnaire. Therefore, the sample might not be representative. Notwithstanding these limitations, the ceremony to kick off the MALC project was well-received and successful in publicizing the idea of more appreciation, less criticism, and greater intake of fruits and vegetables, and promoting strategies intended to enhance 3Hs in the community. The one-page questionnaire results also suggest that those who join similar events are already better off, and more efforts are needed to attract the harder to reach.

CHAPTER 3

TRAIN-THE-TRAINERS

3.1 OBJECTIVES

The train-the-trainers programme aimed to provide training for members of the project team, and social and programme workers of the Tung Wah Group of Hospitals (TWGHs) who might potentially assist in delivering the More Appreciation and Less Criticism Project (MALC). The key themes of the training included understanding the nature of appreciation and constructive feedback, the amount of recommended fruit and vegetable intake, the key principles of randomized controlled trials (RCT) and community-based participatory research (CBPR). The training also helped the participants to become familiarized with the project operation.

3.2 TRAINING CONTENT

The training was held in the Laboratory Block of Li Ka Shing Faculty of Medicine, The University of Hong Kong on 26 June 2012. Twenty-nine participants, consisting of social workers and project workers from the TWGHs, were asked to complete a questionnaire at the beginning of the training. They were then introduced to the background and objectives of the FAMILY Project and the MALC project by Ms. Alice Wan Ngai Teck, Project Administrator of the FAMILY Project and Ms. Samantha Fung Sze Wan, Principal Investigator of the MALC project respectively. Afterwards, Ms. Georgiana Chan Yuk Yam, a Health Education Officer presented and demonstrated the operation of the intervention arms, the More Appreciation (MA) and the Less Criticism (LC) workshops. The operation model for the control arm, the Fruit and Vegetable (FV) workshop was presented and demonstrated by Dr. Brandford Chan Ho Yeung. The Principal Investigator of the MALC project, Ms. Samantha Fung also acquainted the participants with the content and administration procedures of the project assessment. The final session was the introduction of RCT and CBPR by FAMILY Project's Principal Investigator Prof. Lam Tai Hing. At the end of the training, participants completed the same questionnaire with additional questions to evaluate the training.

The questionnaires collected information on participants' demographics, their evaluation of the event, and knowledge about appreciation, constructive feedback, recommended fruit and vegetable intake, RCT, and CBPR before and after the training. This pre-post assessment method was used to examine the effectiveness of the training. There were also open-ended questions in the questionnaire, in which participants were asked to list some benefits of increasing appreciation and reducing criticism, and to propose some methods that can help parents increase appreciation and reduce criticism. These open-ended questions served as a reminder for participants to reflect on what they had learnt.

3.3 RESULTS OF PRE-POST QUESTIONNAIRES

3.3.1 Demographic characteristics

Table 7 shows that of the 29 participants, the majority (72.4%) were female. Just more than half (51.7%) were aged 25 to 34. Over three quarters (79.3%) were registered social workers. On average, they had been working in social service for 7.10 years (SD = 5.33) and in their current organization, TWGHs, for 5.07 years (SD = 4.64). Most provided services for children (96.6%), and nearly half of them worked with families (48.3%).

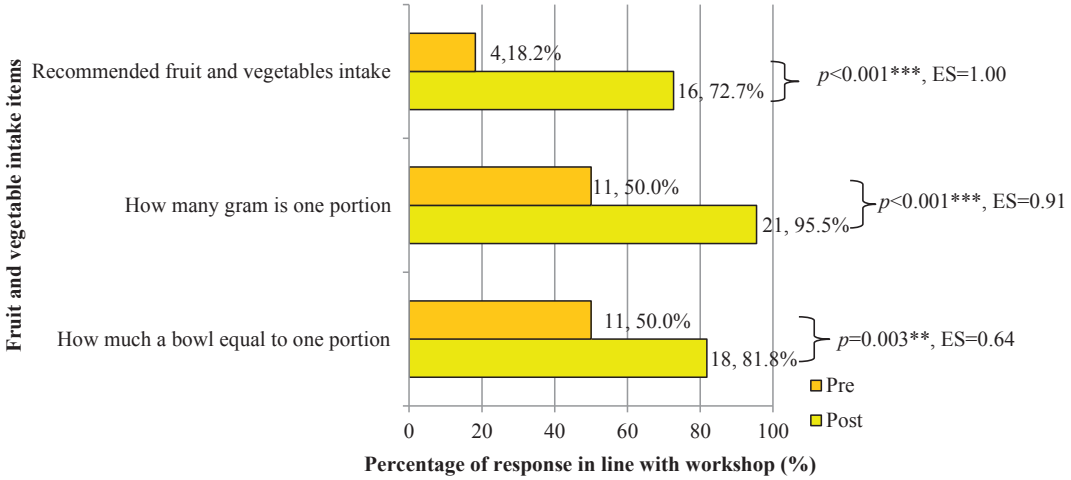
Table 7. Demographic characteristics (N=29)

	n (%) / M ± SD
Sex	
male	8 (27.6)
female	21 (72.4)
Age	
18-24	6 (20.7)
25-34	15 (51.7)
35-44	7 (24.1)
45-54	1 (3.4)
Education	
F.4-F.5	1 (3.4)
non-degree holder	13 (44.8)
degree holder	15 (51.7)
Registered social worker	
Yes	23 (79.3)
No	6 (20.7)
How long have you been in social service?	7.10 ± 5.33
How long have you been working in this organization?	5.07 ± 4.64
Service recipient (participants can choose multiple options)	
family	14 (48.3)
child	28 (96.6)
adolescent	7 (24.1)
elderly	1 (3.4)
mentally disabled	1 (3.4)

3.3.2 Knowledge of recommended fruit and vegetable intake

Twenty-two participants answered the questions about the recommended fruit and vegetable intake in both the pre- and post-training questionnaires. Figure 7 shows that before the training, 81.8% of the participants thought that the recommendation was to consume two portions of vegetables and three portions of fruits every day, but only 18.2% knew that World Health Organization (2003) actually recommended five portions in total regardless of the fruit and vegetable ratio. After the training, significantly more participants (72.7%) answered the question in line with the WHO recommendation, with a large effect size ($p < 0.001$, ES = 1.00). Regarding the equivalence of one portion, 50% of the participants responded in line with the WHO definition (i.e. 100g) before the training. This percentage significantly increased to 95.5% after the training with a large effect size ($p < 0.001$, ES = 0.91). When asked how much of a bowl would equal to one portion of fruits and vegetables, the correct option – half of a bowl was chosen by 50% of the participants before the training, and 81.8% of the participants after the training. The increase was also statistically significant with a large effect size ($p = 0.003$, ES = 0.64).

Figure 7. Knowledge on recommended fruit and vegetable intake (N=22)



* Statistically significant at p<0.05.
** Statistically significant at p<0.01.
*** Statistically significant at p<0.001.
These options were recommended in the training.
ES = effect size (Cramer's V): small = 0.10, medium = 0.30, large = 0.50.

3.3.3 Knowledge of randomized controlled trial and community-based participatory research

Table 8 shows that of the 23 participants who completed the items on both the pre- and post-training questionnaires, the percentages of correct responses of 78.3% to 95.7% demonstrated that participants had a fair understanding of RCT and CBPR before the training except one item. Only about half was aware that RCT was the gold standard in scientific research on intervention. After the training, the proportion significantly increased to 83%, with a large effect size ($p = 0.003$, ES = 0.61). Non-significant, small changes were observed in other items (all $p > 0.05$, ES = 0.00 to 0.21).

Table 8. Knowledge on RCT and CBPR, percentage of correct answers (N=23)

	n (%)		p-value	ES[a]
	Pre	Post		
RCT				
only suitable for medical research[b]	21 (91.3)	21 (91.3)	1.00	0.00
only 1 control group and 1 experimental group[b]	18 (78.3)	20 (87.0)	0.31	0.21
minimize baseline group differences	22 (95.7)	21 (91.3)	0.31	0.21
gold standard	12 (52.2)	19 (82.6)	0.003**	0.61
CBPR				
encourage stakeholders' participation[c]	21 (91.3)	23 (100.0)	-	-

* Statistically significant at $p<0.05$.
** Statistically significant at $p<0.01$.
*** Statistically significant at $p<0.001$.
[a] ES = effect size (Cramer's V): small = 0.10, medium = 0.30, large = 0.50.
[b] The statements are false.
[c] Statistical analysis (Chi-square test) cannot be performed because one variable is constant.

3.3.4 Knowledge of appreciation and constructive feedback

The scores on items related to appreciation and constructive feedback are presented in Table 9. The training emphasized four key ideas. First, process appreciation (see 1.1.1) was most beneficial. Second, being gentle and affirmative, being genuine, being concrete, sincere language, active listening, and eye contact could all increase effectiveness of appreciation. Third, process feedback was most beneficial. Fourth, timely response, being genuine, managing one's own emotions, solution-focused discussion, and active listening were all effective techniques of providing constructive feedback. When participants were asked to indicate which type of appreciation was most beneficial, the correct response increased from 44.4% to 59.3% after the training. The increase was non-significant but the effect size was moderate ($p = 0.12$, ES = 0.30). Changes relevant to understanding the content of the training in the remaining items were all non-significant with small effect size (all $p > 0.05$, ES = 0.08 to 0.15).

Table 9. Knowledge on appreciation (N=27) and constructive feedback (N=25)

	n (%)		p-value	ES[a]
	Pre	Post		
Appreciation				
types of appreciation			0.12	0.30
process[b]	12 (44.4)	16 (59.3)		
other options	15 (55.6)	11 (40.7)		
methods to make appreciation more effective			0.43	0.15
all[b]	17 (63.0)	15 (55.6)		
other options	10 (37.0)	12 (44.4)		
Constructive feedback				
types of feedback			0.67	0.08
process[b]	17 (68.0)	18 (72.0)		
other options	8 (32.0)	7 (28.0)		
technique of making constructive feedback			0.69	0.08
all[b]	11 (44.0)	12 (48.0)		
other options	14 (56.0)	13 (52.0)		

[a] ES = effect size (Cramer's V): small = 0.10, medium = 0.30, large = 0.50.
[b] These options were recommended in the training.

3.3.5 Open-ended questions

Twenty-nine responses to the open-ended questions were gathered from 30 participants. The responses about benefits of increasing appreciation were categorized into seven general themes. First, appreciation enhances self-esteem and self-efficacy. Comments made included that children will feel recognized and respected when being appreciated and hence, have a higher self-esteem. Second, children gain self-understanding and acknowledge their strengths through parents' appreciation. Third, appreciation motivates children to do better. Children will be more proactive and willing to change when parents appreciate their effort. Fourth, appreciation is positive reinforcement, by which positive behaviours can be increased or maintained. Fifth, appreciation improves the child-parent relationship. Some participants wrote that appreciation enhanced family harmony and communications. Sixth, appreciation promotes resilience in children. In other words, children will be more adaptive to potential setbacks in the future. Last but not least, appreciation is important for positive growth and happiness.

Some quotes given by participants are as follows:

> *"透過讚賞，讓小朋友認識自己的優點、強項，增加自信心，勇於面對成長的挑戰。"*（參加者 10）
> *"Through appreciation children recognize their attributes and strengths, their self-confidence can be enhanced, and help them become more ready to face challenges ahead."* (Participant 10)

> *"增強自信，提升動機；增強抗逆力；增強親子關係；增強正向思維；強化好行為。"*(參加者 23)
> *"Enhance self-confidence, increase motivation; promote resilience; improve parent-child relationship; enhance positive thinking; reinforce desirable behaviours."* (Participant 23)

> *"肯定子女的努力，讓子女知道父母關心他們，推動他們積極。"*(參加者 25)
> *"Acknowledge children's effort, let children know their parents care for them, motivate them to be positive."* (Participant 25)

As to suggestions for parents, the large majority of participants said that parents should put more effort in paying closer attention to their children. Parents were encouraged to explore children's good behaviours from different perspectives, and to listen to them with patience. These processes would make it easier for them to find reasons for appreciation. Some participants also emphasized process appreciation, as opposed to trait and consequence appreciation. In addition, parents were advised to hold realistic expectations of their children's behaviour and practise appreciation frequently.

Some quotes given by participants:

> *"多角度觀察子女做事的過程，了解前因後果，和他們分享；在過程中多加讚賞。"*(參加者 2)
> *"Observe the process of children's work from multiple dimensions; comprehend the reasons and consequences of their behaviours; share thoughts with children; increase process appreciation."* (Participant 2)

> *"多練習，合適地調整期望。"*(參加者 28)
> *"Practise more; adjust expectations realistically."* (Participant 28)

When participants were asked about the benefits of reducing criticism, three main themes were obvious. The most frequently mentioned benefit was enhancing family harmony. They suggested that criticism causes relationship breakdown and conflict between parent and child. Therefore, reducing criticism towards the child was likely to enhance healthy communication and relationship in family. The second most common opinion was that criticism leads to negative affect and behaviour in children. Participants thought that criticism might hurt children's dignity and confidence. Thus, reducing criticism would prevent development of negative self-concept and emotion. The third benefit was motivating and encouraging children to improve. Criticism might prevent children from trying new behaviours or seeking improvement.

Quote given by one of the participants:

> *"減少衝突;為子女提供有效改善的建議，使子女更有動機改善;減少挫敗感。"*(參加者 7)
> *"Reduce conflicts; give constructive advices for improvement can increase their motivation to make positive changes; decrease frustration."* (Participant 7)

Emotion management was suggested by the majority of participants as a strategy to reduce criticism. They said that parents should calm down by relaxation or distraction techniques because negative emotion leads to criticism. It was also suggested that parents make an effort to comprehend the underlying reason of children's misbehaviour and provide constructive advice. When children face difficulty, constructive feedback, rather than criticism facilitates learning and improvement of behaviour.

Some quotes given by participants:

> *"控制自己的情緒，多針對子女做事過程的不足給予建議。"*(參加者 11)
> *"Control my emotion; give constructive feedback with regard to the process."* (Participant 11)

> *"將批評轉化為建議，多想子女行為背後之動機。"*(參加者 17)
> *"Replace criticism with constructive feedback; understand the reason behind children's misbehaviour."* (Participant 17)

Furthermore, participants were asked to report their expectation about the event in the pre-training survey. There were two major expectations. First, they expected to learn more about the project operation. Second, they wanted to learn how they could improve 3Hs of their service recipients.

3.3.6 Event evaluation

Participants' intentions towards applying the concepts learnt in the training are shown below. Overall, they expected that they could incorporate the concepts into both daily life and work, with highest expectation found in appreciating others in daily work (M = 5.21 out of 6, SD = 0.49). The lowest expectation score was found in applying RCT in daily work (M = 4.21 out of 6, SD = 0.77). Participants rated both the speakers and the course positively. They agreed that the speakers were well-prepared, well-organized, clear and responsive to questions (M = 4.03 to 4.21 out of 5). In addition, they agreed that the course had achieved the objectives, was sufficient, inspiring, and helpful (M = 3.62 to 4.00 out of 5). Also, a large proportion of them indicated that they would apply the gained knowledge and techniques in the workplace (M = 3.90 out of 5, SD = 0.56). With regard to arrangement, quality and practicality, participants felt satisfied on average (M = 3.48 to 3.83 out of 5).

Table 10. Participants' evaluation (N=29)

	M ± SD
Intention[a]	
incorporating knowledge on appreciation into daily work	5.21 ± 0.49
incorporating knowledge on appreciation into daily life	5.18 ± 0.55
incorporating knowledge on constructive feedback into daily work	5.17 ± 0.60
incorporating knowledge on constructive feedback into daily life	5.18 ± 0.61
incorporating knowledge on recommended fruit and vegetable intake into daily work	4.90 ± 0.82
incorporating knowledge on recommended fruit and vegetable intake into daily life	5.11 ± 0.69
incorporating knowledge on RCT into daily work	4.21 ± 0.77
incorporating knowledge on CBPR into daily work	4.31 ± 0.81
Overall evaluation[b]	
speakers were well-prepared	4.21 ± 0.77
speakers were well-organized	4.03 ± 0.57
speakers presented clearly	4.14 ± 0.69
speakers responded to questions	4.17 ± 0.66
the course achieved the objectives	3.90 ± 0.72
the course's content was sufficient	4.00 ± 0.60
the course's content was inspiring	3.83 ± 0.71
the course enhanced my knowledge	3.93 ± 0.65
the course improved my techniques	3.62 ± 0.78
the knowledge and techniques are applicable to my work	3.90 ± 0.56
the training fulfilled my expectation	3.48 ± 0.69
Satisfaction[c]	
course arrangement	3.69 ± 0.66
diversified	3.48 ± 0.74
audio-visual materials	3.86 ± 0.44
opportunity to discuss	3.83 ± 0.71
time allocations to each component	3.83 ± 0.60
venue	3.52 ± 0.78
overall training quality	3.72 ± 0.59
pragmatic of the overall content	3.55 ± 0.78
overall satisfaction	3.83 ± 0.54

[a] Response ranged from 1 (strongly disagree) to 6 (strongly agree).
[b] Response ranged from 1 (strongly disagree) to 5 (strongly agree).
[c] Response ranged from 1 (very unsatisfactory) to 5 (very satisfactory).

3.4 DISCUSSION

Twenty-nine of 30 participants who attended the train-the-trainers programme completed both the pre- and post-training questionnaires. Their knowledge regarding recommended fruit and vegetable intake significantly increased after the training. In addition, a significant increase in correct responses was also observed for the item "RCT is a gold standard". No changes, however, were observed on the remaining items and the other sections of the assessment. One possible reason for not finding significant improvement in knowledge on RCT and CBPR was that participants had a relatively good understanding of RCT and CBPR before attending the training, with 70% to 90% of participants knowing the correct answers. This is surprising because many frontline social workers are not familiar with research design and practice. Nevertheless, the training provided valuable opportunities for the frontline workers to integrate and consolidate their knowledge about research design and enhanced their intention in using these strategies and knowledge in their work.

The unchanged knowledge in relation to appreciation and constructive feedback (i.e. percentage of correct response remained about 50%) might reveal that the brief training was inadequate to change frontline workers' deeply rooted attitudes toward parenting. That is to say, with over 90% and nearly 50% of the participants being social workers experienced in working with children and family respectively, they might have developed a solid attitude and belief about appreciation and constructive feedback in parenting. These factors might in turn weaken the effects of the training on appreciation and constructive feedback. On the other hand, this brief training succeeded in enhancing participants' intention in using the proposed strategies and concepts about appreciation and constructive feedback in their daily work and life.

Meanwhile, the majority of participants also showed strong intention to incorporate knowledge about recommended fruit and vegetable intake into their daily work and life, despite the concern of some that such work should be done by dietitians and not by social workers. Changes in intention to apply RCT and CBPR were relatively weak. This was likely because of less confidence in applying these newer methods. The participants were satisfied with the quality and arrangement of this training.

There were two limitations of the assessment method, as would be expected for a "real world" project. First, the above results relied on self-report of participants, who might have provided socially desirable responses and exaggerated their intention. Second, there was no follow-up assessment. Even though the participants might have truly improved in knowledge, attitude and capacities, these improvements might not necessarily translate into action in the future. Therefore, although intention is a powerful predictor of behavioural change, we did not have the capacity to extend formal assessments beyond the training event. In conclusion, the train-the-trainers programme was useful in familiarizing participants with the key themes of the MALC project and providing a platform for participants to share their experiences. The assessment not only provided valuable information about changes in participants' knowledge and attitude, but also served as evaluation of the training's effectiveness. Two of the participants did take part as interventionists and another two as project workers in the intervention programme which was successfully completed and is described in the following chapters.

CHAPTER 4

PRACTICE WISDOM FORUM CUM SHARING WORKSHOPS

4.1 OBJECTIVES

The Practice Wisdom Forum cum Sharing Workshops took place to bring together frontline professionals, especially social workers and teachers, and share with them the project rationale and design, and the lessons learnt by the team in developing and delivering a brief, single-session programme that could potentially reach and benefit a multitude of service recipients.

4.2 FORUM RUNDOWN

After completion of the More Appreciation and Less Criticism Project, the Practice Wisdom Forum cum Sharing Workshops was held at the Duke of Windsor Social Service Building, Wan Chai on 3 May 2013. The forum was officiated by Prof. Daniel Shek Tan Lei, Chairman, Family Council; Mr. Douglas So, Executive Director, Charities, The Hong Kong Jockey Club; Prof. Lam Tai Hing, Principal Investigator, FAMILY Project, and Dr. Lee Yuk Lun, 5th Vice-Chairman, Tung Wah Group of Hospitals.

The event was divided into two sections, namely wisdom sharing and practice sharing. The wisdom sharing section began with a brief introduction to the project by Mr. Patrick Man Ka Wai, Supervisor (Student Guidance Service), Tung Wah Group of Hospitals. Then Prof. Lam presented the preliminary findings of the project as of mid-March, 2013. The results suggested that the project significantly increased the motivation and self-efficacy of parents in showing more appreciation towards their children, reducing criticism towards their children, or eating more fruits and vegetables, depending upon the arm of workshop they attended. These improvements translated into behavioural changes at six weeks after the More Appreciation (MA) workshop and Fruit and Vegetable (FV) workshop. Although participants from the Less Criticism (LC) workshop reduced criticizing their children from once every two days to once or twice a week at 6-week post-workshop, a similar change was observed in participants who participated in other workshops. In the last part of the wisdom sharing, veteran media professional Ms. Amy Blanche Tang Oi Lam, and two parents who participated in this project shared with the audience their own successful experiences in expressing more appreciation and less criticism to their children.

In the practice sharing sections, two separate parallel sharing workshops on MA and LC led by the fieldwork social workers were held to share their experiences, with an emphasis on how the content was delivered. After that, participants from both MA and LC sharing workshops were introduced to the content and delivery of the FV workshop. At the end, evaluation questionnaires were administered to the participants and the practice manual was distributed (see Chapter 7).

4.3 RESULTS

4.3.1 Demographic characteristics

The forum was attended by 120 participants and the two sharing workshops by 109 participants. Sixty-eight participants completed and returned the evaluation questionnaires. Table 11 shows that 82.8% of them were women. About half of them were 25 to 34 years old. Over three quarters (76.9%) had an undergraduate degree or above. Nearly six out of ten participants (57.4%) were social workers. There were also some teachers (19.7%) and managerial personnel (14.8%).

Table 11. Demographic characteristics

	n (%)
Sex (N = 64)	
male	11 (17.2)
female	53 (82.8)
Age (N = 65)	
under 18	1 (1.5)
18 to 24	5 (7.7)
25 to 34	33 (50.8)
35 to 44	9 (13.8)
45 to 54	14 (21.5)
55 to 59	3 (4.6)
Educational attainment (N = 65)	
junior form (F.1 – F.3)	1 (1.5)
senior form (F.4 – F.5)	3 (4.6)
tertiary (non-degree)	11 (16.9)
tertiary (undergraduate degree or above)	50 (76.9)
Occupation (N = 61)	
activity/programme worker	3 (4.9)
social worker	35 (57.4)
managerial personnel	9 (14.8)
teacher	12 (19.7)
others	2 (3.3)
Type of organization (N = 62)	
government	4 (6.5)
social work	39 (62.9)
education	19 (30.6)

4.3.2 Wisdom sharing

4.3.2.1 Evaluation

Table 12 shows that over eight out of ten participants agreed or strongly agreed that the content of the forum was practical (84.8%) and understandable (89.4%). Similar proportions agreed or strongly agreed that they would apply the knowledge and/or skills gained through the forum to their job (83.4%), introduce the knowledge and/or skills to their colleagues (78.8%), and recommend the MALC project to others (87.9%).

Table 12. Wisdom sharing evaluation (N = 66)

	M ±SD	n (%)				
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
The content was practical	3.98±0.54	0 (0)	0 (0)	10 (15.2)	47 (71.2)	9 (13.6)
I understood the content	4.08±0.54	0 (0)	0 (0)	7 (10.6)	47 (71.2)	12 (18.2)
I will apply the knowledge and/or skills gained to my job	4.02±0.59	0 (0)	0 (0)	11 (16.7)	43 (65.2)	12 (18.2)
I will introduce the knowledge and/or skills to my colleagues	3.91±0.67	0 (0)	2 (3.0)	12 (18.2)	42 (63.6)	10 (15.2)
I will recommend the MALC project to others	4.03±0.58	0 (0)	1 (1.5)	7 (10.6)	47 (71.2)	11 (16.7)

4.3.2.2 Satisfaction

In general, participants rated 7.70 (SD = 1.16) out of 10 for the wisdom forum, with 10 indicating highest satisfaction. Among the four sections of the forum, Ms. Amy Blanche Tang Oi Lam's sharing received the highest rating, 8.23 (SD = 1.40) out of 10. Satisfaction ratings for other sections ranged from 7.11 to 7.44 (SD = 1.28 to 1.39).

Table 13. Satisfaction with wisdom sharing

	M±SD
Sections (N = 66)	
MALC project background	7.11±1.36
preliminary results presentation	7.21±1.39
sharing of Ms. Amy Blanche Tang Oi Lam	8.23±1.40
sharing of service recipients	7.44±1.28
Overall (N = 64)	7.70±1.16

Note: All responses ranged from 0 (very unsatisfactory) to 10 (very satisfactory).

4.3.2.3 Reason(s) for joining

Thirty-nine participants attended the wisdom forum because they were interested in the content, while 32 attended because they thought the content was useful. Twenty participants attended the forum due to their confidence in the organizing committee.

Table 14. Reason(s) for joining wisdom sharing

No. of reason(s)	n (%)	Tally of reasons					
		Prior participation in Family Project	Interested in the content	The content is useful	Confident in organizing committee	Attractive promotion	Others
1	34 (51.5)	1	16	10	2	4	1 (did not specify)
2	18 (27.3)	0	13	12	8	3	0
3	6 (9.1)	0	6	6	6	0	0
4	3 (4.5)	2	3	3	3	0	1 (Ms. Tang's sharing)
5	1 (1.5)	1	1	1	1	1	0
Missing	4 (6.1)						
Total	66 (100)	4	39	32	20	8	2

4.3.2.4 Open-ended questions

After attending the forum, participants were asked to indicate what they had learnt, and to provide comments about the forum. Twenty-seven responses were gathered from 68 participants. The large majority of the participants said that they learnt more about the MALC project and its impacts, and the forum encouraged them to appreciate more and criticize less. They also stated that the forum was practical and fruitful.

Some quotes given by participants:

> *"肯定了一些已有的信念：多讚賞，少批評。仍需要學習讚賞合宜。不單對子女，還有對伴侶和同工都應該如此。"*(參加者 46)
> *"The wisdom sharing reinforced my belief in more appreciation and less criticism. I need to learn to appreciate appropriately and this should also be applied to sons/daughters, spouse and colleagues."* (Participant 46)

> *"能應用在我的工作上，及可以推介給家長。"*(參加者 15)
> *"The content was applicable to my job and I will introduce it to other parents."* (Participant 15)

> *"鄧譪霖的演說很吸引，亦讓我在家長教育工作上有新的構思。"(參加者 18)*
> *"Tang Oi Lam's sharing was fascinating; I have had new insights on parent education after attending the sharing section."* (Participant 18)

4.3.3 Practice sharing

4.3.3.1 Evaluation

Participants attended either the MA or the LC workshop in the practice sharing sections. Both workshops were supplemented with a FV component. Among the participants of the MA workshop, 87.5% of them agreed or strongly agreed that the content was practical, 90% of them understood the content, 85% of them indicated that they would apply what they had learnt in their jobs, and 82.5% planned to introduce these knowledge and skills to their colleagues. In comparison, the responses from the participants of the LC workshop were even more positive: 95.8% agreed or strongly agreed that the workshop content was practical, 95.8% found the content understandable, all intended to apply what they had learnt from the workshop to their jobs, and 87.5% planned to introduce what they had learnt to their colleagues.

Table 15. Practice sharing evaluation (N = 64)

	M ±SD	n (%)				
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
MA workshop						
The content was practical	4.00±0.51	0 (0)	0 (0)	5 (12.5)	30 (75.0)	5 (12.5)
I understood the content	4.13±0.56	0 (0)	0 (0)	4 (10.0)	27 (67.5)	9 (22.5)
I will apply the knowledge and/or skills gained to my job	4.05±0.60	0 (0)	0 (0)	6 (15.0)	26 (65.0)	8 (20.0)
I will introduce the knowledge and/or skills to my colleagues	4.00±0.60	0 (0)	0 (0)	7 (17.5)	26 (65.0)	7 (17.5)
LC workshop						
The content was practical	3.96±0.20	0 (0)	0 (0)	1 (4.2)	23 (95.8)	0 (0)
I understood the content	4.04±0.36	0 (0)	0 (0)	1 (4.2)	21 (87.5)	2 (8.3)
I will apply the knowledge and/or skills gained to my job	4.04±0.20	0 (0)	0 (0)	0 (0)	23 (95.8)	1 (4.2)
I will introduce the knowledge and/or skills to my colleagues	3.96±0.46	0 (0)	0 (0)	3 (12.5)	19 (79.2)	2 (8.3)

4.3.3.2 Satisfaction

Participants rated 7.61 (SD = 1.14) and 7.70 (SD = 1.11) out of 10 for the MA and LC workshop respectively, with 10 indicating very satisfied. Regarding the scores given to each of the subsections of the workshops, the LC content was rated 7.67 (SD = 0.96), the MA content was rated 7.58 (SD = 1.24), and the FV content was rated 7.50 (SD = 1.33).

Table 16. Satisfaction with practice sharing

	M ±SD
Sections	
MA content (N = 40)	7.58±1.24
LC content (N = 24)	7.67±0.96
FV content (N = 54)	7.50±1.33
Overall	
MA workshop (N = 40)	7.61±1.14
LC workshop (N = 24)	7.70±1.11

Note: All responses ranged from 0 (very unsatisfactory) to 10 (very satisfactory).

4.3.3.3 Reason(s) for joining

Forty-one participants attended the workshop due to interested in the content, and 35 attended because they believed the content would be useful. Sixteen participated in this workshop as they had confidence in the organizing committee.

Table 17. Reason(s) for joining practice sharing

No. of reason(s)	n (%)	Tally of reasons					
		Prior participation in Family Project	Interested in the content	The content is useful	Confident in organizing committee	Attractive promotion	Others
1	29 (45.3)	1	13	8	2	4	1 (did not specify)
2	19 (29.7)	0	16	15	3	4	0
3	8 (12.5)	0	8	8	7	0	1 (practice manual)
4	4 (6.3)	3	4	4	4	1	0
Missing	4 (6.3)						
Total	64 (100)	4	41	35	16	9	2

4.3.3.4 Open-ended questions

Regarding the sharing workshops, participants were also asked to write down their gains and comments in an open-ended manner. Twenty responses were collected from 64 workshop participants. Many said that they had learnt how to deliver the MALC project, and how to use the MALC practice manual. Some of them said that they were motivated by the workshop and were determined to use more appreciation and to reduce criticism in their family and job. They also appreciated the performance of the speakers.

Some quotes given by participants:

> **"分享讓我了解推行工作坊的內容及帶領時的經驗。"**(參加者 10)
> *"I learnt from the sharing what the MALC project was and how it was led and delivered."* (Participant 10)

> **"講者講解生動和有趣，內容切合主題和生活。"**(參加者 50)
> *"Lively speakers and interesting sharing. The content adhered closely to theme of the project and was relevant to daily life as well."* (Participant 50)

> **"雖然知道此理論很久，但了解更多理念的實踐及應用增強了自己實踐的動力。"**(參加者 57)
> *"Knowing how others put 'more appreciation, less criticism' into practice has motivated me to implement this theory that I learnt about a long time ago."* (Participant 57)

4.4 DISCUSSION

The Practice Wisdom Forum cum Sharing Workshops provided valuable opportunities for frontline professionals, such as social workers and teachers, to understand the rationale and design of the MALC project. The team also had the opportunity to share their experience of developing and delivering a brief, single-session programme that can potentially reach and benefit a multitude of service recipients. Overall, participants reported that their interest in the topic was high, the event was practical and they intended to apply the knowledge and/or skills learnt into their work and family. Meanwhile, a majority of them indicated that they would introduce the MALC project and what they had learnt from the event to others. Therefore, the event increased not only participants' understanding of key ideas and benefits of the MALC project, but also their intention to implement "more appreciation and less criticism" in their daily life and job, and to publicize the MALC project among their colleagues and service targets. Regarding the participants' satisfaction, all subsections, on average, were given 7 points or above, indicating that the event was satisfactory. To conclude, the Practice Wisdom Forum cum Sharing Workshops served as an important medium through which experience and knowledge of the MALC project was transferred to the frontline workers.

CHAPTER 5

DESIGN AND STUDY METHODS OF MALC TRIAL

5.1 STUDY/TRIAL DESIGN

The study was a cluster randomized controlled trial with two intervention arms and one control arm: More Appreciation arm (MA), Less Criticism arm (LC), and Fruit and Vegetable arm (FV; control arm). Clusters included mainly schools, and integrated services centres and parent-teacher associations. All clusters were randomized to one of the three arms.

5.2 RECRUITMENT

The study's target districts were Shatin, Tin Shui Wai, Southern District, Northern District, Islands District and Yau Tsim Mong. Schools, integrated services centres, and parent-teacher associations from the above districts were recruited to join the study.

All primary schools and parent-teacher associations within the target districts were approached by an invitation letter. The integrated service centres in the target districts were also approached via phone calls. Organizations who agreed to participate were offered a date for the workshop. Participating organizations received an invitation letter and a project fact sheet for their participants recruitment. Reminder phone calls were also made to participants at least one week before the workshop. A list of the participating schools and organizations is shown in Table 18.

Children of participants of the MA and the LC workshops were invited to attend a focus group, in which they served as an additional source for assessing potential changes in their parents induced by the intervention workshops. These children did not participate in any of the workshops.

5.3 SELECTION CRITERIA FOR PARTICIPANTS AND INFORMANTS

5.3.1 Inclusion criteria

Participants in the workshops:
Individuals who were

- Cantonese-speaking;
- Able to complete the study questionnaire;
- Parents of children attending primary three to six;
- Recruited from the target districts.

Children informants in the focus groups:
Individuals who were

- Children of participants in the workshops;
- Cantonese-speaking;
- Able to complete the study questionnaire;
- Attending primary three to six.

5.3.2 Exclusion criteria

Participants or children informants with active psychiatric problems, suicidal thoughts, personality disorders, emotional problems or mental retardation (as determined by parental report) were excluded from the study.

5.3.3 Withdrawal and termination criteria

Participants or children informants had the right to withdraw during the workshop or the focus group if they no longer wished to continue. They were informed that participants or informants who persistently disturbed others during the workshop or the focus group might be asked to withdraw. No participant fell into any of these categories.

5.4 RANDOMIZATION

The randomization was conducted by having a social worker opening a serially labeled, sealed and opaque envelope, which contained information about the assigned group. The randomization process was masked from the researcher and cluster representatives (i.e. allocation concealment). The serially labeled, sealed and opaque envelope was prepared by a technical assistant who was not involved in the randomization process.

5.5 RETENTION

In order to reduce dropout in the project, several strategies were adopted. The 2-week and 6-week post-workshop follow-ups were completed by means of telephone interviews to minimize the time burden on participants. Incentives including a towel gift set and $20 supermarket vouchers were also given to the participants who completed the follow-up questionnaires.

Participant retention at six weeks was 64%, and just reached the projected 63% level. This loss was mostly attributed to difficulty in reaching participants by phone, and participants' refusal to complete the follow-up questionnaires. The numbers of participants recruited and retained are listed in the CONSORT flowchart as follows.

5.6 CONSORT FLOWCHART

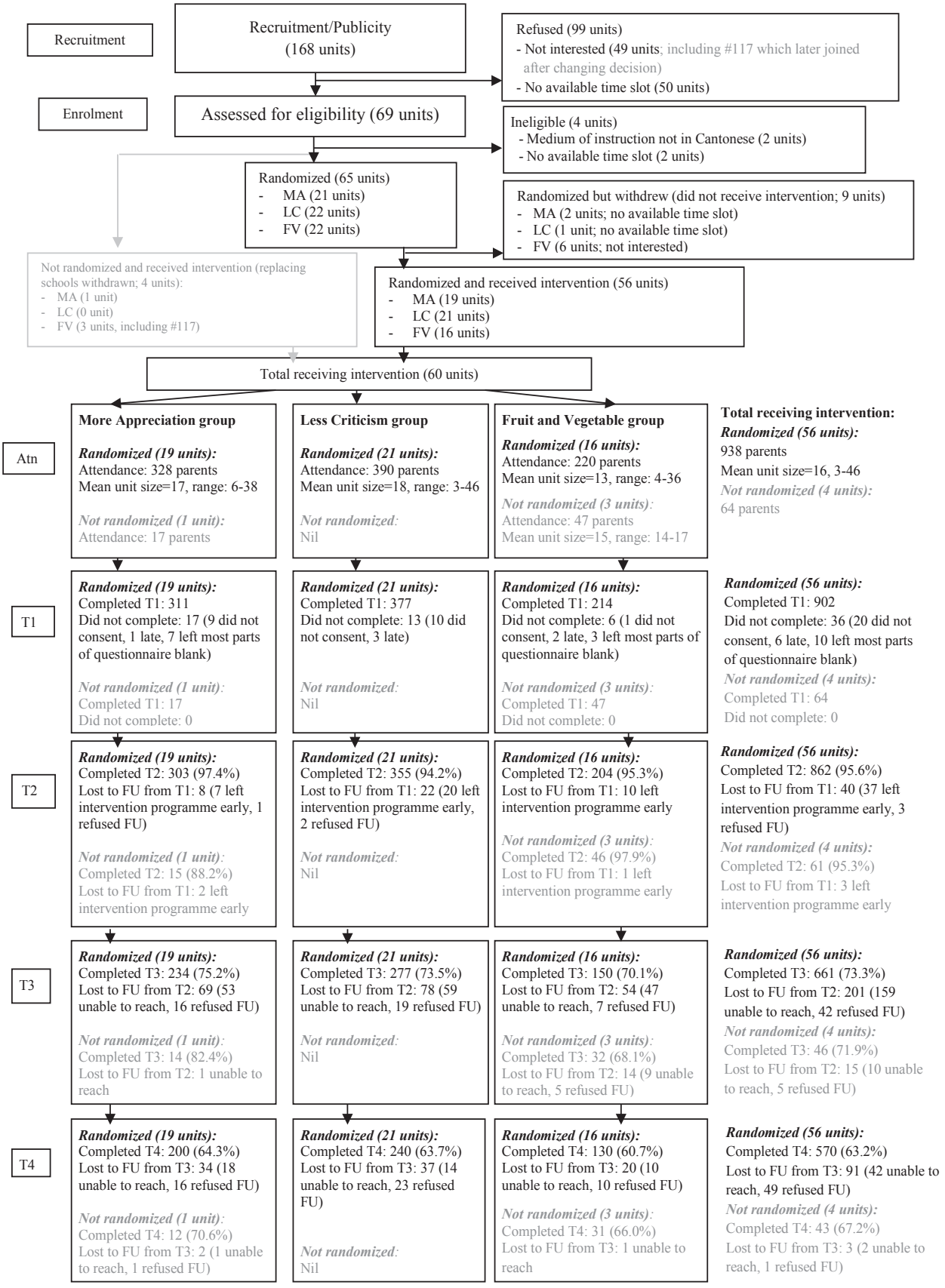


Table 18. Participating schools and organizations (60 participating units)

慈航學校	Chi Hong Primary School
基督教香港信義會禾輋信義學校	The Evangelical Lutheran Church of Hong Kong Wo Che Lutheran School
沙田崇真學校	Shatin Tsung Tsin School
馬鞍山循道衛理小學	Ma On Shan Methodist Primary School
浸信會沙田圍呂明才小學	Baptist (Sha Tin Wai) Lui Ming Choi Primary School
救世軍田家炳學校	The Salvation Army Tin Ka Ping School
循理會美林小學	Free Methodist Mei Lam Primary School
聖公會主風小學	SKH Holy Spirit Primary School
香港中文大學校友會聯會張煊昌學校	C.U.H.K. F.A.A. Thomas Cheung School
東華三院冼次雲小學	Tung Wah Group of Hospitals Sin Chu Wan Primary School
馬鞍山靈糧小學	Ma On Shan Ling Liang Primary School
胡素貞博士紀念學校	Dr. Catherine F. Woo Memorial School
保良局蕭漢森小學	PLK Siu Hon Sum Primary School
九龍城浸信會禧年小學	Kowloon City Baptist Church Hay Nien Primary School
香港九龍塘基督教中華宣道會台山陳元喜小學	Christian Alliance Toi Shan H.C. Chan Primary School
保良局王賜豪(田心谷)小學	PLK Dr. Jimmy Wong Chi-Ho (Tin Sum Valley) Primary School
東華三院賽馬會沙田綜合服務中心	Tung Wah Group of Hospitals Jockey Club Shatin Integrated Services Centre
山咀公立學校	Shan Tsui Public School
聖公會嘉福榮真小學	S.K.H. Ka Fuk Wing Chun Primary School
鳳溪創新小學	Fung Kai Innovative School
仁濟醫院蔡衍濤小學	Yan Chai Hospital Choi Hin To Primary School
育賢學校	Yuk Yin School
東華三院港九電器商聯會小學	TWGHs Hong Kong & Kowloon Electrical Appliances Merchants Association Limited School
五旬節靳茂生小學	Pentecostal Gin Mao Sheng Primary School
上水惠州公立學校	Wai Chow Public School (Sheung Shui)
粉嶺官立小學	Fanling Government Primary School
港九街坊婦女會孫方中小學	HK & KLN Kaifong Women's Association Sun Fong Chung Primary School
新界婦孺福利會梁省德學校	N.T. Women & Juveniles Welfare Assn. Ltd Leung Sing Tak Primary School
方樹福堂基金方樹泉小學	F.S.F.T.F. Fong Shu Chuen Primary School
基督教粉嶺神召會小學	Fanling Assembly of God Church Primary School
香海正覺蓮社佛教陳式宏學校	HHCKLA Buddhist Chan Shi Wan Primary School
大埔舊墟公立學校(寶湖道)	Tai Po Old Market Public School (Plover Cove)
和富慈善基金李宗德小學	W F Joseph Lee Primary School

潮陽百欣小學	Chiu Yang Por Yen Primary School
金巴崙長老會耀道小學	Cumberland Presbyterian Church Yao Dao Primary School
香港國際社會服務社天水圍(北)綜合家庭服務中心	International Social Service Hong Kong Branch Tin Shui Wai (North) Integrated Family Service Centre
香港仔聖伯多祿天主教小學	Aberdeen St. Peter's Catholic Primary School
聖公會田灣始南小學	S.K.H. Tin Wan Chi Nam Primary School
東華三院鶴山學校	Tung Wah Group of Hospitals Hok Shan School
香港南區官立小學	Hong Kong Southern District Government Primary School
聖伯多祿天主教小學	St. Peter's Catholic Primary School
香島道官立小學	Island Road Government Primary School
香港教育工作者聯會黃楚標學校	HKFEW Wong Cho Bau School
中華基督教會長洲堂錦江小學 [a]	The Church of Christ in China Cheung Chau Church Kam Kong Primary School[a]
長洲聖心學校 [a]	Cheung Chau Sacred Heart School[a]
國民學校 [a]	Kwok Man School[a]
中華基督教會大澳小學	CCC Tai O Primary School
救世軍林拔中紀念學校	The Salvation Army Lam Butt Chung Memorial School
南丫北段公立小學	Northern Lamma School
塘尾道官立小學	Tong Mei Road Government Primary School
馬頭涌官立小學(紅磡灣)	Ma Tau Chung Government Primary School (Hung Hom Bay)
東華三院羅裕積小學	TWGHs Lo Yu Chik Primary School
德信學校	Tak Sun School
佐敦道官立小學	Jordan Road Government Primary School
黃埔宣道小學	Alliance Primary School, Whampoa
中華基督教會協和小學(長沙灣)	C.C.C. Heep Woh Primary School (Cheung Sha Wan)
中華基督教會基全小學	C.C.C. Kei Tsun Primary School
九龍婦女福利會李炳紀念學校	Kowloon Women's Welfare Club Li Ping Memorial School
油蔴地天主教小學(海泓道)	Yaumati Catholic Primary School (Hoi Wang Road)
東莞同鄉會方樹泉學校	T.K.D.S. Fong Shu Chuen School
中華基督教會灣仔堂基道小學	CCC Wanchai Church Kei To Primary School
東華三院善膳幹線	Tung Wah Group of Hospitals "Food-For-All"

[a] These schools constituted a single participating unit in this project and received the intervention in the same venue at the same time.

5.7 INTERVENTION PROGRAMMES

5.7.1 More Appreciation (MA) arm

Participants in the MA intervention arm attended a one-session programme (approximately two hours). Participants first watched a short video, which was used to engage participants quickly, followed by discussions using attributional questions (e.g. What might the long-term effects of showing appreciation have on your child, family, or on yourself?) to elicit positive outcomes of expressing appreciation or negative outcomes of not expressing appreciation. Participants were organized for discussion in small groups of five to eight (or fewer, depending on class size and setting). Key points were covered in the workshop by the interventionist. Participants were asked to think of their own plan and write down where, what, how, and when they would express appreciation to their child.

5.7.2 Less Criticism (LC) arm

Participants in the LC arm attended a one-session programme (approximately two hours), which was parallel to that of the MA arm. Participants first watched a short video, and then discussed the negative outcomes of using critical remarks and the positive outcomes of using constructive feedback. Groups for discussion and utilization of attribution to enhance motivation were parallel to those described above. Participants were then asked to work in groups and work out alternatives (constructive feedback) to criticizing their children. At the end of the workshop, they were asked to think of their own plan and write down where, what, how, and when an alternative can be used instead of criticizing their child.

5.7.3 Fruit and Vegetable (FV) arm (control arm)

Parallel to the MA and LC arms, participants in the control arm also attended a single-session programme (approximately two hours). The key components of this arm included information about the minimum amount of fruits and vegetables required daily to form a healthy diet, and self-efficacy enhancement in consuming at least five portions of fruits and vegetables. Participants were also asked to discuss in small groups, and to set goals and plans on where, what, how and when they would increase their fruit and vegetable intake.

5.8 HOMEWORK BOOKLETS

Participants were given a homework booklet supplementing the content covered by the intervention arm they participated in. The major objectives of the booklet across all intervention arms were to facilitate positive changes in the attitudes and behaviours of the participants. After the intervention, participants could review the concepts that were presented, and plan and implement the recommended skills with the support of the booklet. The content of the homework booklets for each arm was as follows.

5.8.1 More Appreciation (MA)

The homework booklet for the MA arm consisted of four parts. The first part introduced the findings of the Hong Kong Family and Health Information Trends Survey (HK-FHInTS; Chan & Lam, 2010) to illustrate that expressions of appreciation between family members in Hong Kong were rare. The second part was called the "Appreciation Bankbook" in which participants were asked to record what was worth appreciating in their children, the appreciation and affirmation they had given to their children, and the resulting Family Happiness Index (FHI). The FHI was rated on 6-point scale with 0 indicating not happiness at all, and 5 indicating extreme happiness. The third part was called "The Art of Appreciation – Let's Practise Appreciating". Participants were asked to utilize two hypothetical scenarios to show their appreciation for their child. In the last part of the booklet, participants were encouraged to describe their successful appreciation experience which they believed had improved family harmony and to send it to the Tung Wah Group of Hospitals (TWGHs) using an attached free-post return envelope.

5.8.2 Less Criticism (LC)

There were five sections in the homework booklet for the LC arm. First, findings of the Hong Kong Committee for UNICEF were introduced to illustrate the prevalence and impacts of criticism on children and family. Second, participants were asked to think about the short-term and long-term negative consequences of criticizing. Third, participants were introduced to alternatives to criticism – positive coaching. By reading the booklet, participants could review the benefits, methods and examples of positive coaching. Fourth, two hypothetical situations were given in which participants could practice positive coaching. Finally, participants were encouraged to write down their successful experience of substituting criticism with positive coaching which had, in their opinion, improved family harmony and to send it to TWGHs by an attached return envelope.

5.8.3 Fruit and Vegetable (FV)

Similarly, the homework booklet for the FV arm consisted of five parts. A brief introduction on the importance of consuming fruits and vegetables was provided, and was based on the World Health Organization and Hong Kong's Department of Health. These findings were presented by means of graphs and pictures illustrating the components of a balanced diet and recommended minimum daily intake of fruits and vegetables. In the third part of the booklet, there were exercises that allowed participants to check off the various types of fruits and vegetables they had eaten in the past seven days, and plan to increase the amount of fruits and vegetables in their diet. They were asked to propose an ideal level of intake of fruits and vegetables in advance, and then record the actual intake for two weeks. Strategies that might help them to achieve the proposed ideal level were offered. The fourth part provided useful websites for additional reference, such as the Health Zone developed by the Central Health Education Unit of Department of Health (http://www.cheu.gov.hk/eng/index.asp). Consistent with the booklets for the other arms of the project, the last part encouraged participants to describe the positive changes made in their diet after joining the project and completing the booklet exercises. A free-post return envelope to TWGHs was provided.

5.9 ASSESSMENTS

5.9.1 Participants in the intervention programme

All parent participants were assessed a total of four times, i.e. before workshop (baseline; T1), immediately post-workshop (T2), 2-week post-workshop (T3) and 6-week post-workshop (T4). Questionnaires were designed to be brief and in plain language. Qualitative evaluation of the programme was collected by open-ended questions at T2 and T4.

5.9.2 Children informants in the focus groups

Children informants completed a short two-page questionnaire and a short discussion. The discussion was facilitated by the trial's principal investigator and a research assistant from School of Public Health of The University of Hong Kong.

5.10 FIDELITY

In order to ensure that the intervention programmes were delivered consistently, PowerPoint presentation slideshows were developed to train the interventionists. Session-specific fidelity checks were also developed. In addition to the facilitator's self-assessment of fidelity, members of the project team, including the principal investigator, research assistants and technical assistants, were trained to do the fidelity check.

5.11 DATA MANAGEMENT

All the paper forms of the documents with identified data (including but not limited to consent forms, session attendance sheets, etc.) and hardcopies of assessments were retained in locked cabinets. All the electronic forms of the documents with identified data were encrypted and stored in a secured shared drive. All the assessment data were separated from the identifier and could only be traced back to the participants' identities by the data manager.

5.12 DATA ANALYSES

Baseline characteristics of the participants were described using frequencies and percentages for categorical variables and means and standard deviations for continuous variables. To examine the effectiveness of the interventions, outcome changes from immediately post-workshop to 2-week and 6-week post-workshops in the More Appreciation (MA) arm and the Less Criticism (LC) arm were compared with the Fruit and Vegetable (FV) arm. Analysis was done on both the samples that completed the study (complete case analysis) and on an intention-to-treat (ITT analysis) basis with imputation of the baseline values for subsequent missing values (i.e. assuming no changes). Both forms of analyses are used in the literature, with ITT analyses considered the standard but more conservative in most situations. In the results section, details are provided primarily for results from completers. ITT results are presented only when they differed from results obtained from completers.

Twenty one, 14, and 20 participants from the MA, LC, and FV arms respectively were screened out from analyses due to participants' ineligibility (non-parents or their children were not studying in P.3 – P.6) and unreasonable responses. The criteria used to deem a response as unreasonable responses were participants' stated age which were larger or smaller than three standard deviations (SD) from the mean age of the workshop participants (upper limit: 62.3; lower: 12.3), and reported fruit and vegetable consumption that exceeded the mean participant fruit and vegetable consumption by 3 SDs (upper limit: 18.9 portions).

All analyses were performed with SPSS 20.0. A p-value of less than 0.05 was considered statistically significant. For comparing differences with two time-points, the effect size (Cohen's d) was computed. An effect size of 0.20 or above was considered a small effect, 0.50 or above as a medium effect, and 0.80 or above as a large effect. For comparing differences with three or more time-points, effect size (Cohen's f) was computed. An effect size of 0.10 or above was considered a small effect, 0.25 or above as a medium effect, and 0.40 or above a large effect.

CHAPTER 6

COMPLETER RESULTS

6.1 DEMOGRAPHIC CHARACTERISTICS

As shown in Table 19, a large majority of participants were female, with 91.1%, 92.5% and 92.9% in the More Appreciation (MA), the Less Criticism (LC) and the Fruit and Vegetable (FV) arms respectively. The average age ranged from 40.77 to 41.60 (SDs = 5.58 to 6.04) years. In each arm, approximately nine out of ten (89.5% to 92.2%) were married, while less than one-tenth (7.1% to 9.4%) in each arm were divorced, widowed or separated. Participants of the FV arm had more than two children on average, which was significantly more than the other arms with a small effect size (M = 2.11, SD = 0.85), whereas the MA and the LC participants had more than one on average (Ms = 1.75 & 1.80, SDs = 0.69 & 0.77 respectively; $p < 0.001$, ES = 0.18).

Over two out of five participants from both the MA arm and the LC arm were born in Hong Kong, and about one-third (31.6% & 29.3%) in both arms were born in Guangdong province. Nearly 39.7% of the FV participants were born in Guangdong province and 36.2% were born in Hong Kong. Among participants born in places other than Hong Kong, over half of them (56.7% to 60.0%) had taken up residence in Hong Kong for more than seven years, whereas approximately one quarter (23.4% to 27.8%) lived here for four to six years.

The large majority in all arms had completed secondary education (68.1% to 72.6%). For both MA and LC arms, tertiary education was attained by about 20% of participants (20.4% to 23.0%). In the FV arm, meanwhile, tertiary education was just attained by 10.6% of the participants. Overall, education attainment of participants from different arms were significantly different with a small effect size ($p < 0.001$, ES = 0.17).

The family monthly income of 33.5% and 21.1% of the MA participants were $10,000 to $19,999 and less than $10,000 respectively. Families of 34.2% of the LC participants earned $10,000 to $19,999 each month, and 21.0% earned less than $10,000 each month. In the FV arm, families of 40.7% and 34.1% of the participants earned $10,000 to $19,999 each month and less than $10,000 each month respectively. Significant difference among arms was observed, with a small effect size ($p = 0.003$, ES = 0.15).

To sum up, participants in different arms were significantly different in terms of the number of children they had, their education attainment, and the monthly income of their family.

Table 19. Demographic characteristics

	Arm (n (%))			p-value	ES[a]
	More Appreciation (N=191)	Less Criticism (N=226)	Fruit and Vegetable (N=141)		
Sex				0.81	0.03
male	17 (8.9)	17 (7.5)	10 (7.1)		
female	174 (91.1)	209 (92.5)	131 (92.9)		
Age				0.34	0.00[b]
M ± SD	41.60 ± 5.58	40.77 ± 5.68	41.03 ± 6.04		
Marital status[c]				0.92	0.04
never married	1 (0.5)	2 (0.9)	0 (0)		
now married	171 (89.5)	204 (90.7)	130 (92.2)		
divorced/widowed/separated	18 (9.4)	18 (8.0)	10 (7.1)		
others	1 (0.5)	1 (0.4)	1 (0.7)		
Number of children				<0.001***	0.18[b]
M ± SD	1.75 ± 0.69	1.80 ± 0.77	2.11 ± 0.85		
Place of birth[d]				0.13	0.09
Hong Kong	80 (42.1)	106 (47.1)	51 (36.2)		
Guangdong province	60 (31.6)	66 (29.3)	56 (39.7)		
other province of Mainland	44 (23.2)	52 (23.1)	31 (22.0)		
other countries	6 (3.2)	1 (0.4)	3 (2.1)		
Length of residence in Hong Kong (if not born in HK)				0.83	0.07
a year or below	5 (4.5)	6 (5.0)	7 (7.8)		
2-3 years	14 (12.6)	11 (9.2)	7 (7.8)		
4-6 years	26 (23.4)	31 (25.8)	25 (27.8)		
more than 7 years	66 (59.5)	72 (60.0)	51 (56.7)		
Education attainment				<0.001***	0.17
below primary	3 (1.6)	5 (2.2)	4 (2.8)		
primary	14 (7.3)	11 (4.9)	23 (16.3)		
secondary	130 (68.1)	164 (72.6)	99 (70.2)		
tertiary (non-degree)	12 (6.3)	25 (11.1)	11 (7.8)		
tertiary (degree)	26 (13.6)	17 (7.5)	4 (2.8)		
tertiary (postgraduate)	6 (3.1)	4 (1.8)	0 (0)		
Family monthly income[e]				0.003**	0.15
<10,000	39 (21.1)	46 (21.0)	46 (34.1)		
10,000-19,999	62 (33.5)	75 (34.2)	55 (40.7)		
20,000-29,999	33 (17.8)	45 (20.5)	17 (12.6)		
30,000-39,999	20 (10.8)	16 (7.3)	10 (7.4)		
>= 40,000	31 (16.8)	37 (16.9)	7 (5.2)		

* Statistically significant at $p < 0.05$.
** Statistically significant at $p < 0.01$.
*** Statistically significant at $p < 0.001$.
[a] ES = effect size (Cramer's V): unless otherwise specified: small = 0.10, medium = 0.30, large = 0.50.
[b] ES = effect size (Cohen's f): small = 0.10, medium = 0.25, and large = 0.40.
[c] n (missing): LC = 1.
[d] n (missing): MA = 1, LC = 1.
[e] n (missing): MA = 6, LC = 7, FV = 6.

6.2 BASELINE CHARACTERISTICS OF OUTCOME VARIABLES

6.2.1 More Appreciation (MA), Less Criticism (LC) and Fruit and Vegetable (FV)

Comparison of baseline characteristics among participants from different arms was adjusted for the number of children they had, their education attainment, and the monthly income of their family.

Participants across three arms were not significantly different with regard to the frequency of the target behaviours (i.e. appreciation, criticism, fruit and vegetable consumption) at immediate post-workshop (T2), and the corresponding outcome expectancies, intention, self-efficacy, and planning at baseline (T1) (all $p > 0.05$; Table 20, Table 21 and Table 22).

Table 20. Baseline characteristics regarding appreciation

	Arm (M ± SD)			p-value	ES[c]
	More Appreciation (N=191)	Less Criticism (N=226)	Fruit and Vegetable (N=141)		
Appreciation					
frequency[a]	2.57±1.59	2.83±1.51	3.03±1.56	0.59	0.03
Appreciate more[b]					
outcome expectancy	8.04±1.73	8.50±1.40	8.85±1.07	0.07	0.09
intention	8.49±1.77	8.05±1.71	8.79±1.24	0.37	0.04
self-efficacy	7.88±1.94	7.64±1.84	8.39±1.44	0.72	0.02
planning	6.88±1.99	6.92±2.00	7.79±1.82	0.13	0.08
planning to overcome barriers	6.93±2.09	6.85±2.03	7.71±1.85	0.47	0.04

[a] 0 = 0 time, 1 = 1-2 times/week, 2 = 3-4 times/week, 3 = 5-6 times/week, 4 = 1 time/day, 5 = 2-3 times/day, 6 = more than 4 times/day.
[b] Response ranged from 1 (totally disagree) to 10 (totally agree).
[c] Effect size (Cohen's f): small = 0.10, medium = 0.25, and large = 0.40.

Table 21. Baseline characteristics regarding criticism

	Arm (M ± SD)			p-value	ES[c]
	More Appreciation (N=191)	Less Criticism (N=226)	Fruit and Vegetable (N=141)		
Criticize					
frequency[a]	2.46±1.54	2.41±1.45	2.58±1.52	0.74	0.02
Criticize less[b]					
outcome expectancy	7.29±1.89	6.50±2.39	8.18±1.70	0.73	0.00
intention	8.03±1.90	7.58±2.36	8.26±1.74	0.53	0.03
self-efficacy	7.55±2.02	7.04±2.18	7.96±1.82	0.39	0.04
planning	7.01±2.09	6.27±2.14	7.70±1.87	0.26	0.06
planning to overcome barriers	7.03±2.03	6.27±2.18	7.69±1.86	0.17	0.07

[a] 0 = 0 time, 1 = 1-2 times/week, 2 = 3-4 times/week, 3 = 5-6 times/week, 4 = 1 time/day, 5 = 2-3 times/day, 6 = more than 4 times/day.
[b] Response ranged from 1 (totally disagree) to 10 (totally agree).
[c] Effect size (Cohen's f): small = 0.10, medium = 0.25, and large = 0.40.

Table 22. Baseline characteristics regarding fruit and vegetable intake

	Arm (M ± SD)			p-value	ES[b]
	More Appreciation (N=191)	Less Criticism (N=226)	Fruit and Vegetable (N=141)		
Fruit and vegetable intake					
average no. of servings/day	3.90±2.30	3.87±2.25	5.15±2.60	0.32	0.05
Eat more fruits & vegetables[a]					
outcome expectancy	9.27±1.18	9.03±1.34	9.04±1.45	0.57	0.03
intention	8.94±1.46	8.51±1.65	8.53±1.60	0.46	0.04
self-efficacy	8.83±1.52	8.45±1.67	8.31±1.78	0.42	0.04
planning	8.52±1.82	8.08±1.87	7.72±2.03	0.17	0.07
planning to overcome barriers	8.47±1.88	8.06±1.88	7.65±2.07	0.82	0.01

[a] Response ranged from 1 (totally disagree) to 10 (totally agree).
[b] Effect size (Cohen's f): small = 0.10, medium = 0.25, and large = 0.40.

6.2.2 Health, Happiness and Harmony (3Hs)

Personal and FAMILY 3Hs (i.e. Health, Happiness and Harmony) were each measured with a single question on a scale of 0 to 10. Higher scores indicated a more positive perception about that particular aspect of themselves or their families. The mean scores of these items were similar across different arms at T1 (all $p > 0.05$, ES = 0.02 to 0.04) as shown in Table 23.

Table 23. Baseline characteristics regarding 3Hs

	Arm (M ± SD)			p-value	ES[a]
	More Appreciation (N=191)	Less Criticism (N=226)	Fruit and Vegetable (N=141)		
Personal health	6.74±1.73	6.50±1.88	6.14±1.96	0.56	0.03
Personal happiness	6.65±1.98	6.60±1.83	6.43±2.08	0.48	0.04
Personal harmony	6.85±1.97	6.94±1.90	6.60±2.13	0.54	0.03
Family health	7.04±2.06	7.02±1.89	6.77±1.87	0.62	0.02
Family happiness	7.04±1.95	7.08±1.89	7.05±1.95	0.48	0.03
Family harmony	7.07±1.98	7.10±1.94	7.19±2.06	0.41	0.04

Note: Response ranged from 0 (not healthy/happy/harmonious at all) to 10 (very healthy/happy/harmonious).
[a] Effect size (Cohen's f): small = 0.10, medium = 0.25, and large = 0.40.

6.2.3 Project evaluation

Participants were also asked to evaluate the programme they had participated in, in terms of how much they liked it, how helpful it was, and how likely that they would recommend it to others. The questions were on a 10-point scale, with higher scores indicating more positive feedback.

With respect to the extent they liked the activities, the mean scores of participants ranged from 8.54 to 8.79 (SDs = 1.28 to 1.45). Participants rated 8.65 to 8.87 (SDs = 1.24 to 1.27) and 8.65 to 8.82 (SDs = 1.38 to 1.60) for helpfulness and likely-to-recommend respectively. Overall, no significant differences among the three arms were observed on all three items (all $p > 0.05$, ES = 0.00 to 0.10; Table 24).

Table 24. Project evaluation by participants in different arms

	Arm (M ± SD)			p-value	ES[a]
	More Appreciation (N=191)	Less Criticism (N=226)	Fruit and Vegetable (N=141)		
Like the programme	8.79±1.45	8.54±1.33	8.74±1.28	0.15	0.10
Helpful	8.86±1.27	8.65±1.26	8.87±1.24	0.14	0.10
Recommend to others	8.82±1.60	8.65±1.44	8.79±1.38	0.46	0.00

Note: Response ranged from 1 (totally disagree) to 10 (totally agree).
[a] Effect size (Cohen's f): small = 0.10, medium = 0.25, and large = 0.40

6.3 COMPLETER RESULTS

6.3.1 Behaviour frequency: Conceptual change

Some participants were expected to be unfamiliar with the definitions of appreciation behaviour, criticism behaviour, and the amount that is considered one "portion" of fruits or vegetables at T1. As a result, their estimation of their own behaviours might not have been accurate at T1. In the MA, LC and FV workshops, the interventionist clarified with the participants these definitions respectively. For example, the participants from the FV arm were informed that one portion of fruits or vegetables was equal to 100 grams, which was approximately half of a bowl. Therefore, it was expected that the reported frequency of their respective behaviours would be more accurate at T2, as a result of their change in their understanding of these terms. As changes in behaviours could not occur immediately after the workshop, such changes from T1 to T2 were referred to here as "conceptual or knowledge change". On the other hand, the intervention might raise the participants' awareness of desirable and undesirable behaviours, and some reported increased frequency in desirable behaviour might be due to social desirability. However, reported increase in undesirable behaviour or decreased in desirable behaviour would not be due to desirability bias. It would be difficult to disentangle social desirability and better understanding.

Analyses (paired sample t-tests) were conducted to show participants' changes in their estimations of their appreciation behaviours, criticism behaviours and daily fruit and vegetable intake. Figure 8 shows that participants from the MA arm increased reports of their appreciation behaviours, with a small effect size ($p = 0.03$, ES = 0.30) from before to immediately after the workshop. However, this change was not observed in ITT analysis (from 2.56 to 2.66; $p = 0.08$, ES = 0.21). The LC arm showed a small but insignificant increase ($p = 0.47$, ES = 0.10).

Figure 8. Frequency of showing appreciation (conceptual change; scale: 0-6)

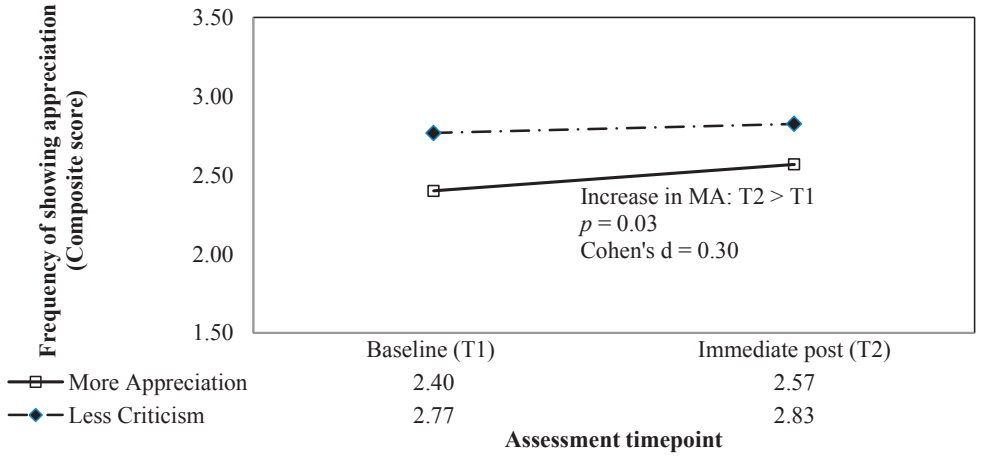


Figure 9 shows that participants from both the MA arm and the LC arm significantly decreased reports of their criticism behaviours from T1 to T2 with small effect size (MA arm: $p < 0.001$, ES = 0.54; LC arm: $p < 0.001$, ES = 0.60).

Figure 9. Frequency of showing criticism behaviour (conceptual change; scale: 0-6)

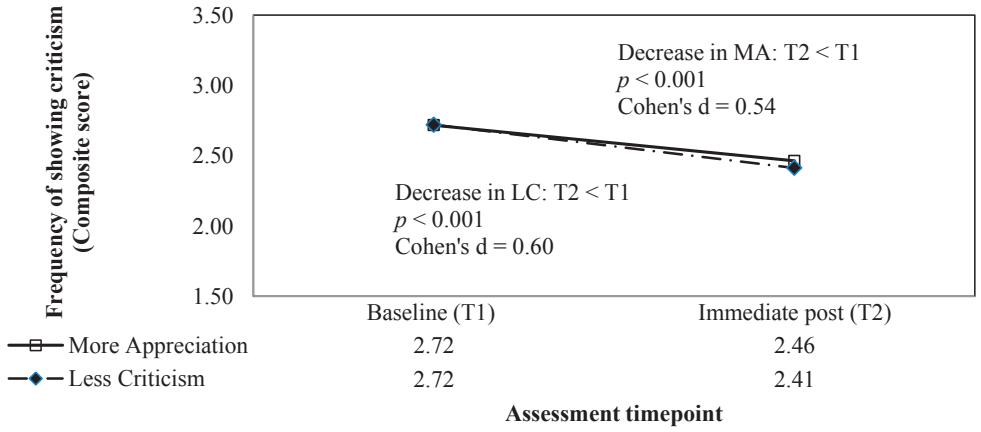
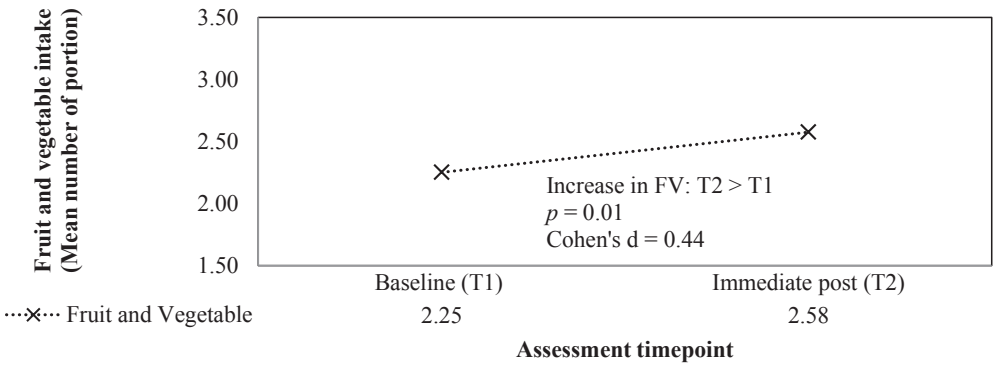


Figure 10 shows that participants from the FV arm also increased reports of their daily fruit and vegetable intake, with a small effect size ($p = 0.01$, ES = 0.44) from T1 to T2.

Figure 10. Fruit and vegetable intake (conceptual change)



6.3.2 HAPA model: Behavioural changes

Figure 11 shows that after attending the workshop, the increases from T2 to T3 and T4 in the frequency of showing appreciation in both MA arm and LC arm were significantly higher than FV (control) arm with small effect size (T3: MA: p = 0.004, ES = 0.16, LC: p = 0.05, ES = 0.10; T4: MA: p < 0.001, ES = 0.20, LC: p = 0.01, ES = 0.13).

Figure 11. Frequency of showing appreciation (actual change; scale: 0-6)

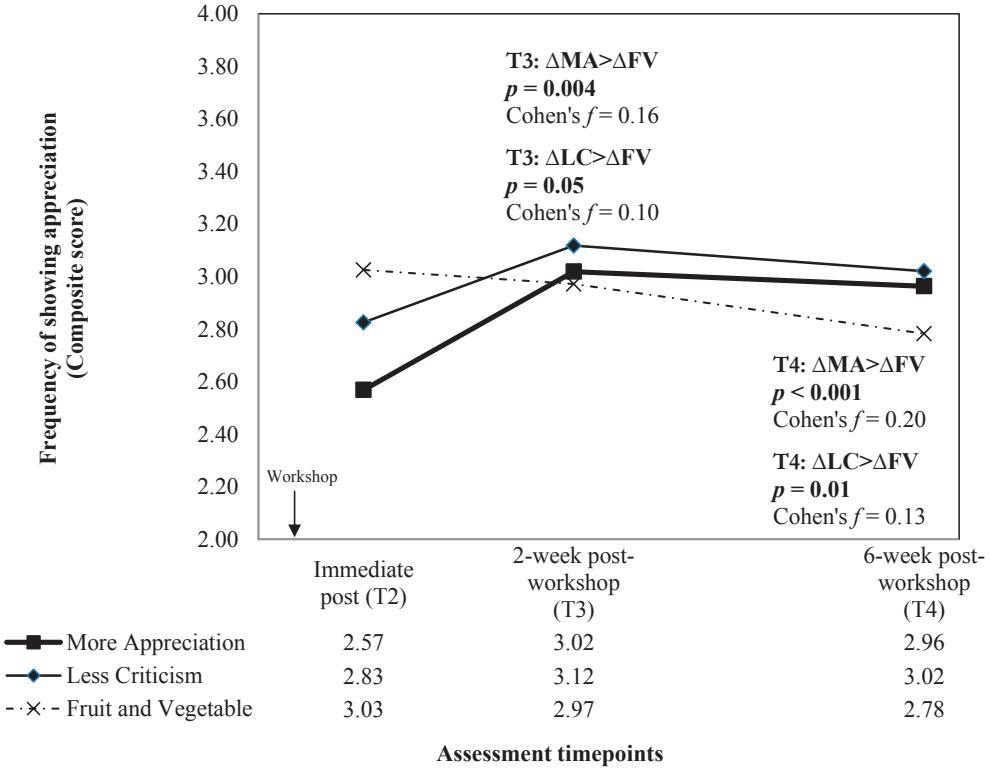


Figure 12 shows that the changes over time (from T2 to either T3 or T4) in the frequency of criticism by participants from both MA arm and LC arm did not significantly differ from the control arm. However, the ITT analysis showed that the decrease from T2 to T4 in the frequency of criticism for MA arm was significantly greater than FV arm (T4: MA: p < 0.001, ES = 0.15).

Figure 12. Frequency of showing criticisms (actual change; scale: 0-6)

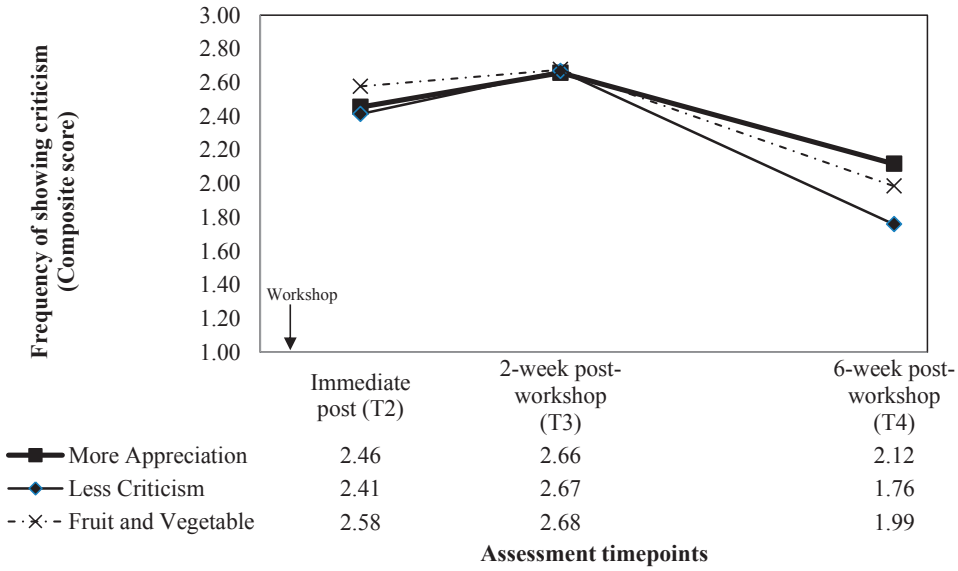
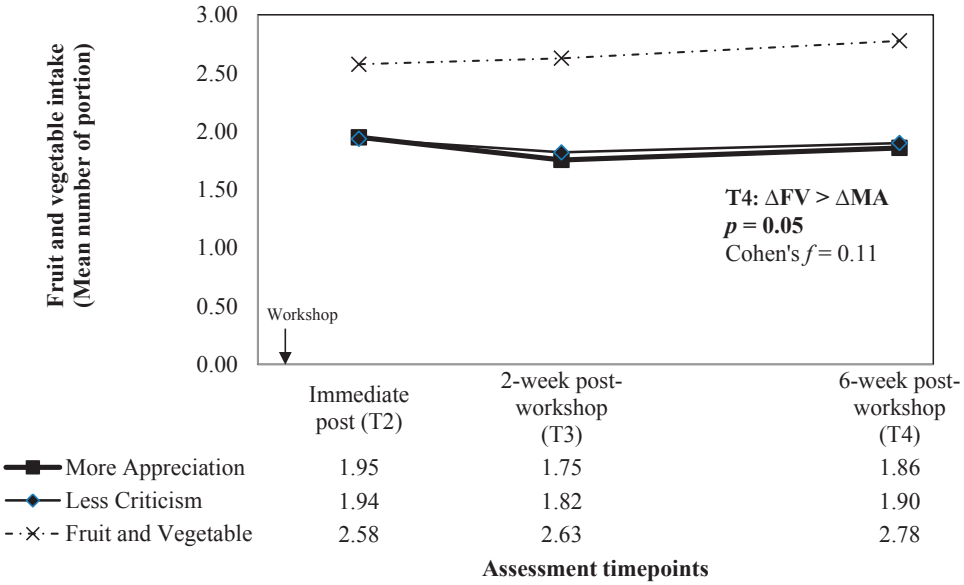


Figure 13 shows that the change in the mean intake of fruits and vegetables from T2 to T3 in FV arm did not differ from either MA arm or LC arm, but the increase from T2 to T4 in FV arm was significantly greater than MA arm (T4: p = 0.05, ES = 0.11). However, no significant difference between FV arm and MA arm from T2 to T4 was observed in ITT analysis (T4: p = 0.84, ES = 0.01).

Figure 13. Fruit and vegetable intake (actual change)



6.3.3 HAPA model: Outcome expectancies

Figure 14 shows that the increases from baseline to T2 in positive outcome expectancies of showing more appreciation in both MA arm and LC arm were significantly greater than the FV (control) arm with small to medium effect size (T2: MA: p < 0.001, ES = 0.34; LC: p < 0.001, ES = 0.23).

Figure 14. MA outcome expectancies (scale: 1-10)

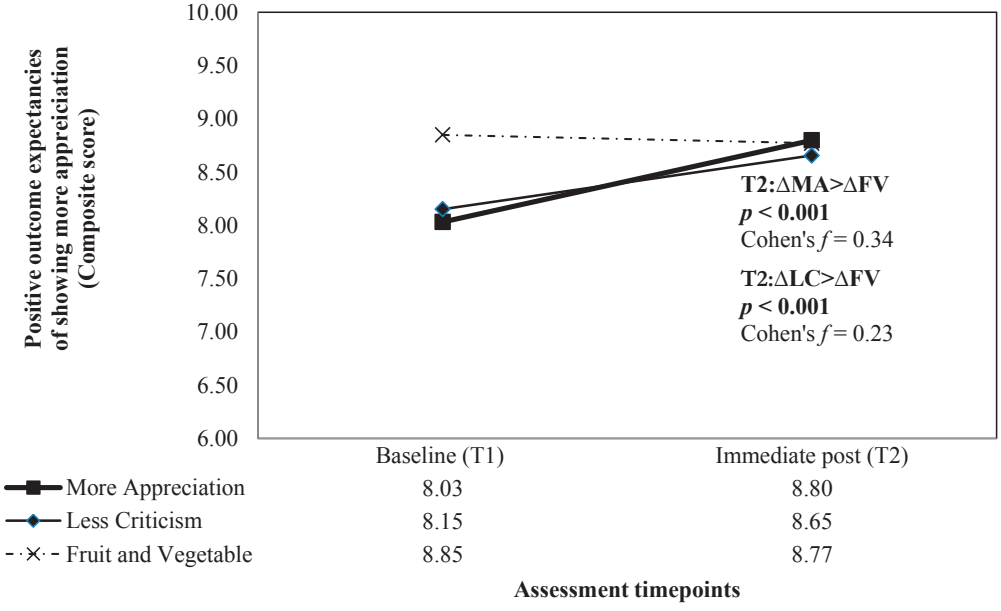


Figure 15 shows that the increases from baseline to T2 in positive outcome expectancies of reducing criticism in both MA arm and LC arm were significantly more than FV (control) arm with medium effect size (T2: MA: $p < 0.001$, ES = 0.28; LC: $p < 0.001$, ES = 0.33).

Figure 15. LC outcome expectancies (scale: 1-10)

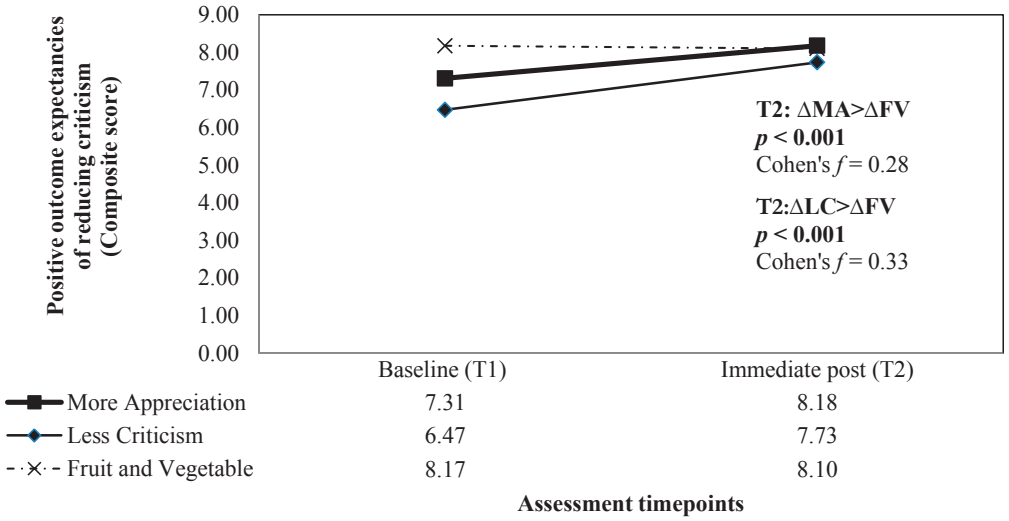
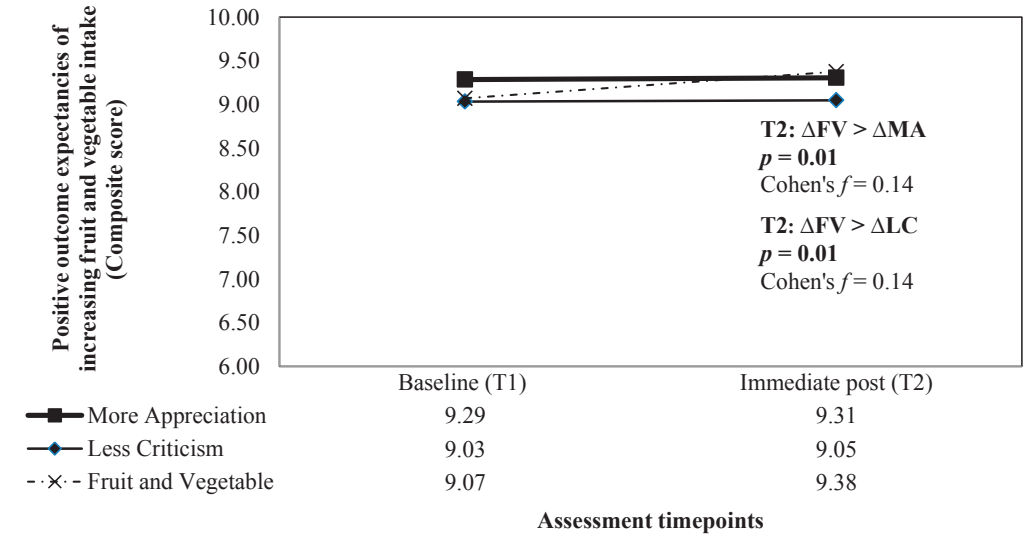


Figure 16 shows that the increase from baseline to T2 on positive outcome expectancies of consuming more fruits and vegetables in FV arm was significantly greater than either MA arm (T2: $p = 0.01$, ES = 0.14) or LC arm (T2: $p = 0.01$, ES = 0.14) with small effect size.

Figure 16. FV outcome expectancies (scale: 1-10)



6.3.4 HAPA model: Intention

Figure 17 shows that the increases from baseline to T2 in the intention to show appreciation in both MA arm and LC arm were significantly greater than FV (control) arm with small to medium effect size (T2: MA: $p < 0.001$, ES = 0.19; LC: $p < 0.001$, ES = 0.25). At T3, the intention to show appreciation declined from baseline for all three arms, but the decreases in both MA arm and LC arm were significantly smaller than FV (control) arm, with small to medium effect size (T3: MA: $p < 0.001$, ES = 0.26; LC: $p < 0.001$, ES = 0.22).

Figure 17. Intention to show more appreciation (scale: 1-10)

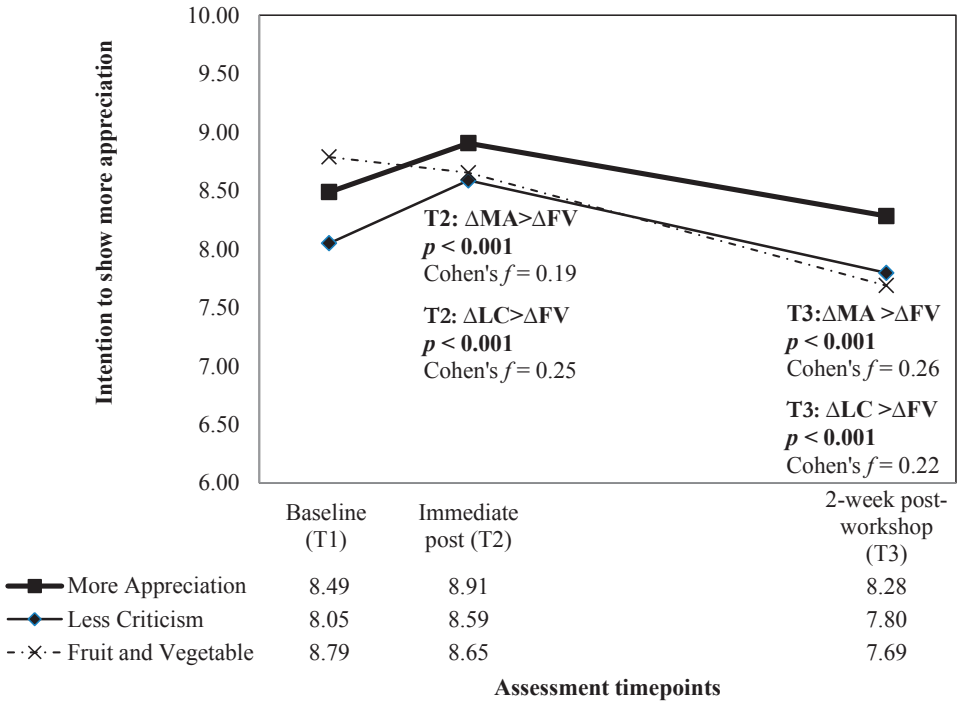


Figure 18 shows that the increases from baseline to T2 in the intention to reduce criticism in both MA arm and LC arm were significantly greater than FV (control) arm with small effect size (T2: MA: p = 0.001, ES = 0.19; LC: p = 0.003, ES = 0.16). At T3, the intention to reduce criticism declined from baseline for all three arms, but the decreases in both MA arm and LC arm were significantly smaller than FV (control) arm, with small effect size (T3: MA: p = 0.03, ES = 0.12; LC: p = 0.001, ES = 0.18).

Figure 18. Intention to reduce criticism (scale: 1-10)

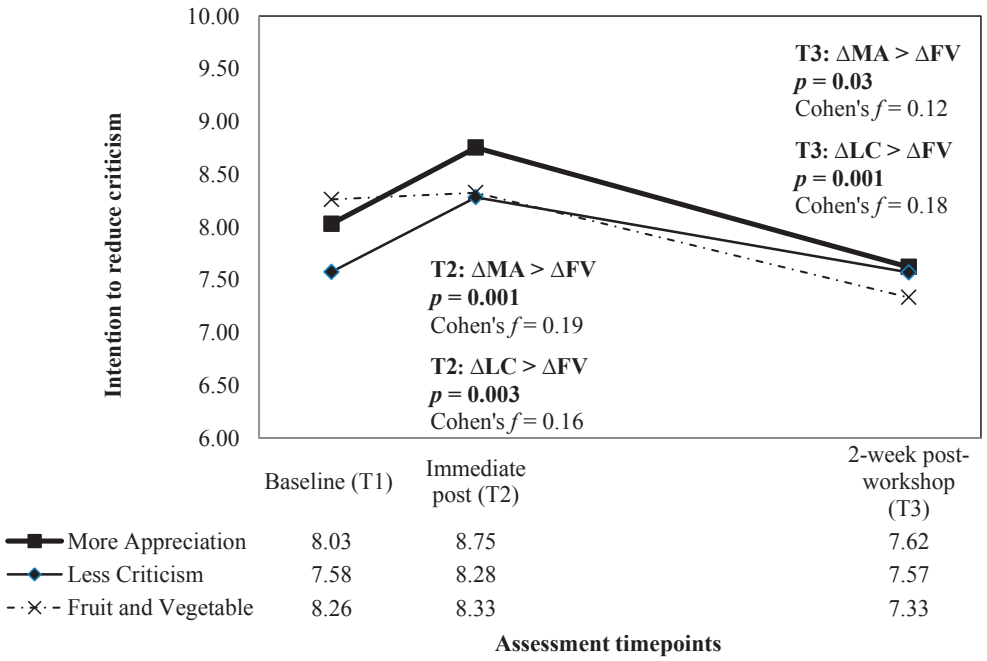
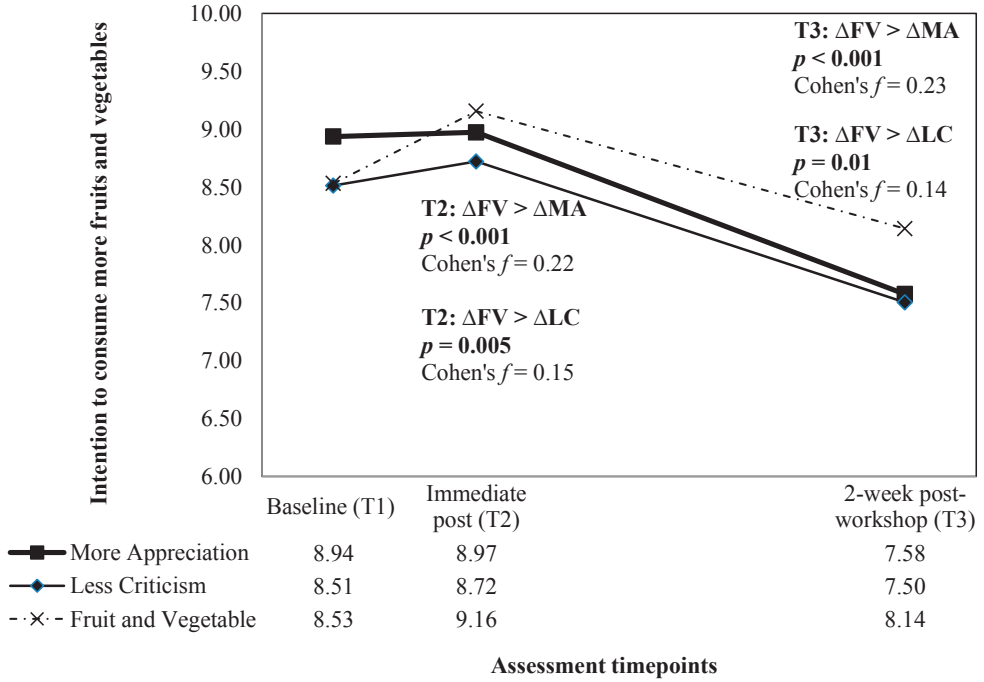


Figure 19 shows that the increase from baseline to T2 in the intention to consume more fruits and vegetables in FV arm was significantly greater than either MA arm (T2: p < 0.001, ES = 0.22) or LC arm (T2: p = 0.005, ES = 0.15), with small effect size. At T3, the intention to consume more fruits and vegetables declined from baseline for all three arms, but the decrease in FV arm was significantly smaller than either MA arm (T3: p < 0.001, ES = 0.23) or LC arm (T3: p = 0.01, ES = 0.14), with small effect size.

Figure 19. Intention to consume more fruits and vegetables (scale: 1-10)



6.3.5 HAPA model: Self-efficacy

Figure 20 shows that the increases from baseline to T2 and T3 in self-efficacy to show more appreciation in both MA arm and LC arm were significantly greater than FV (control) arm with small effect size (T2: MA: p = 0.001, ES= 0.18; LC: p < 0.001, ES = 0.19; T3: MA: p < 0.001, ES = 0.23; LC: p < 0.001, ES = 0.23).

Figure 20. Self-efficacy to show more appreciation (scale: 1-10)

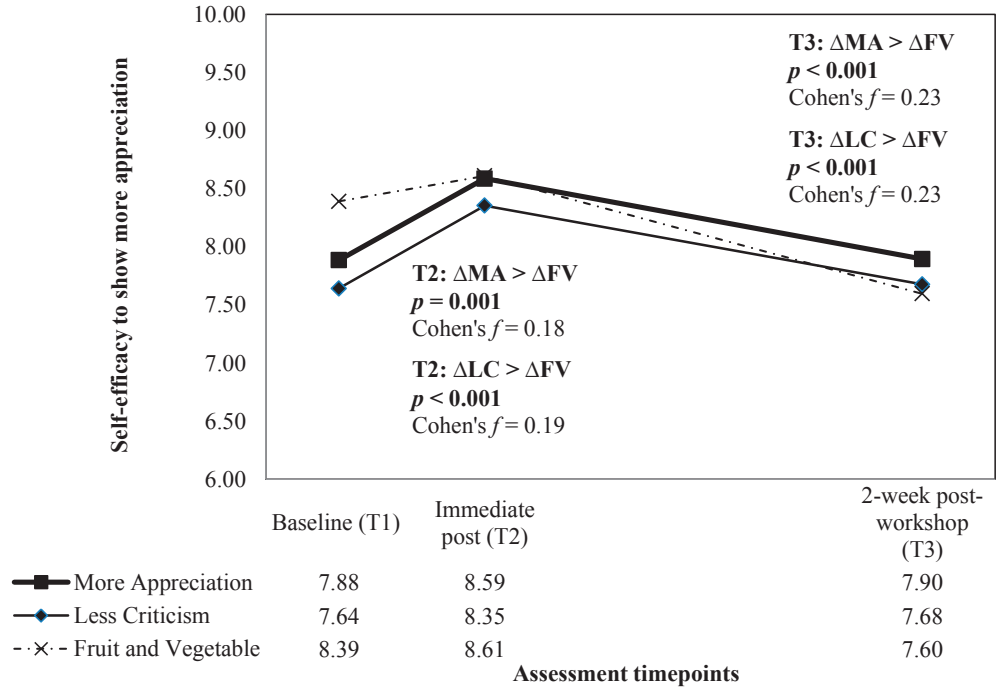


Figure 21 shows that the increases from baseline to T2 in self-efficacy to reduce criticism in both MA and LC arm were significantly greater than FV (control) arm with small effect size (T2: MA: p = 0.001, ES = 0.18; LC: p = 0.002, ES = 0.16). At T3, only participants from LC arm had increased self-efficacy to reduce criticism, and this increase was significantly greater than FV (control) arm with a small effect size (T3: p < 0.001, ES = 0.21). Although participants from both MA and FV arms showed decreased self-efficacy over T1 to reduce criticism at T3, the drop in the MA arm was significantly smaller than that of the FV arm (T3: p = 0.008, ES = 0.15), with a small effect size.

Figure 21. Self-efficacy to reduce criticism (scale: 1-10)

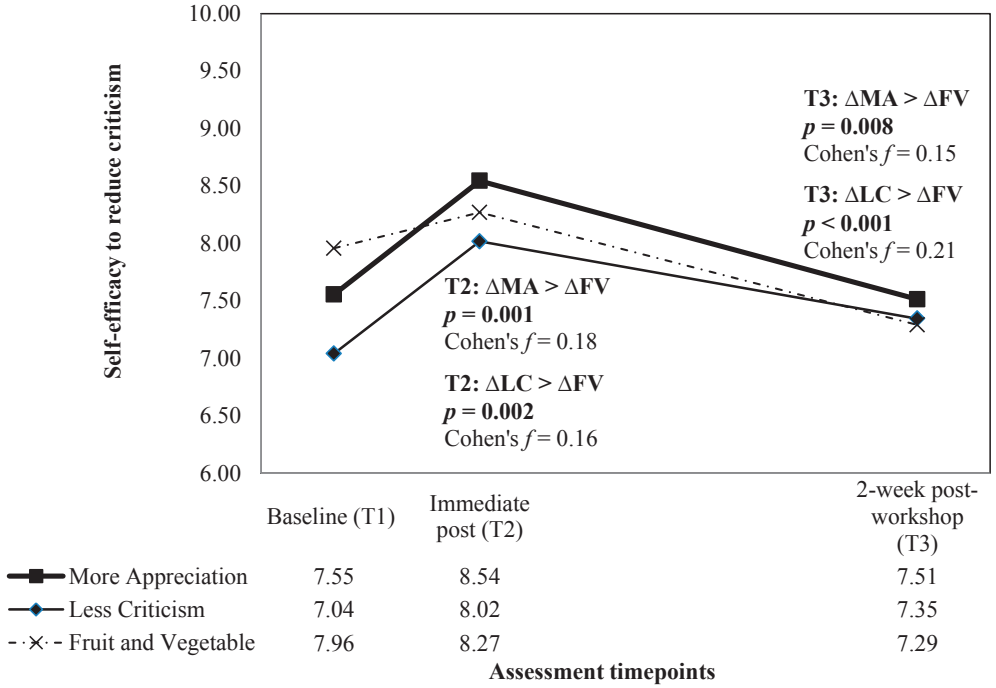
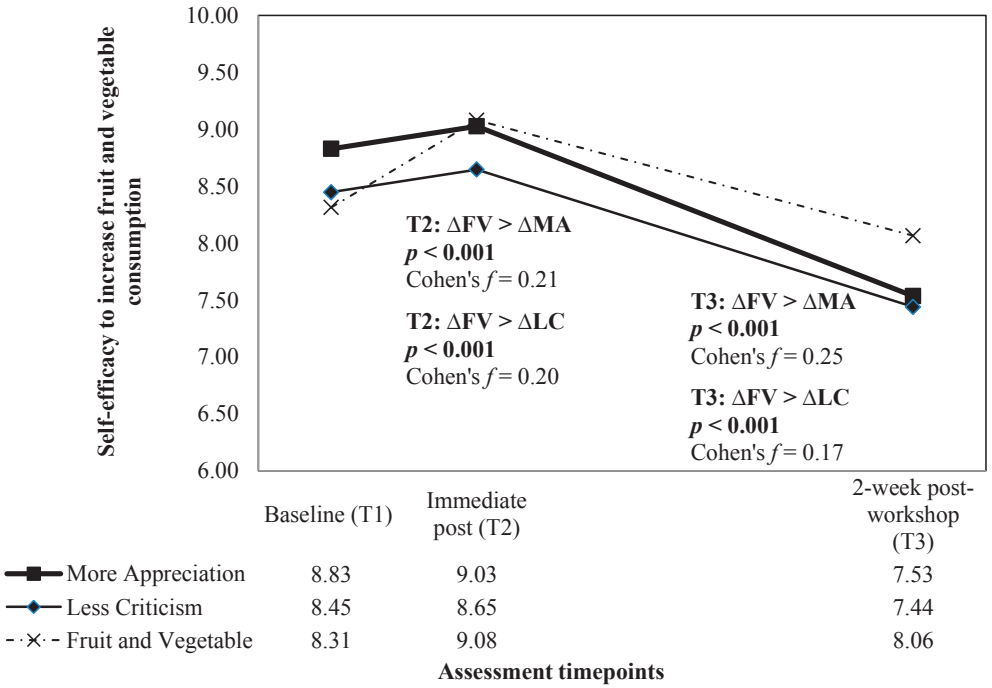


Figure 22 shows that the increase from baseline to T2 in self-efficacy to consume more fruits and vegetables in FV arm was significantly greater than either MA arm (T2: $p < 0.001$, ES = 0.21) or LC arm (T2: $p < 0.001$, ES = 0.20), with small effect size. At T3, the self-efficacy to consume more fruits and vegetables declined from baseline for all three arms, but the decrease in FV arm was significantly smaller than either MA arm (T3: $p < 0.001$, ES = 0.25) or LC arm (T3: $p = 0.001$, ES = 0.17), with small effect size.

Figure 22. Self-efficacy to increase fruit and vegetable consumption (scale: 1-10)



6.3.6 HAPA model: Action planning

Figure 23 shows that the increases from baseline to T2, T3 and T4 in planning to show more appreciation in both MA arm and LC arm were significantly greater than FV (control) arm with small to medium effect size (T2: MA: $p < 0.001$, ES = 0.26; LC: $p = 0.001$, ES = 0.17; T3: MA: $p < 0.001$, ES = 0.21; LC: $p = 0.001$, ES = 0.18; T4: MA: $p < 0.001$, ES = 0.20; LC: $p = 0.002$, ES = 0.16).

Figure 23. Planning to show more appreciation (scale: 1-10)

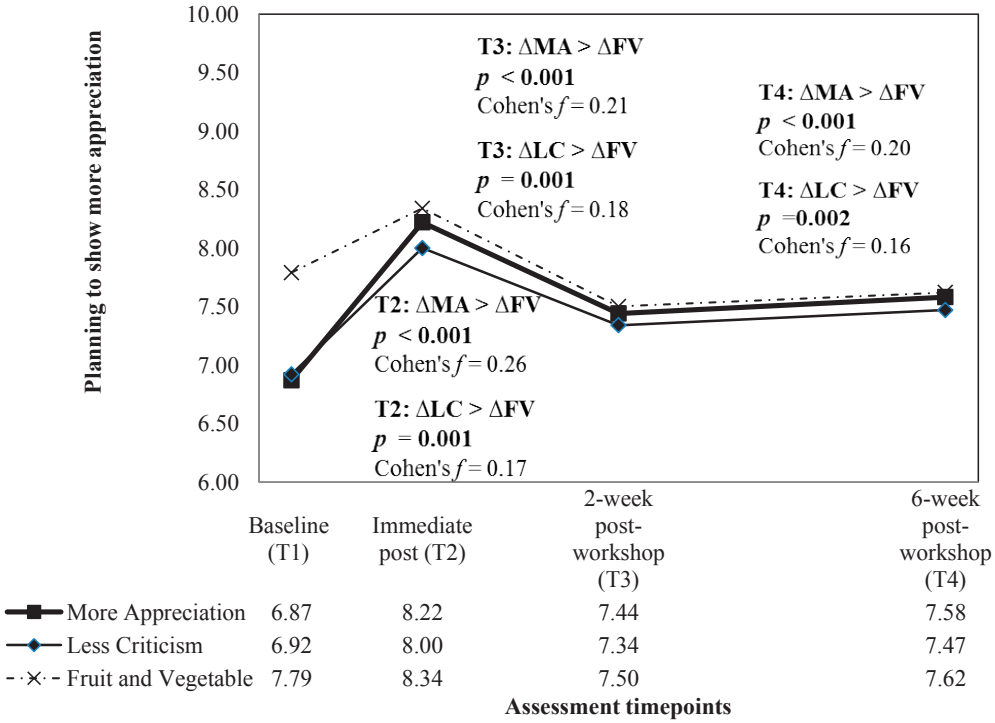


Figure 24 shows that the increases from baseline to T2, T3 and T4 in planning to reduce criticism in both MA arm and LC arm were significantly greater than FV (control) arm with small to medium effect size (T2: MA: $p < 0.001$, ES = 0.29; LC: $p < 0.001$, ES = 0.35; T3: MA: $p < 0.001$, ES = 0.20; LC: $p < 0.001$, ES = 0.27; T4: MA: $p = 0.02$, ES = 0.13; LC: $p < 0.001$, ES = 0.36).

Figure 24. Planning to reduce criticism (scale: 1-10)

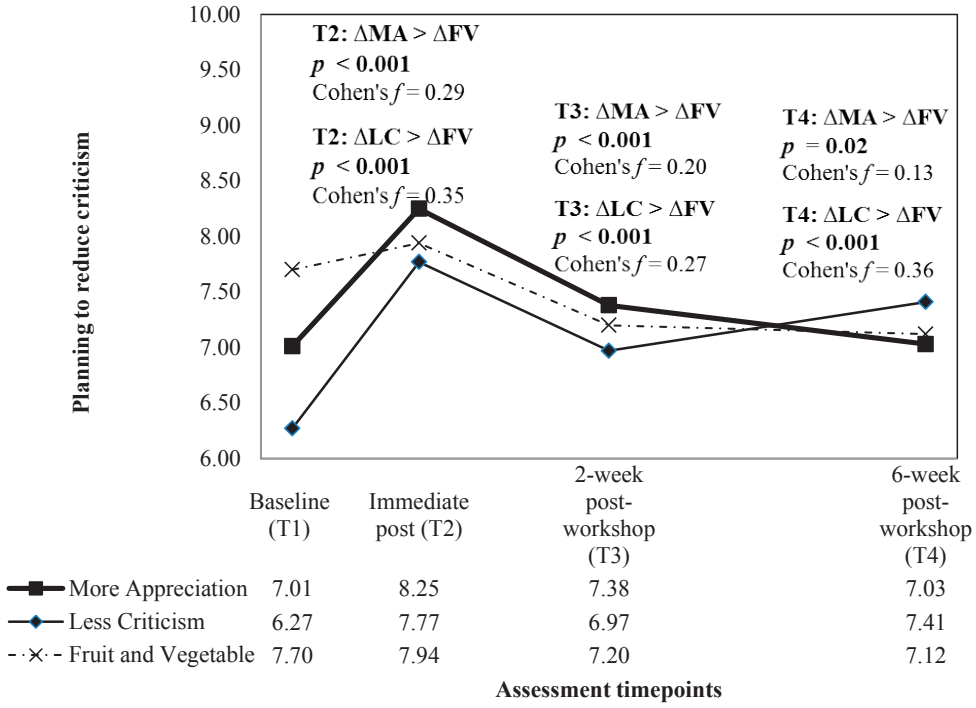
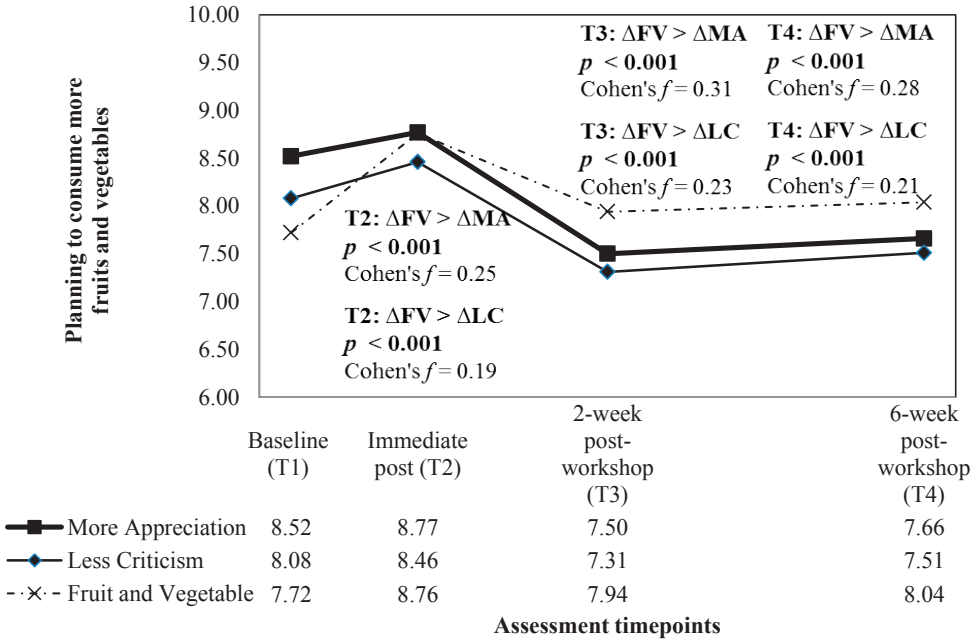


Figure 25 shows that the increases from baseline to T2, T3 and T4 in planning to consume more fruits and vegetables in FV arm were significantly greater than either MA arm (T2: $p < 0.001$, ES = 0.25; T3: $p < 0.001$, ES = 0.31; T4: $p < 0.001$, ES = 0.28) or LC arm (T2: $p < 0.001$, ES = 0.19; T3: $p < 0.001$, ES = 0.23; T4: $p < 0.001$, ES = 0.21) with small to medium effect size.

Figure 25. Planning to consume more fruits and vegetables (scale: 1-10)



6.3.7 HAPA model: Coping planning

Figure 26 shows that the increases from baseline to T2, T3 and T4 in planning to overcome barriers in showing more appreciation in both MA arm and LC arm were significantly greater than FV (control) arm with small to medium effect size (T2: MA: p < 0.001, ES = 0.21; LC: p = 0.002, ES = 0.16; T3: MA: p = 0.03, ES = 0.12; LC: p = 0.002, ES = 0.16; T4: MA: p = 0.01, ES = 0.14; LC: p = 0.005, ES = 0.15).

Figure 26. Planning to overcome potential barriers in showing more appreciation (scale: 1-10)

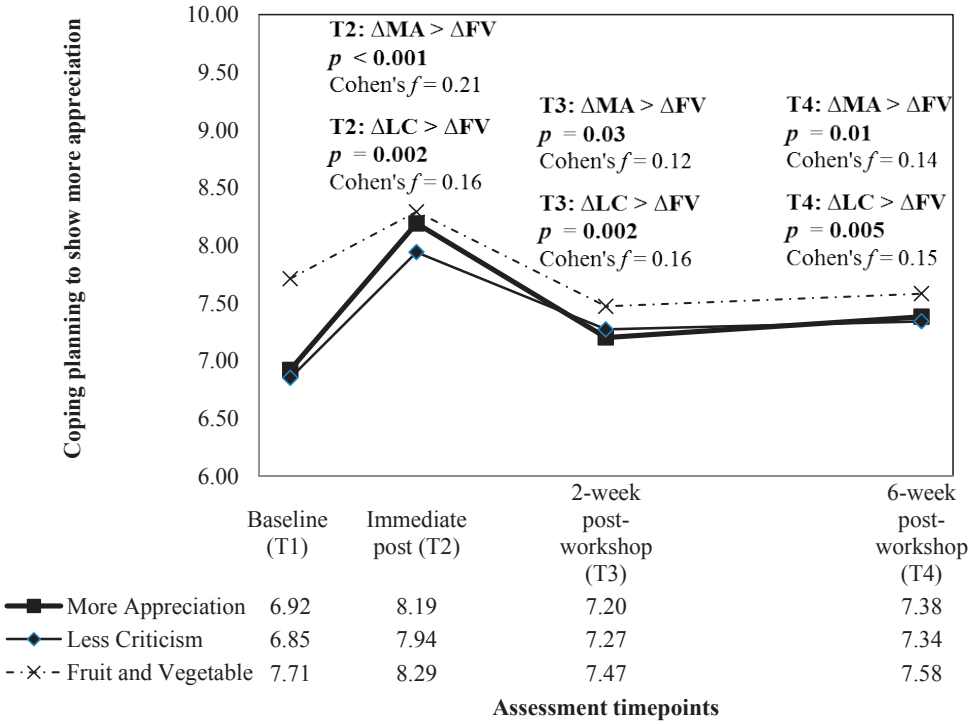


Figure 27 shows that the increases from baseline to T2, T3 and T4 in planning to overcome barriers in reducing criticism in LC arm were significantly greater than FV (control) arm with small to medium effect size (T2: $p < 0.001$, ES = 0.36; T3: $p < 0.001$, ES= 0.29; T4: $p < 0.001$, ES = 0.33). The increases from baseline to T2 and T3 in planning to overcome barriers in reducing criticism in MA arm were significantly greater than FV (control) arm with small to medium effect size (T2: $p < 0.001$, ES = 0.31; T3: $p = 0.001$, ES = 0.18), but no significant difference between MA arm and FV arm on the change from baseline to T4 was observed ($p = 0.06$, ES = 0.10).

Figure 27. Planning to overcome potential barriers in reducing criticism (scale: 1-10)

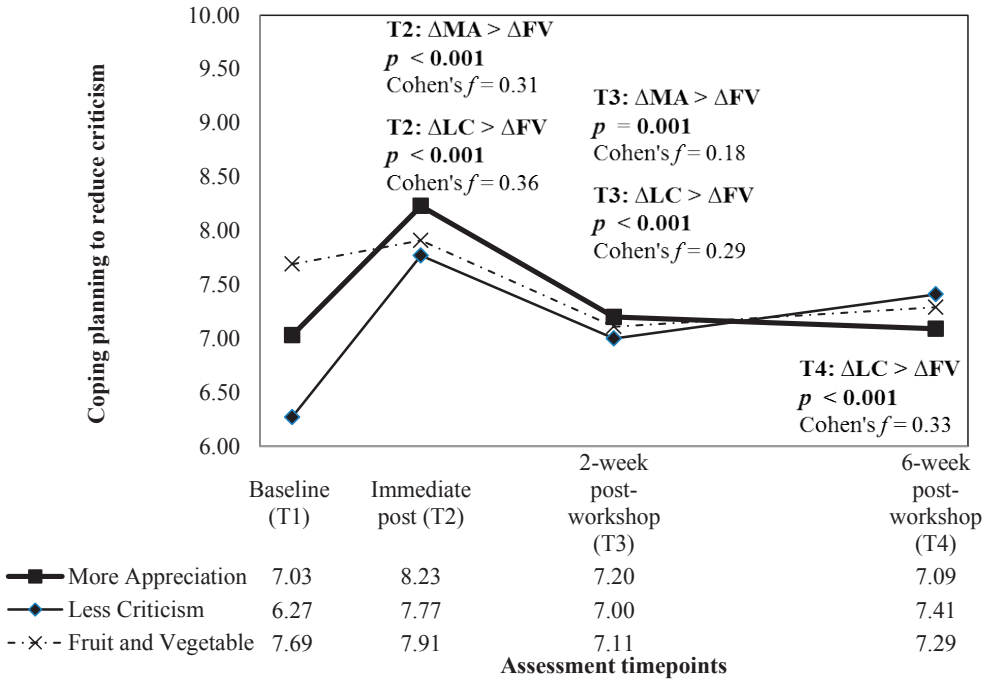
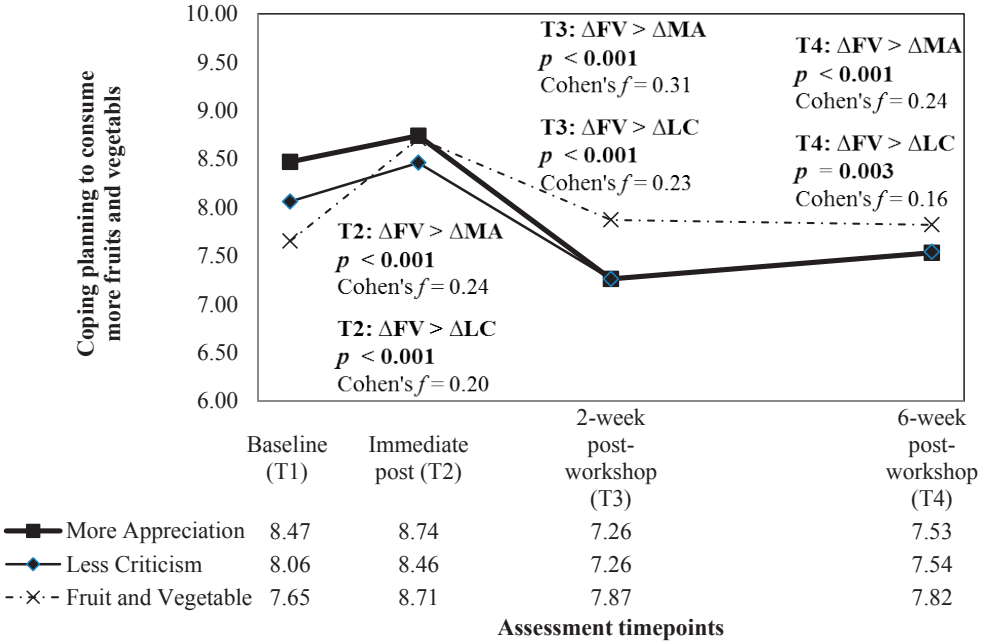


Figure 28 shows that the increases from baseline to T2, T3 and T4 in planning to consume more fruits and vegetables in FV arm were significantly greater than either MA arm (T2: $p < 0.001$, ES = 0.24; T3: $p < 0.001$, ES = 0.31; T4: $p < 0.001$, ES= 0.24) or LC arm (T2: $p < 0.001$, ES = 0.20; T3: $p < 0.001$, ES = 0.23; T4: $p = 0.003$, ES = 0.16) with small to medium effect size.

Figure 28. Planning to overcome potential barriers in eating more fruits and vegetables (scale: 1-10)



6.3.8 Health, Happiness and Harmony (3Hs)

Figure 29 to Figure 34 show that no significant differences were observed in changes in personal and FAMILY 3Hs scores over time among three arms. Compared with baseline, personal and FAMILY 3Hs scores significantly increased at both T3 and T4 in all three arms, with medium to large effect size (all $p < 0.001$; ES = 0.28 to 0.61).

Figure 29. Personal health (scale: 0-10)

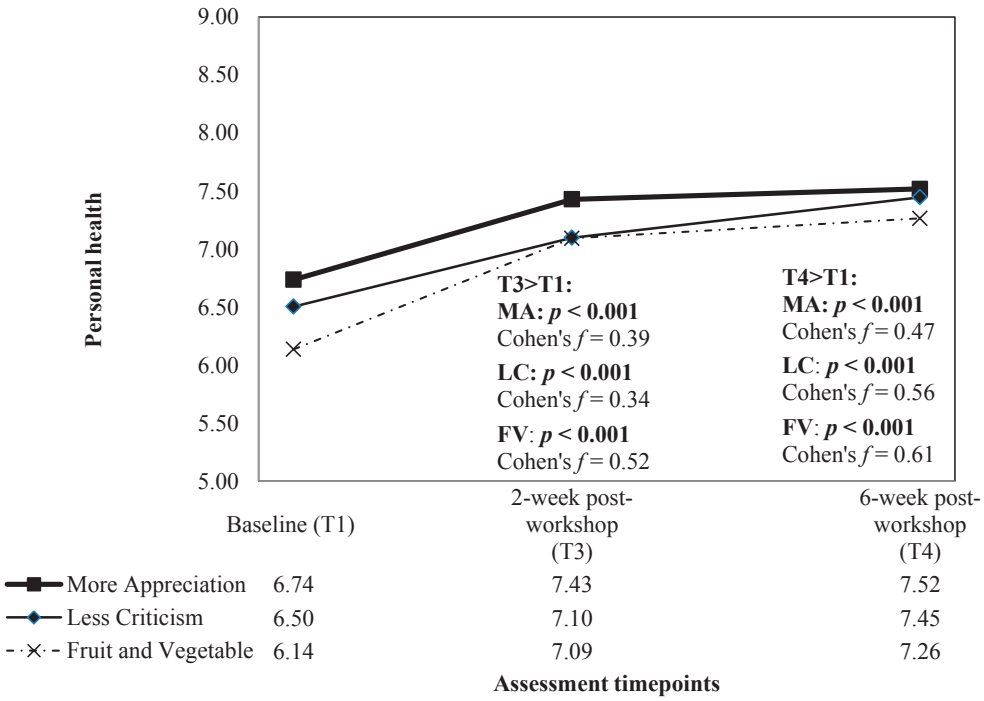


Figure 30. Personal happiness (scale: 0-10)

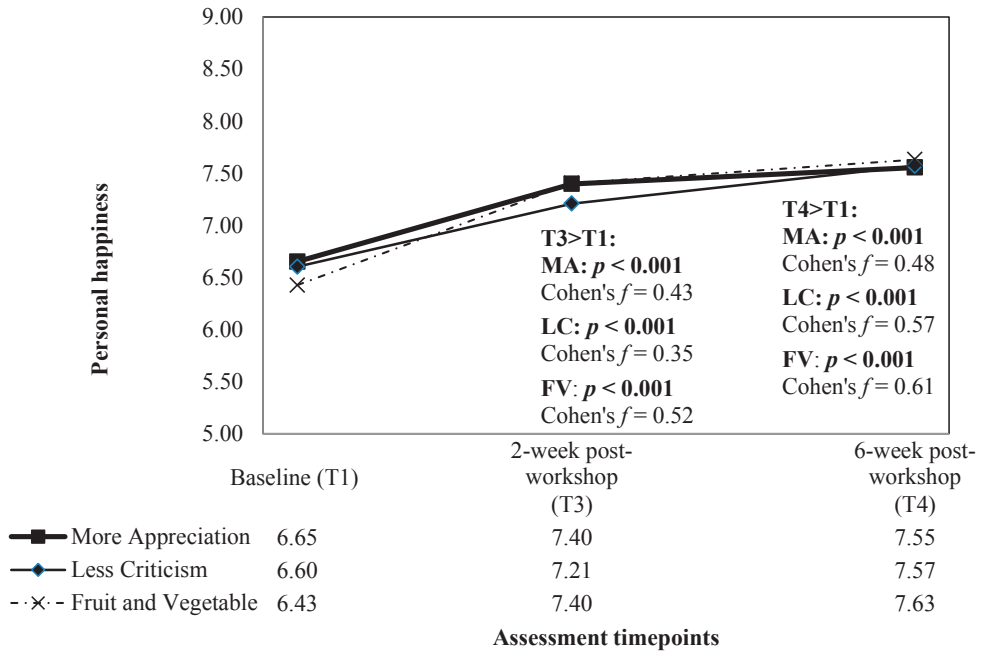


Figure 31. Personal harmony (scale: 0-10)

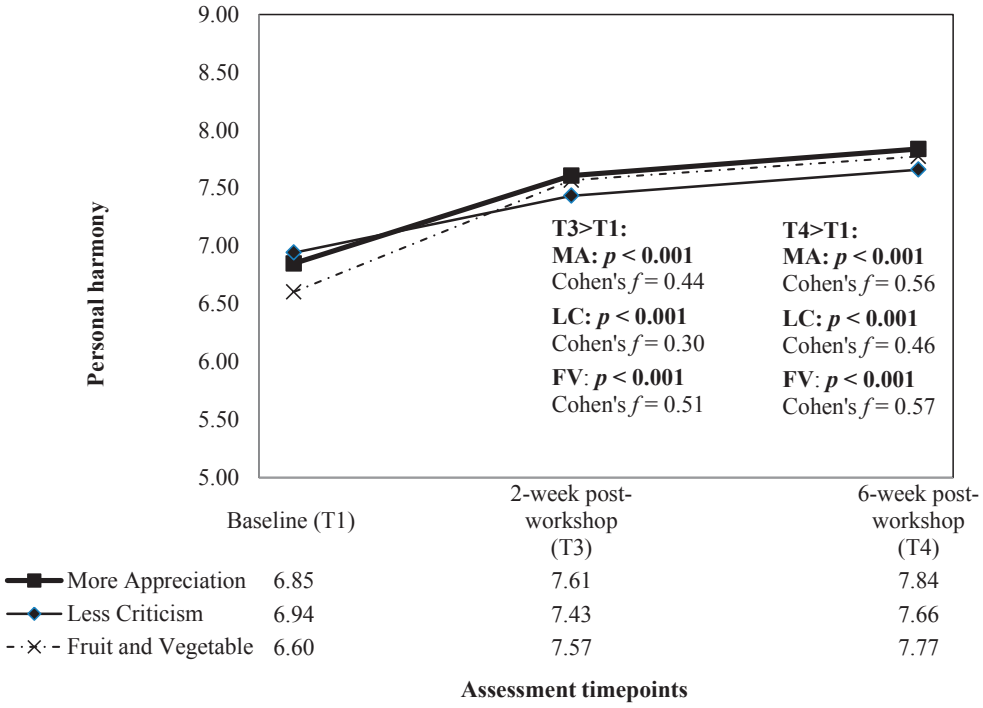


Figure 32. Family health (scale: 0-10)

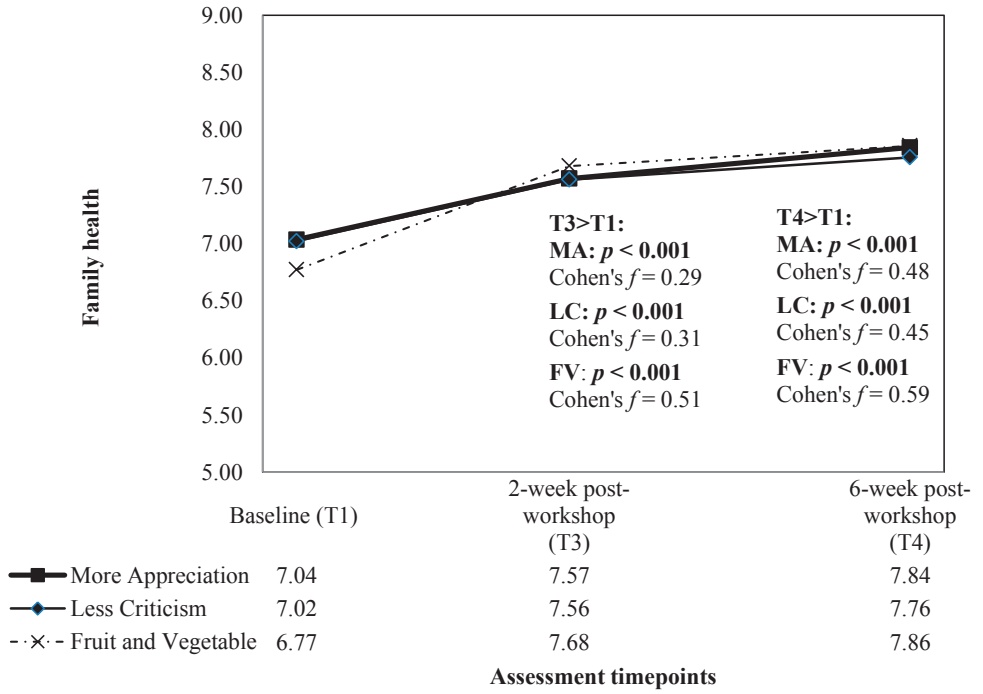


Figure 33. Family happiness (scale: 0-10)

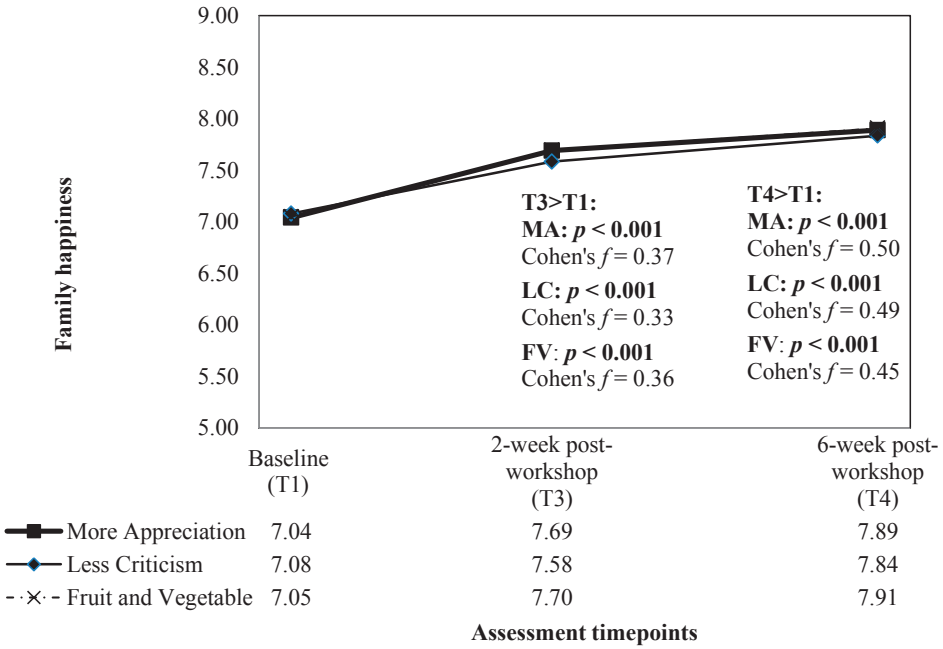
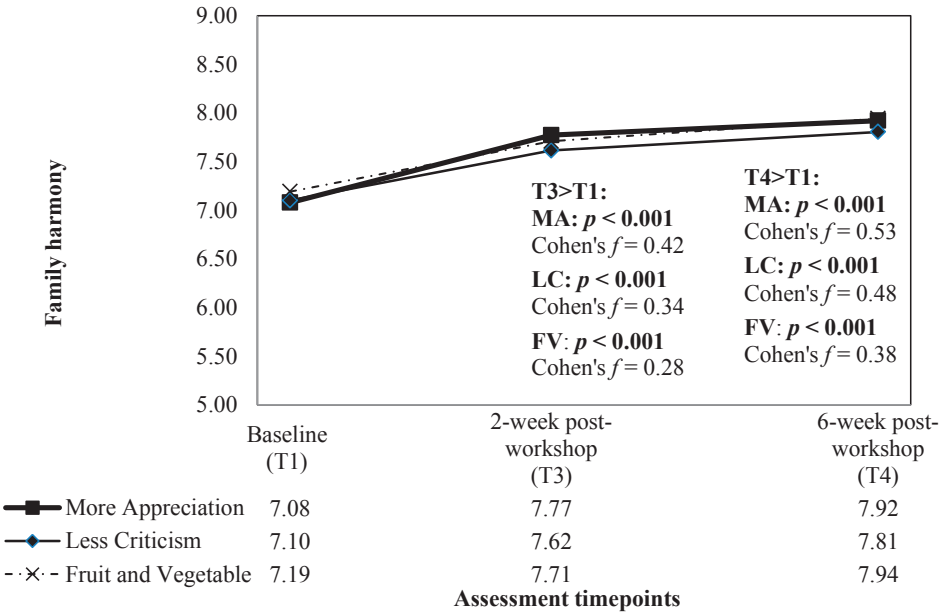


Figure 34. Family harmony (scale: 0-10)



6.4 QUALITATIVE EVALUATION

6.4.1 Introduction

Qualitative data from the participants were collected by open-ended questions at two time-points. The first was immediately post-workshop (T2). Participants were asked to complete two open-ended questions at the end of the workshop. The first question asked what the participant liked the most about the workshop and the reasons, and the second asked what areas of the workshop required improvement and the reasons. In addition, space was provided for additional comments. The second time-point was 6-week post-workshop (T4). At the end of this follow-up, participants were asked if the workshop was helpful to them and why it was helpful or not helpful. Participants were also invited to give any other comments on the workshop and/or the telephone interview at the end of the assessment. A summary of the responses collected from each arm are presented separately.

6.4.2 Results

6.4.2.1 More Appreciation (MA) arm (T2)

Two hundred and forty-one responses to what they liked the most about the MA workshop were gathered from 318 MA participants. The short video and interactive activities were liked most by a large majority of the MA participants (short video: n = 73; interactive activities: n = 82). Among those who liked the short video, 15 (20.5%) stated that they could easily identify with the story and hence had reflected on their own parenting behaviours. Also, one-fifth of participants (n = 15, 20.5%) said that the short video clearly revealed the core ideas of the workshop. Other reasons for selecting the short video included it was helpful (n = 4, 5.4%), engaging and memorable (n = 4, 5.4%).

Some quotes given by participants:

> "短片欣賞，令自己發現自己存在的不足之處，加以改善。"(參加者 404 9336)
> *"The short video caused me to discover my deficiencies, and modify them."* (Participant 404 9336)

> "影片，生動地讓人領悟到讚賞對小孩的影響。"(參加者 612 8509)
> *"The short video vividly demonstrated the impacts of appreciation on children."* (Participant 612 8509)

The category "interactive activities" included responses which mentioned "interaction" (互動), "sharing" (分享), "discussion" (討論), "exchange" (交流), or "questions and answers" (問答部份). For those who liked the interactive activities in the workshop, about three in ten (n = 24, 29.3%) said that it promoted sharing of thoughts and experiences among participants which was beneficial for their future parenting practice. Some participants mentioned that they reflected on their own parenting practice during the discussion with others (n = 6, 7.3%), while some said that they learnt helpful appreciating methods from others (n = 6, 7.3%). Four participants revealed that they had increased understanding of the appreciation technique and its benefits, which was the core idea of the MA arm.

Some quotes given by participants:

> "家長分享，可認識更多真實個案、家長心聲，對檢討對自己的行為有幫助。"(參加者 107 8300)
> *"Through participants' sharing we could know more real examples and different thoughts, which would be helpful for reviewing our own behaviours."* (Participant 107 8300)

> "個案分享，知道讚賞的重要性。"(參加者 117 0714)
> *"From case sharing, we knew the importance of appreciation."* (Participant 117 0714)

The next popular aspect of the workshop was the introduction to skills of appreciation (n = 37). Participants said that it was applicable and helpful to their parenting (n = 5).

Quote given by one of the participants:

> *"介紹怎樣讚賞小朋友這部份我最喜歡，因為可以教我如何讚小朋友，小朋友才能接受到。"*(參加者 103 1215)
> *"I like the part introducing how to appreciate children the most because it taught us in what way the children could feel our appreciation."* (Participant 103 1215)

The components that introduced benefits of appreciation and types of appreciation were each liked by 13 participants. Benefits of appreciation can improve participants' knowledge and practice of appreciation (n = 3, 23.1%) and can induce reflection (n = 1, 7.7%) in which participants could identify their own problems in parenting. Meanwhile, introducing types of appreciation can facilitate their understanding of the core idea of the workshop (i.e. importance of process appreciation) (n = 2, 15.4%).

Quote given by one of the participants:

> *"講解讚賞的分類及各自的作用，因為令我知道今後應如何讚賞。"*(參加者 207 6990)
> *"The part introducing different types of appreciation and their corresponding functions, because I knew how to appreciate from now on."* (Participant 207 6990)

Eleven participants reported that they liked the examples or scenarios given and four of them (36.4%) explained that the examples or scenarios had facilitated the comprehension of the core idea of the workshop.

Quote given by one of the participants:

> *"... 情景，可加深印象及理解講題。"*(參加者 611 7131)
> *"...the scenario deepened our impression and understanding of the topic."* (Participant 611 7131)

Table 25. What the participants liked the most about the MA arm with reason(s) (T2)

Workshop component	Reason (n)						Total
	Thoughts/ experience sharing	Facilitate learning of core ideas	Easily identified/ reflective	Applicable/ helpful	Engaging/ memorable	No reason	
All	0	0	1	1	0	4	6
Interactive activities	24	4	6	6	1	41	82
Short video	1	15	15	4	4	34	73
Skills of appreciation	0	0	0	5	0	32	37
Benefits of appreciation	0	0	1	3	0	9	13
Type of appreciation	0	2	0	1	0	10	13
Examples/scenarios	0	4	0	0	1	6	11
Interventionist's explanation/analysis	0	0	1	1	0	7	9
Mini classroom	0	0	0	1	0	1	2
Questionnaire	0	0	0	0	0	1	1
Gift	0	0	0	0	0	1	1
Total	25	25	24	22	6	146	248

Note: 241 responses were gathered from 318 MA participants. Some responses mentioned more than one workshop component and/or provided more than one reason.

When the MA participants were asked to suggest aspect of the workshop that can be improved, 60 responses were gathered from 318 participants and most of them fell into two main categories, namely length of the workshop (n = 19) and presentation (n = 23). Regarding the duration of the entire workshop and the interactive activities, participants held contradictory opinions. Among those who said the presentation should be improved, nine of them (50%) criticized that there was a lack of real-life examples or practical suggestions in the workshop. Eight (44.4%) pointed out that the content coverage of the workshop was too narrow. For example, participants questioned how parents should react to children's negative behaviours. Furthermore, a few participants thought that the presentation format was undiversified (n = 3, 16.7%) and boring (n = 2, 11.1%).

Some quotes given by participants:

> **"沒有真實家庭問題及解決方法。"**(參加者 203 0259)
> *"There was a lack of real family problems and their potential solutions."* (Participant 203 0259)

> **"當遇到小朋友學習不專心，或頑皮時應怎樣做好呢？"**(參加者 401 8390)
> *"What should be done when children did not concentrate or were naughty?"* (Participant 401 8390)

> **"除了讚美，沒有答不及格怎樣讚美。"**(參加者 612 9706)
> *"It did not answer how to appreciate a child who has failed in exam."* (Participant 612 9706)

A small number of participants also stated that the questionnaire was too long (n = 12), the discussions among participants were ineffective (n = 3), and workshop notes were preferred for revision in the future (n = 3). Also, a reunion of participants and similar workshops in the future were suggested by three participants and two participants respectively.

Some quotes given by participants:

> **"單調，互動不夠，家長參與討論不夠積極。"**(參加者 401 2968)
> *"Undiversified format; insufficient interactions; participants were not proactive enough in discussion."* (Participant 401 2968)

> **"可以有筆記會更好，把重要內容留下，有時間再重溫。"**(參加者 608 4291)
> *"If notes of the workshop were provided, important things could be highlighted and revised in the future."* (Participant 608 4291)

Table 26. Areas in the MA arm that could be improved (T2)

Workshop component	n
Duration	
entire workshop	
too long	8
too short	2
interactive activities	
too long	2
too short	5
miscellaneous	
too short	2
Presentation	
lack of real-life example/practical suggestion	9
narrowed content coverage	8
undiversified format	3
boring	2
unrealistic short video	1
Others	
questionnaire was too long	12
ineffective discussion	3
lack of notes	3
reunion needed	3
more similar workshops were needed	2

Note: 60 responses were gathered from 318 MA participants. Some responses mentioned more than one workshop component.

Thirty out of 318 participants added comments at the end of T2. They suggested that the presentation format could be diversified (n = 4) by adding role-play or learning games. Other suggestions on presentation included supplementing with real-life examples or practical suggestions (n = 2).

Quote given by one of the participants:

> *"角色扮演，增加家長對情境的了解和做法，有些具體方法可以加強信念。"*(參加者 608 4291)
> *"Role-play can increase parents' understanding of the situations and approaches, and specific strategies can strengthen the belief."* (Participant 608 4291)

Two suggestions on content coverage were obtained. One participant suggested increasing coverage to situations that involved problems between children and classmates, while another suggested reducing coverage so that the discussion could be more focused.

Eleven participants suggested that the organizing committee should hold more similar workshops in the future. However, some pointed out that changing the time to the afternoon and before the end of school would be more convenient for parents (n = 2), and they preferred a shorter workshop (n = 2). Four participants said that the workshop was helpful to their parenting.

Quote given by one of the participants:

> *"工作坊安排得很好，無論是氣氛或過程，可令家長很投入上堂，學到對小朋友有用知識。"*(參加者 611 0780)
> *"The workshop arrangement was great in both the atmosphere and progress. As a result, participants were very engaged in learning knowledge which is beneficial to children."* (Participant 611 0780)

Table 27. Other comments on the MA arm (T2)

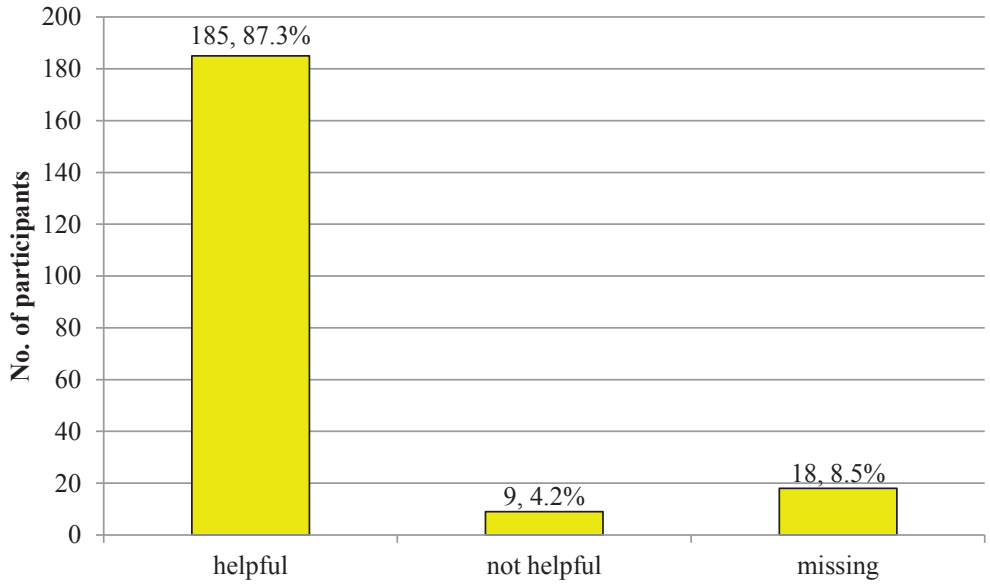
	n
Suggestions	
presentation	
presentation format should be diversified	4
there should be real-life example/practical suggestion	2
the short video should be produced with reference to real case	1
content coverage should be adjusted	
increase	1
reduce	1
others	
more similar workshops were needed	11
the workshop should be held in other time slots	2
the duration of the workshop should be shortened	2
children should be invited to attend the workshop with parents	1
revision notes should be provided	1
Evaluation	
the workshop was helpful	4
there was nothing remarkable in the workshop	1

Note: 30 responses were gathered from 318 MA participants. Some responses consisted of more than one comment.

6.4.2.2 More Appreciation (MA) arm (T4)

At 6-week post-workshop, as shown in Figure 35, 185 out of 212 participants (87.3%) of the MA arm perceived the workshop as helpful for them, while only nine (4.2%) perceived the workshop as unhelpful.

Figure 35. General comments about the MA arm 6-week post-workshop (N = 212)



A large majority of participants (n = 118, 63.8%) said that they appreciated their children more after participating in the workshop. Thirty-six (19.5%) thought that they were reminded to express more appreciation to their children. Other behavioural changes induced by the workshop included increased effort in controlling negative emotions (n = 22, 11.9%) and in understanding children (n = 5, 2.7%), increased communication or interactions with children (n = 5, 2.7%), and increased recognition of children's strengths (n = 2, 1.1%).

Some quotes given by participants:

> **"以往批評子女較多和嚴厲，後來用了讚賞方法去鼓勵兒子，他的態度明顯改善，父子關係都變得良好。"**(參加者 608 3412)
> *"I used to be too harsh and criticizing, but now I have appreciated more the importance of encouraging my son. His attitude obviously improves and so does our father-son relationship."* (Participant 608 3412)

> **"去責罵子女前了解事情發生過程，然後再與子女傾談問題所在和控制自己情緒。"**(參加者 201 6548)
> *"Before scolding them, I try to fully comprehend the issue and the process, and control my emotion, and then talk with my children about what's the problem."* (Participant 201 6548)

Some participants said that the workshop had improved their understanding about skills of appreciation (n = 31, 16.8%) and benefits of appreciation (n = 13, 7.0%). Meanwhile, some perceived the workshop as helpful because they observed positive results when they appreciated their children more, such as improvement in children (n = 10, 5.4%) and increased family happiness and harmony (n = 10, 5.4%). Thirteen participants did not specify the reasons of perceiving the workshop as helpful.

Some quotes given by participants:

> **"可以具體告訴家長如何讚好子女，讚子女對子女將來的幫助。"**(參加者 611 4827)
> *"Participants were concretely informed on how to appreciate, and the benefits of appreciation for children in the future."* (Participant 611 4827)

> **"鼓勵多了子女，令到子女都主動去做自己應該做的事，令到自己和子女相處都變得快樂。"**(參加者 202 9908)
> *"More appreciation has made my children more proactive to do what they should do and hence, there has been increased happiness in the my relationship with my children."* (Participant 202 9908)

Table 28. Why the participants found the MA arm helpful (T4)

	n
Behavioural change	
increased	
appreciation	118
awareness of the needs to appreciate more	36
self-control of emotion	22
effort in understanding children	5
communication/parent-child interaction	5
recognition of strengths in children	2
Improved understanding about	
skills of appreciation	31
benefits of appreciation	13
Observed impacts of appreciation	
improvement in children	10
increased family happiness and harmony	10
Not specified	13

Note: 185 out of 212 participants found the MA workshop helpful. Some participants provided more than one reason.

For participants who did not find the workshop helpful, three main reasons emerged. Three participants thought that there was nothing remarkable in the workshop, and two participants doubted the effectiveness of using appreciation. Two participants said that the workshop was not helpful because the questionnaire was too long.

Some quotes given by participants:

> *"工作坊內容可以再增加一些，工作坊教家長的方法其實日常生活未必用得著，有時多讚子女反而有反效果，處理方面可以增加一些。"*(參加者 601 6901)
> *"The content coverage could be increased; the recommendations in the workshop might not be effective because appreciation might have backfire effect on children behaviours. Can increase more on how to handle."* (Participant 601 6901)

> *"問卷煩，每題都抽象，不實在，太多。"*(參加者 611 8111)
> *"The questionnaire was troublesome, the items were abstract and intangible, and there were too many items."* (Participant 611 8111)

Table 29. Why the participants found the MA arm unhelpful (T4)

	n
Nothing remarkable	3
Appreciation was not effective in some circumstances	2
Questionnaire was irritating	2
Not specified	3

Note: 9 out of 212 participants found the MA workshop unhelpful. Some participants provided more than one reason of perceiving the workshop as unhelpful.

When participants were asked if they had any other comments at the end of the follow-up, few responses (n = 19) were gathered. Regarding the questionnaire, nine participants stressed that it was too long and the items were repetitive, whereas two found it difficult to complete. Other comments included that more similar workshops should be held in the future (n = 2) and the workshop should be held before the end of school (n = 2).

Table 30. Other comments on the MA arm (T4)

	N
Questionnaire	
too long/repeated	9
difficult to respond	2
Others	
more similar workshops were needed	2
the workshop should be held before the end of school	2
children should be invited to attend the workshop with parents	1
the interviewer was conscientious	1
the procedure for gift redemption was tedious	1
the content of the workshop was vague and not specific enough	1

Note: 19 responses were gathered from 212 MA participants.

6.4.2.3 Less Criticism (LC) arm (T2)

Two hundred and seventy-three responses about what they liked the most in the workshop were gathered from 355 LC participants at T2. The short video (n = 77) and the interactive activities (n = 63) were favoured by most LC participants, similar to the MA arm. Among those who liked the short video, 23 (29.9%) gave the reason that they could easily identify with the actors and had reflected on their own parenting practice, and seven (9.1%) said that the short video had facilitated their learning of the core ideas of the workshop. Five (6.5%) said that it was engaging and memorable, while two (2.6%) said that its content induced thoughts or experience sharing among parents.

Some quotes given by participants:

> *"片段播放部份，會令人產生共鳴，同時反省自己的行為。"*(參加者 101 7558)
> *"The short video induced identification and reflection of one's own behaviour."* (Participant 101 7558)

> *"看電視的部份，從中學習用正面的態度、減少批評。"*(參加者 214B 4513)
> *"Watching the video, we can learn to adopt positive attitude and reduce criticism."* (Participant 214B 4513)

For those (n = 63) who liked the interactive activities the most about the workshop, 17 (27.0%) said that they could share their own thoughts and experiences with other parents and learn from each other. Other reasons included that it facilitated learning of the core ideas of the workshop (n = 3, 4.8%) and induced reflection within participants (n = 2, 3.2%).

Quote given by one of the participants:

> *"互相溝通。了解更多怎樣教導孩子，怎樣跟孩子溝通，還更加做一個稱職的父母。"*(參加者 201 7736)
> *"Communication among the participants. We understand more about how to teach our children and communicate with them, and hence be a more competent parent."* (Participant 201 7736)

Following the short video and the interactive activities, 52 participants said that what they liked the most about the workshop was that it raised their awareness or intention to change. None of these participants, however, provided reasons.

Quote given by one of the participants:

> *"會自我反省減少批評，改善溝通模式。"*(參加者 112 6871)
> *"I will review my parenting practice, reduce criticism, and improve my communication style."* (Participant 112 6871)

Thirty-five participants reported that they liked the part on the skills of reducing criticism the most, while 12 participants said that they liked the part on the benefits of reducing criticism the most. They gave no reason for these.

Quote given by one of the participants:

> *"提醒批評的壞影響，及怎樣的方法改變方式來指引孩子。"*(參加者 205 4221)
> *"The workshop reminded us of the negative impacts of criticism, and how to change the ways of teaching children."* (Participant 205 4221)

Examples and scenarios were mentioned as the favourite aspect of the workshop by 11 participants. Three of them explained that examples and scenarios could facilitate their learning of the core ideas of the workshop.

Quote given by one of the participants:

> *"有一個真實個案，令到容易明白。"*(參加者 112 3425)
> *"A real scenario made the workshop easier to understand."* (Participant 112 3425)

Table 31. What the participants liked the most about the LC arm with reason(s) (T2)

Workshop component	Reason (n)						Total
	Easily identified/ reflective	Thoughts/ experience sharing	Facilitate learning of core ideas	Engaging/ memorable	Opportunities to implement	No reason	
All	0	0	0	0	0	10	10
Short video	23	2	7	5	0	40	77
Interactive activities	2	17	3	0	0	41	63
Raised awareness/intention to change	0	0	0	0	0	52	52
Skills of reducing criticism	0	0	0	0	0	35	35
Benefits of reducing criticism	0	0	0	0	0	12	12
Examples/scenarios	1	0	3	0	0	7	11
Interventionist's explanation/analysis	1	0	2	1	0	3	7
Mini classroom	0	0	2	0	0	3	5
Card	0	0	0	0	2	0	2
Ice-breaking game	0	0	0	1	0	0	1
Total	27	19	17	7	2	203	275

Note: 273 responses were gathered from 355 LC participants. Some responses mentioned more than one workshop component and/or provided more than one reason.

Fifty-five comments about what can be improved in the LC workshop and why were gathered but 47 of them had no reason. The majority of the comments were about the length of the workshop (n = 10) and presentation (n = 31). There were mixed opinions about the duration of the whole workshop and the interactive activities.

Regarding participants who commented on the presentation aspect, a large proportion of them said that there was lack of real-life examples or practical suggestions (n = 23, 74.2%). Four explained that real-life examples and practical suggestions were important references for how to implement what they had learnt into their daily life.

Quote given by one of the participants:

> *"可以多些給家長如何實際去做到，給予個別家庭舉例說自己的情況，可真實地教如何處理。"*(參加者 112 1838)
> *"Let participants talk more about the difficulty they are facing and give more practical suggestions on how to deal with it."* (Participant 112 1838)

A few participants also indicated that the short video was not generalizable to typical situations in real life (n = 2, 6.5%) and the workshop was boring (n = 2, 6.5%).

Quote given by one of the participants:

> *"短片內容不切實際情況，通常衝突在母子之間，小朋友又未如主角般自覺。"*(參加者 301 8084)
> *"The scenario in the short video did not match the reality. Communicative conflict usually happened between mother and child, and children were not as self-aware as the actor in the short video."* (Participant 301 8084)

Six participants said that the questionnaire was too long. There were also suggestions for change of date or time for the workshop (n = 3). Two participants thought that discussion in the workshop could be improved, with one of them indicating embarrassment with regard to speaking in public.

Table 32. Areas in the LC arm that could be improved (T2)

Workshop component	Reason (n)				Total
	Not practical/ hard to implement	Not convincing	Embarrassing to speak out	No reason	
Duration					
whole workshop					
too long	0	0	0	1	1
too short	0	0	0	2	2
interactive activities					
too long (reporting time)	0	0	0	1	1
too short	0	0	0	5	5
Starting late	0	0	0	1	1
Presentation					
lack of real-life example/practical suggestion	4	1	0	18	23
unrealistic short video	1	0	0	1	2
boring	0	0	0	2	2
narrowed content coverage	0	0	0	1	1
undiversified format	0	0	0	1	1
speaker too young	0	1	0	0	1
more explanation about myths of criticism	0	0	0	1	1
Others					
questionnaire was too long	0	0	0	6	6
change time/date of the workshop	0	0	0	3	3
ineffective discussion	0	0	1	1	2
more similar workshops were needed	0	0	0	1	1
the venue was too crowded	0	0	0	1	1
invite both parents and children	0	0	0	1	1
Total	5	2	1	47	55

Note: 55 responses were gathered from 355 LC participants.

At the end of the questionnaire, 24 additional comments were gathered about the LC arm. A few participants suggested allocating more time for the interventionist to answer questions raised by participants (n = 2), adding real-life examples and practical suggestions (n = 2) or producing a short video with higher generalizability (n = 2).

Five participants suggested that the organizing committee hold more similar workshops in the future, while one participant suggested doing a follow-up after the workshop.

Quote given by one of the participants:

> *"希望多點舉行親子溝通、管教子女的家長講座，但不要做太多問卷，因為不明白內容和煩。"*(參加者 214B 2325)
> *"Hopefully there would be more talks on parent-child communication and parenting, but with fewer questionnaires, because I don't understand the items and feel annoyed."* (Participant 214B 2325)

Six participants wrote down some positive comments about the workshop. Three participants said that the workshop was helpful, two appreciated the effort of the organizer of the workshop and one said that the time was well-managed in the workshop.

Some quotes given by participants:

> "工作坊整體不錯，令家長們反省及切實想想及付諸行動。"(參加者 112 6258)
> *"Overall, the workshop was well organized, it made parents reflect and implement improvements."* (Participant 112 6258)

> "時間控制很好，內容緊湊，讚！"(參加者 112 6862)
> *"Good time management, engaging content. Like it!"* (Participant 112 6862)

Table 33. Other comments on the LC arm (T2)

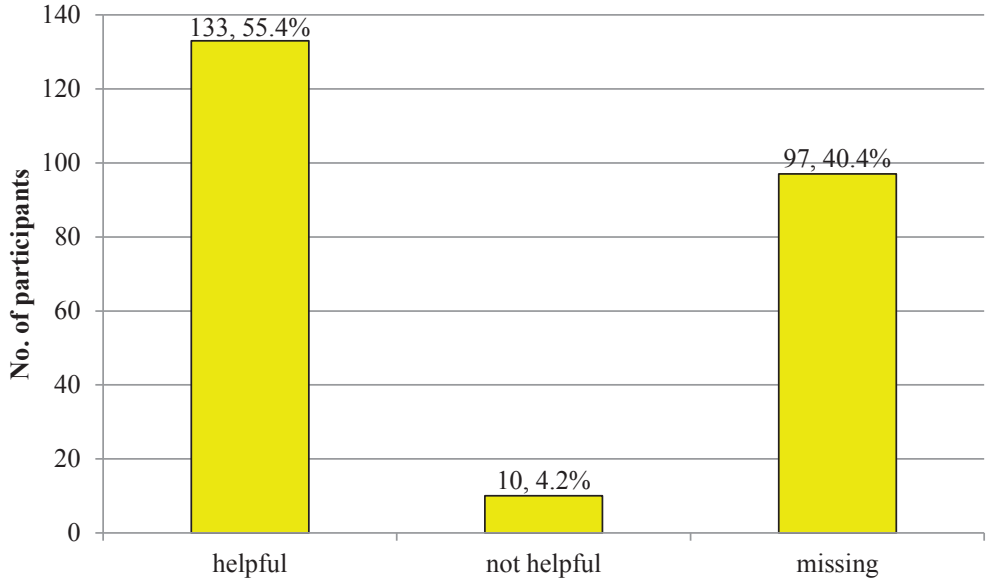
	N
Suggestions	
time allocation	
the discussion time should be reduced	1
there should be more time for answering participants' questions	2
presentation	
there should be real-life example/practical suggestion	2
the short video should be produced with higher generalizability	2
there should be suggestion for parents of SEN (Special Educational Needs) student	1
more effort should be put into maintenance of change	1
others	
more similar workshops were needed	5
follow-up programme should be held	1
the questionnaire should be shorter	1
the workshop should be held in other date/time slot	1
children should be invited to attend the workshop with parents	1
Evaluation	
the workshop was helpful	3
effort of organizing committee was appreciated	2
time was well-managed	1

Note: 24 responses were gathered from 355 LC participants.

6.4.2.4 Less Criticism (LC) arm (T4)

At 6-week post-workshop, participants were asked if they found the workshop helpful. Figure 36 shows the majority of the participants (n = 133, 55.4%) said that the workshop was helpful.

Figure 36. General comments about the LC arm 6-week post-workshop (N = 240)



Seventy-three participants (54.9%) indicated that they reduced criticism towards their children after attending the workshop. Thirty-six said that they appreciated more (27.1%), and 14 participants said that they used more constructive feedback (10.5%). Some reported that they put more effort into controlling negative emotions (n = 33, 24.8%) and into understanding their children (n = 4, 3.0%).

Some quotes given by participants:

> *"每次想罵時就想起用正面提醒。"*(參加者 301 2709)
> *"I recall constructive feedback whenever I want to scold."* (Participant 301 2709)

> *"少了責罵子女，溝通與讚賞是比較重要的。"*(參加者 205 2978)
> *"Reduced scolding children; communication and appreciation are more important."* (Participant 205 2978)

> *"批評之前想清楚，或者去散步令心境平和點。"*(參加者 603 7996)
> *"Think more thoroughly before criticizing, or go for a walk to calm myself."* (Participant 603 7996)

Apart from behavioural changes, 28 participants (21.1%) said that the workshop reminded them to reflect on own parenting practice. Some participants reported improved understanding about the strategies useful for reducing criticism (n = 19, 14.3%) and about the negative impacts of criticism on children (n = 9, 6.8%).

Some quotes given by participants:

> *"可以更明確用不同方法減少批評小朋友。"*(參加者 109 0525)
> *"I am able to use different strategies to reduce criticism towards children."* (Participant 109 0525)

> *"知道罵子女壞處多於好處，讚賞比較多會好些。"*(參加者 205 2953)
> *"I know that the disadvantages of scolding outweigh its advantages, and that appreciation would be better."* (Participant 205 2953)

Moreover, four participants (3.0%) said that following the recommendations of the workshop increased family happiness and improved their relationships with children.

Quote given by one of the participants:

> *"與子女的關係好轉了很多，大家都開心。"*(參加者 214 4531)
> *"Improved relationship with children a lot and all were happy."* (Participant 214 4531)

Table 34. Why the participants found the LC arm helpful (T4)

	n
Behavioural change	
reduced	
criticism	73
increased	
appreciation	36
self-control of emotion	33
awareness of needs to reduce criticism	28
positive feedback	14
effort in understanding children	4
Improved understanding about	
skills of reducing criticism	19
benefits of reducing criticism	9
Observed impacts of reducing criticism	
improved child-parent relationship/increased family happiness	4
Not specified	1

Note: 133 out of 240 participants found the LC workshop helpful. Some participants provided more than one reason.

Three participants who perceived the workshop as unhelpful explained that the workshop did not provide sufficient practical suggestions and found the recommendations difficult to implement.

Some quotes given by participants:

> *"多給家長支援 / 意見如何教子女。"*(參加者 406 2479)
> *"The workshop should give more support/advice on how to teach children."* (Participant 406 2479)

> *"幫助不大，因為少批評未必每個人做到，希望多些具體例子方法，因為工作坊所說的方法，不是每個孩子有作用。"*(參加者 112 4188)
> *"Not very helpful because not every parent can reduce criticism. I wished that there had been more concrete examples and methods because the recommendations of the workshop were not effective for every child."* (Participant 112 4188)

Table 35. Why the participants found the LC arm unhelpful (T4)

	n
There was a lack of practical suggestion/the suggestions were hard to implement	3
Positive feedback is not effective for some children	1
Children should be invited to attend the workshop with parents	1
Not specified	5

Note: 10 out of 240 participants found the LC workshop unhelpful.

At the end of the follow-up, participants were asked if they had any other comments. Only seven responses were gathered. Participants gave suggestions for improvement. Examples included adding real-life example or practical suggestion, and adding new component to maintain the induced change in participants.

Table 36. Other comments on the LC arm (T4)

	n
More similar workshops were needed	2
There should be real-life example/practical suggestion	1
More effort should be put into maintenance of change	1
The discussion time should be reduced	1
The questionnaire should be shorter	1
Follow-up in T4 was a good reminder	1

Note: 7 responses were gathered from 240 LC participants.

6.4.2.5 Fruit and Vegetable (FV) arm (T2)

Participants of Fruit and Vegetable (FV) workshop were also asked to indicate what they liked the most about the workshop. One hundred and eleven responses were gathered from 250 FV participants. Thirty-one participants chose writing recipes with fruits and vegetables as their favourite part of the workshop. Reason for favouring this component included that it was creative, they could share thoughts and learn from others and participants could learn new way of cooking.

Quote given by one of the participants:

> *"設計餐單，有發揮和創意。"*(參加者 111 8582)
> *"The part of designing recipes encourages unleashing our creativity."* (Participant 111 8582)

Interactive activities were chosen by 13 participants as their favourite part of the FV arm workshop. Three said that they could learn from others' thoughts and opinions, whereas two said that they had fun and were easily engaged in the activities. Another participant liked the interactive activities because what they learnt could be applied into daily life.

Quote given by one of the participants:

> *"討論，多吸取別人的意見。"*(參加者 504 2451)
> *"Through discussion, the participants could learn from others' opinions."* (Participant 504 2451)

Nineteen participants said that they liked the part that explained the amount of one portion of fruits or vegetables. Two of them said that they understood more about the meaning of a portion of fruits or vegetables.

Quote given by one of the participants:

> *"計算蔬果份量，可以掌握食用份量。"*(參加者 504 2065)
> *"Portion calculation of fruits and vegetables, it helps participants to monitor how much they have eaten."* (Participant 504 2065)

Thirteen participants liked the introduction to nutrition facts the most. While three of them pointed out that this particular part corrected or improved their understanding about nutrition, three said that they could apply the knowledge learnt to improve their and their family members' eating habits.

Quote given by one of the participants:

> "介紹營養搭配，可以改善現家庭的飲食習慣。"(參加者 212 3626)
> *"Introducing nutrition combination can improve participants' family eating habits."* (Participant 212 3626)

Introducing the importance of fruits and vegetables was also chosen by thirteen participants as their favourite component. None of them explained their choice. Twelve participants reported that they liked the part introducing recommended daily intake of fruits and vegetables because it was helpful and it corrected misunderstanding.

Some quotes given by participants:

> "讓我知道每日吃多少份蔬果才好，而且吃多點生果對身體有益。"(參加者 114 0281)
> *"The information about recommended daily intake of fruits and vegetables, and the benefits of eating fruits and vegetables, was helpful to me."* (Participant 114 0281)

> "食物的營養、份量，因為我以前有誤會。"(參加者 212 3211)
> *"Nutrition facts and portion calculation of food was helpful to correct my past misunderstanding."* (Participant 212 3211)

Table 37. What the participants liked the most about the FV arm with reason(s) (T2)

Workshop component	Reason (n)						Total
	Thoughts sharing	Engaging/ have fun	Creative	Applicable/ helpful	New information/ improved understanding	No reason	
All	0	0	0	1	1	9	11
Creating recipe/menu	1	0	1	0	1	28	31
Interactive activities	3	2	0	1	0	7	13
Equivalence of one portion	0	0	0	1	2	16	19
Nutrition facts	0	0	0	3	3	7	13
Importance of fruits and vegetables	0	0	0	0	0	13	13
Recommended daily intake of fruits and vegetables	0	0	0	1	1	10	12
Interventionist's explanation	0	0	0	0	0	1	1
Total	4	2	1	7	8	91	113

Note: 111 responses were gathered from 250 FV participants. Some responses mentioned more than one workshop component and/or provided more than one reason.

Seventeen out of 250 participants suggested areas for improvement at T2. Seven participants commented on the duration of the workshop. However, their opinions were contradictory.

Concerning the presentation of the workshop, three participants suggested that there could be more examples of recipes, whereas another three participants indicated that the workshop did not recommend strategies that induce and maintain changes in eating habits. Also, two participants suggested that children should be invited to participate with parents in the workshop.

Some quotes given by participants:

> "如何有效地每日可保持 5 份蔬菜和水果？"(參加者 504 1536)
> *"How can one maintain consuming 5 portions of fruits or vegetables every day?"* (Participant 504 1536)

> "很不錯，但未介紹如何改變兒童偏食的習慣。"(參加者 504 6083)
> *"Quite good, but the workshop did not suggest strategies to change children's selective eating habits."* (Participant 504 6083)

Table 38. Areas in the FV arm that could be improved (T2)

Workshop component	n
Duration (the whole workshop)	
too short	3
too long	2
not specified	2
Presentation	
more recipe examples were needed	3
there was lack of strategy that proposed to induce/maintain change	3
Others	
children should be invited to attend the workshop with parents	2
there was lack of facilitator in group discussion	1
there was lack of notes	1
there was lack of list showing the equivalent of a portion of fruits	1

Note: 17 responses were gathered from 250 FV participants. One of the responses mentioned two areas that could be improved.

Participants were then asked if they had any other comments. Only four responses were gathered. Two participants said that the workshop could introduce strategies to change or improve children's eating habits.

Quote given by one of the participants:

> "增加如何改善小孩的飲食習慣的環節。"(參加者 610 9278)
> *"Add a part introducing how to change children's eating habits."* (Participant 610 9278)

Table 39. Other comments on the FV arm (T2)

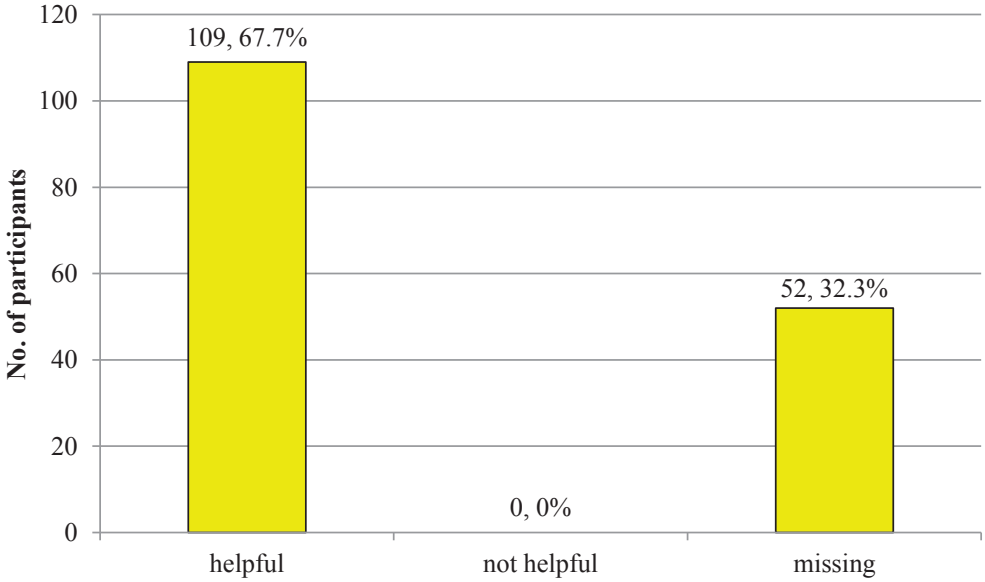
	n
Strategies to change or improve children's eating habits were needed	2
The workshop should cover nutrition facts of more fruits and vegetables	1
More similar workshops were needed	1

Note: 4 responses were gathered from 250 FV participants.

6.4.2.6 Fruit and Vegetable (FV) arm (T4)

At 6-week post-workshop, all of the gathered responses said that the workshop was helpful.

Figure 37. General comments about the FV arm 6-week post-workshop (N = 161)



Among participants who found the workshop helpful, 28 participants (25.7%) reported that they had consumed more fruits and vegetables after attending the workshop. Twenty-five participants (22.9%) thought that the workshop served as a reminder and raised their awareness of the needs to eat more fruits and vegetables. Two participants (1.8%) said that the workshop increased their confidence that they could eat adequate amount of fruits and vegetables.

Some quotes given by participants:

> *"整個家庭都多吃了蔬果。"*(參加者 9501 1130)
> *"The whole family has increased intake of fruits and vegetables."* (Participant 9501 1130)

> *"可提醒自己要多吃蔬果，要夠最少 5 份。"*(參加者 504 6533)
> *"It can remind me to eat more fruits and vegetables and consume at least five portions a day."* (Participant 504 6533)

> *"工作坊中每日吃多少蔬果的個案討論很有用，發覺原來每日要夠 5 份蔬果不難。"*(參加者 504 5810)
> *"The case discussion about daily intake of fruits and vegetables was very helpful, I discovered that eating 5 portions of fruits and vegetables a day was not as difficult as I thought."* (Participant 504 5810)

Participants said that they were educated in areas such as equivalence of one portion of fruits or vegetables (n = 19, 17.4%), health benefits of fruits and vegetables (n = 18, 16.5%), recommended daily intake of fruits and vegetables (n = 17, 15.6%), and nutrition facts (n = 11, 10.1%).

Quote given by one of the participants:

> *"認識蔬果要吃的份量和益處。"*(參加者 204 3071)
> *"I now comprehend the recommended daily intake of fruits and vegetables, and their health benefits."* (Participant 204 3071)

Furthermore, ten participants (9.2%) perceived the workshop as helpful because they started to encourage others to eat more fruits and vegetables after joining the workshop.

Quote given by one of the participants:

> *"提醒自己和家人多進食蔬果，令大家身體都會健康。"*(參加者 106 9048)
> *"The workshop reminded me and my family to eat more fruits and vegetables, so that all of us are healthier."* (Participant 106 9048)

Some participants perceived the workshop had an impact on their parenting practice. Four of them (3.7%) said that they appreciated their children more often after attending the workshop, while another four (3.7%) reported a decreased in criticism towards their children. Four participants (3.7%) said that they had improvement in parenting.

Some quotes given by participants:

> *"提醒家長要多吃蔬果，多讚子女。"*(參加者 105 1121)
> *"Reminded participants to eat more fruits and vegetables, and appreciate their children more."* (Participant 105 1121)

> *"與子女溝通好些，少了罵他們。"*(參加者 501 2502)
> *"Improved communication with children and reduced scolding towards them."* (Participant 501 2502)

> *"會檢討一下管教方法。"*(參加者 204 1359)
> *"I will reflect on my parenting practice."* (Participant 204 1359)

> *"知道讚賞的好處。"*(參加者 304 3499)
> *"Comprehend the benefits of appreciation."* (Participant 304 3499)

Table 40. Why the participants found the FV arm helpful (T4)

	n
Increased	
fruit and vegetable intake	28
awareness of needs to eat more fruits and vegetables	25
appreciation	4
self-efficacy of eating adequate amount of fruits and vegetables	2
reflect on own parenting	1
Reduced criticism	4
Improved parenting	4
Improved understanding about	
equivalence of one portion	19
importance of fruits and vegetables	18
recommended daily intake of fruits and vegetables	17
nutrition facts	11
impacts of appreciation	1
Others	
they started to encourage others to eat more fruits and vegetables	10
they were encourage to plan in the workshop	1

Note: 109 out of 161 participants found the FV workshop helpful. Some participants provided more than one reason.

At the end of the follow-up, participants were given chance to provide any other comments for the workshop. In total, four responses were collected. Two of them said that the workshop could have included more nutrition facts.

Quote given by one of the participants:

> *"活動不錯，增加有關營養的細節更好。"*(參加者 304 3499)
> *"The workshop was fine, it would be better to add more nutrition facts."* (Participant 304 3499)

Table 41. Other comments on the FV arm (T4)

	n
The workshop should cover more nutrition facts	2
The questionnaire was repetitive	1
The workshop was pragmatic	1

Note: 4 responses were gathered from 161 FV participants.

6.4.3 Discussion

Though open-ended questions were less structured, the responses gathered from the MA and the LC arms closely resembled each other.

With respect to the participants' favourite part of the workshop, the short video was an effective aid in both the MA and the LC workshops by inducing reflection of their own parenting practice in participants and highlighting the core ideas of the workshop. By identifying with the actors in the short video, participants easily spotted the impacts of appreciation or criticism and hence were motivated to increase appreciation or reduce criticism towards their children. In the future, it might be valuable to tailor a short video for FV workshop as well. The short video may even be helpful for audience who have not attended the workshop because it can convey the core ideas of the workshop by itself.

The interactive activities were a favourite element in the workshops for participants in all three arms. The participants' feedback revealed that interactive activity could facilitate the sharing of their ideas and experience. During the interactions, participants also reflected on their own parenting behaviours and learned applicable methods from each other. Regarding possible improvements for interactive activities in the workshops, participants from both the MA and the LC arms indicated that there was insufficient time for discussion, and a few participants from all three arms mentioned that the discussion was ineffective. In the future, discussion groups might be downsized and facilitators might be added to enhance involvement of participants and the quality of discussion.

Following the short video and interactive activities, core messages of corresponding arms of the workshops were most frequently mentioned as positive elements of the interventions. These core messages included skills for increasing appreciation or reducing criticism, types of appreciation or criticism, benefits of more appreciation, less criticism or more fruit and vegetable intake, equivalence of one portion of fruits or vegetables, recommended daily intake of fruits and vegetables, and nutrition facts of fruits and vegetables. Although the reasoning behind most of these choices was not explained, these supported that the workshop was effective in these areas. There were, however, potential improvements for the content coverage of all three arms. Future intervention programmes can consider combining MA and LC arms into one in which the recommendations will be more holistic, and/or offering participants the option to attend longer more comprehensive programmes if the brief focus does not meet their needs adequately. As for the FV arm, future intervention programmes can consider how to better equip parents with skills to change children's eating habits.

The interventionists' presentation and analytic capabilities were also one important aspect of a good intervention programme. Real-life examples and scenarios were also important because they facilitated learning of core ideas of the workshop and made the new information more memorable. More real-life rather than artificial or hypothetical examples would be better received and could be supplemented with potential solutions for actual difficulties faced by participants. As for the FV arm, more examples of recipes and nutrition facts of more different types of fruits and vegetables can be added.

Other improvements include offering the workshop at several different time slots to enable parents with different availability to attend, inviting both children and parents in future workshops, providing notes, and reducing the length and number of the questionnaires. In particular, the questionnaire was criticized by 19 participants at T2 and 15 participants at T4. Brief, reliable and valid assessment tools are always desirable to reduce participant burden. It would be difficult to reduce the frequency of questionnaire administration any further without jeopardizing the ability to assess the programme at adequate intervals. It may be possible to improve cooperation and understanding of the need for questionnaires by including brief education with regard to their necessity and value.

The open-ended questions also revealed the subjective view of helpfulness of the workshops among participants with behavioural changes and improvement in parent-child communication and relationship. Some participants from the FV arm surprisingly reported that they appreciated more, criticized less, reflected on and improved in parenting practice, and gained understanding about benefits of appreciation after attending the workshop. Since parenting practices were never mentioned throughout the FV workshop, these responses might suggest that there was contamination across intervention and control arms. Another possible reason was that some elements in the FV workshop, such as the items in the questionnaire related to parenting, were able to remind participants about their parenting practice. However, according to the completer and ITT analyses, the FV participants did not significantly increase showing appreciation or decrease showing criticism after attending the workshop when compared with the intervention arms.

The design of the questionnaires and the phone interviews provided opportunities for participants to express their opinions in an open-ended way. However, it appeared that the item "other comments" actually served as the second chance for participants to respond to the items already asked and answered.

To conclude, the participants found that short video and interactive activities were the two most remarkable elements. The participants' responses also revealed that the core messages of each arm were well delivered with behavioural changes and improvements of family relationship. Future intervention programmes might consider combining the MA and the LC arms into one comprehensive parenting intervention programme, offering an extended programme to those who wish to continue after the brief programme, and giving more real-life examples and practical solutions.

6.5 CHILDREN INFORMANTS IN FOCUS GROUPS

Six groups of children of participants of the intervention workshops (More Appreciation and Less Criticism arms) were invited to complete a short two-page questionnaire, followed by a group interview not exceeding 45 minutes altogether. These children, as informants, were asked about any potential changes they might have observed in their parents' appreciation or criticism behaviour after their parents' participation in the workshop. Their responses supplemented the information gathered from the parent participants, and hence provided a more comprehensive evaluation.

6.5.1 Questionnaire

6.5.1.1 Demographic characteristics

Sixty-seven children attended the focus groups. Parents of 36 and 31 of them had participated in the More Appreciation (MA) and the Less Criticism (LC) workshops respectively. There were 22 boys and 14 girls among the MA children, and the LC children consisted of 16 boys and 15 girls. The MA children (M = 10.04, SD = 1.29) were significantly older than the LC children (M = 9.29, SD = 1.01) with a medium effect size (p = 0.01, ES = 0.65). The majority of the children with a parent in the MA group were studying in primary four (44.4%) or primary six (36.1%), and most children with parents in the LC group were in primary three (41.9%) or primary four (32.3%). The school grades composition of these two groups of children were significantly different with a medium to large effect size (p = 0.002, ES = 0.47). The two groups of children were similar in terms of place of birth, with a large majority of them born in Hong Kong (MA: 72.2%, LC: 80.6%) and 19.4% of children in each group born in Guangdong province.

Table 42. Demographic characteristics

	Arm (n (%))		p-value	ES[a]
	MA (N = 36)	LC (N = 31)		
Sex			0.43	0.10
boys	22 (61.1)	16 (51.6)		
girls	14 (38.9)	15 (48.4)		
Age (years)	10.04 ± 1.29	9.29 ± 1.01	0.01*	0.65[b]
Grade (primary)			0.002**	0.47
Three	5 (13.9)	13 (41.9)		
Four	16 (44.4)	10 (32.3)		
Five	2 (5.6)	6 (19.4)		
Six	13 (36.1)	2 (6.5)		
Place of birth			0.43	0.20
Hong Kong	26 (72.2)	25 (80.6)		
Guangdong province	7 (19.4)	6 (19.4)		
other province of Mainland	2 (5.6)	0 (0)		
other countries	1 (2.8)	0 (0)		

* Statistically significant at $p < 0.05$.
** Statistically significant at $p < 0.01$.
*** Statistically significant at $p < 0.001$.
[a] ES = effect size (Cramer's V) unless otherwise specified: small = 0.10, medium = 0.30, large = 0.50.
[b] ES = effect size (Cohen's d): small = 0.20, medium = 0.50, and large = 0.80.

6.5.1.2 Current frequency of and perceived changes of parent's appreciation and criticism

The children were asked how often their parents expressed appreciation to them verbally or through action in the past seven days, and the mean rating of the MA children was 2.08 (SD = 1.87) and that of the LC children was 2.45 (SD = 1.86), indicating that both groups of children were appreciated three to four times per week on average. As for appreciation towards their attributes and strengths in the past seven days, the MA children rated 1.81 (SD = 1.60) on average, indicating one to two times per week. The mean rating of the LC children was 2.32 (SD = 1.78), indicating three to four times per week. The mean differences in both items were not statistically significant (all $p > 0.05$, ES = 0.20 to 0.30).

The children were then asked how the frequency with which they were appreciated had changed. Similar proportions of children from MA (44.4%) and LC (45.2%) arms observed an increase in frequency of their parents expressing appreciation for them. Among the rest of the MA children, 44.4% and 11.1% indicated there was no change and a decrease respectively. In contrast, 35.5% LC children observed a decrease while 19.4% did not perceive any change. The differences were significant with a medium effect size ($p = 0.02$, ES = 0.34). As to the frequency of expressing appreciation towards children's attributes and strengths, about one-third of the MA (33.3%) and the LC (35.5%) children perceived an increase. Above half of the MA children (55.6%) reported that there was no change in the frequency, whereas just more than one-third of LC children (35.5%) indicated the same opinion. Twenty-nine per cent of the LC children even indicated a decrease in the frequency, which was double of the proportion in the MA children (11.1%). Nonetheless, the difference in distribution was not statistically significant ($p = 0.12$, ES = 0.25).

The children were also asked about the frequency with which they were criticized in the past seven days. On average, the MA children rated 2.25 (SD = 1.98) and the LC children rated 2.13 (SD = 1.80), indicating that they were criticized by parents about three to four times per week. As for the frequency of their parents' expressing dissatisfaction in the past seven days, the MA children rated 2.00 (SD = 2.00) and the LC children rated 2.55 (SD = 2.01) on average, indicating three to four times per week. The mean differences in both items were not statistically significant (all $p > 0.05$, ES = 0.06 to 0.27).

The children were asked how the frequency with which they were criticized had changed. Over half of the LC children (54.8%) reported that the frequency of their parent criticizing them decreased, and no change and increase were each indicated by 22.6% of the LC children. Meanwhile, relatively smaller proportion of the MA children (38.9%) agreed that their parents criticized them less frequent. Over half of the MA children (52.8%) did not observe any change and 8.3% observed an increase. The difference in distributions between two groups was significant with a medium effect size ($p = 0.03$, ES = 0.33). Concerning the frequency of expressing dissatisfaction, the majority of both the MA children (50.0%) and LC children (58.1%) observed a decrease in their parents. While 44.4% of the MA children reported that their parents did not change in the frequency of expressing dissatisfaction, only 5.6% of them observed an increase. As for the LC arm, no change and increase were chosen by similar proportions of the LC children (22.6% and 19.4%). However, the two distributions were not significantly different ($p > 0.05$, ES = 0.28).

Table 43. Current frequency of and perceived changes in parents' behaviour

	Arm (M ± SD / n (%))		p-value	ES[a]
	MA (N = 36)	LC (N = 31)		
In the past 7 days, how often have your parents expressed appreciation to you verbally or through action?[c]	2.08±1.87	2.45±1.86	0.42	0.20
In the past 7 days, how often have your parents expressed appreciation to your attributes and strengths?[c]	1.81±1.60	2.32±1.78	0.22	0.30
How has the frequency of your parents expressing appreciation for you changed?			0.02*	0.34[b]
decrease	4 (11.1)	11 (35.5)		
no change	16 (44.4)	6 (19.4)		
increase	16 (44.4)	14 (45.2)		
How has the frequency of your parents expressing appreciation to your attributes and strengths changed?			0.12	0.25[b]
decrease	4 (11.1)	9 (29.0)		
no change	20 (55.6)	11 (35.5)		
increase	12 (33.3)	11 (35.5)		
In the past 7 days, how often have your parents criticized you?[c]	2.25±1.98	2.13±1.80	0.80	0.06
In the past 7 days, how often have your parents expressed their dissatisfaction?[c]	2.00±2.00	2.55±2.01	0.27	0.27
How has the frequency of your parents criticizing you changed?			0.03*	0.33[b]
decrease	14 (38.9)	17 (54.8)		
no change	19 (52.8)	7 (22.6)		
increase	3 (8.3)	7 (22.6)		
How has the frequency of your parents expressing dissatisfaction to you changed?			0.08	0.28[b]
decrease	18 (50.0)	18 (58.1)		
no change	16 (44.4)	7 (22.6)		
increase	2 (5.6)	6 (19.4)		

* Statistically significant at $p < 0.05$.

[a] ES = effect size (Cohen's d) unless otherwise specified: small = 0.20, medium = 0.50, and large = 0.80.

[b] ES = effect size (Cramer's V): small = 0.10, medium = 0.30, large = 0.50.

[c] 0 = 0 time, 1 = 1-2 times/week, 2 = 3-4 times/week, 3 = 5-6 times/week, 4 = 1 time/day, 5 = 2-3 times/day, 6 = more than 4 times/day.

6.5.1.3 Perceived personal and FAMILY Health, Happiness and Harmony (3Hs)

Children were asked to rate their personal and FAMILY 3Hs status at the end of the questionnaire, on a 10-point scale, with "0" indicating "not healthy/happy/harmonious at all" to "10" indicating "very healthy/happy/harmonious". In general, all ratings were about six to seven, showing that majority of the children from both arms perceived their personal and family status above average. In comparison, the MA children rated all of the items except personal happiness relatively higher than the LC children. The biggest mean differences were found in the items family health and family harmony. Nevertheless, none of the differences were statistically significant (all $p > 0.05$, ES = 0.06 to 0.43).

Table 44. Perceived personal and FAMILY 3Hs

	Arm (M±SD)		p-value	ES[a]
	MA (N = 36)	LC (N = 31)		
Personal status				
happiness	7.42±2.67	7.58±2.67	0.49	0.06
health	6.64±3.00	6.16±2.62	0.80	0.17
harmony	6.89±2.96	6.06±3.04	0.27	0.28
Family status				
happiness	7.53±2.70	7.00±2.81	0.08	0.19
health	7.67±2.91	6.39±3.05	0.44	0.43
harmony	7.17±2.81	6.06±3.03	0.13	0.38

Note: Scores ranged from 0 (not healthy/happy/harmonious at all) to 10 (very healthy/happy/harmonious), with 5 indicating "average".
[a] ES = effect size (Cohen's d): small = 0.20, medium = 0.50, and large = 0.80.

6.5.2 Group interview

6.5.2.1 More Appreciation (MA) arm

6.5.2.1.1 Perceived changes

When they were asked whether they observed any changes in their parents right after the MA workshop, mixed opinions were obtained. But more positive than negative changes were reported. Positive changes included being appreciated for excellent performance in the last examination, being allowed to handle more housework, and being criticized less frequently.

On the other hand, some children revealed that their parents increased both the quantity and intensity of their criticism, such as scolding in stronger tone. One group of children (school code: 404) did not find any change in terms of facial expression, or expression styles.

6.5.2.1.2 Definition of appreciation

Some children equated appreciation with praise (讚美) and applause (稱讚). Most of them were appreciated when they performed well in examination or competition. When these children were asked what kind of appreciation their parents had given, both person appreciation (e.g. "You are genius") and process appreciation (e.g. praised for hard work and effort) were observed.

6.5.2.1.3 Other comments

Most children indicated that they were happy when being appreciated. In addition, the majority in one group (school code: 210) expressed that they liked physical contact made by parents such as hugging or patting on their shoulders. They said that they perceived these actions as support and acknowledgement just like verbal appreciation.

6.5.2.2 Less Criticism (LC) arm

6.5.2.2.1 Perceived changes

Like the MA children, the LC children reported more positive than negative changes in their parents after they attended the LC workshop. A small proportion of children reported that their parents had replaced criticism by gentle reminders, had better emotional control, increased frequency of communicating with them, and placed more importance on small improvement, or appreciated more.

A minority of children, however, revealed that their parents criticized even more frequently than they did before attending the workshop. Some even used abusive language for minor mistakes. For example, a girl got scolded, "Are you blind?" when she forgot to add punctuation to a sentence, and a boy was punished more frequently. On the other hand, some children did not report any difference in their parents.

6.5.2.2.2 Definition of criticism

When they were asked what criticism referred to, most of them mentioned blaming and beating. They gave plenty of examples of situations in which they were criticized, including being too slow (慢手慢腳), playing video games, poor performance in school examinations, and not following orders.

6.5.2.2.3 Other comments

The children said that the positive changes in their parents made them feel better, happier and less anxious. One child added that there was less conflict and more harmony in the family. The large majority revealed that they were not happy for being criticized. Some indicated that they felt feared and despaired when they were criticized by their parents. One girl said that she wanted to "scold back" when being scolded by her mother.

They had mixed opinions on whether criticism could change their behaviours. In particular, some said that criticism failed to change them because they did not internally reflect on their behaviours when they were criticized. They hoped that their parents would use gentle feedback instead of criticism.

6.5.2.3 Discussion

To sum up, the children of the participants who attended the MA and the LC workshops reported some differences in their parents' behaviours that were mostly positive suggesting effectiveness, but some were negative.

The focus groups had several limitations. Given the relatively small sample size, it had limited representativeness for all children of participants of the MALC project. Moreover, the time lapse between the children's focus groups and the workshops for parents varied from two to seven weeks. Children might have difficulty in recalling details of parental behaviours, the changes and timing. Their responses also were subjected to other factors such as peer pressure and verbal fluency.

Notwithstanding these limitations, the gathered responses from the children were useful for the evaluation of the MALC project. Their opinions not only provided additional information of the changes in parents (workshop participants) which suggested that the interventions were effective for some but not others, but also informed us how children interpreted different parenting behaviours.

6.6 IN-DEPTH INTERVIEW WITH INTERVENTIONISTS

An in-depth interview was held on the 5th floor of William M.W. Mong Block of Li Ka Shing Faculty of Medicine, the School of Public Health of The University of Hong Kong from 2:45 p.m. to 5:15 p.m. on 8 April 2013. Two interventionists, Ms. Janet Ip Ching Man and Ms. Wing Lau Wing Chi, attended the interview to share their experiences in running the workshops in the MALC project. The interview was conducted by Ms. Samantha Fung Sze Wan, Principal Investigator of MALC project, FAMILY Project, HKUSPH, and Ms. Alison Ip Ka Yan, Research Assistant, FAMILY Project, HKUSPH.

6.6.1 Target participants

Janet and Wing suggested that some demographic characteristics of the participants affected their receptiveness to the More Appreciation (MA) and Less Criticism (LC) workshops, and hence future intervention programmes could consider selecting participants who were most likely to be benefitted from the intervention programmes, and providing other suitable interventions for other groups. The first consideration was the place of origin. The interventionists observed that local Hong Kong parents were more likely to praise their children and more willing to learn more, while Mainland Chinese immigrants were less likely to be receptive to the ideas of more appreciation and less criticism. One possible reason was that Mainland immigrants grew up under stricter upbringing and their childhood experiences could have influenced their parenting.

Socio-economic status (SES) was also a consideration for selecting participants. Regardless of whether the participants were from local or immigrant families, low SES was associated with more life stressors, such as poor living environment or inadequate social support that would prevent parents from improving their parenting orientations and skills. Parents from high SES groups might not face the same hardship faced by the lower social class and they had more economic and social resources. According to the interventionists, parents of high SES backgrounds were, however, unlikely to receive benefit from the MA and the LC workshops. This is because these participants knew the key ideas of the workshop before attending it. According to the interventionists, some parents from school 404 and school 605, for example, said that the workshop was tedious. Thus, intervention programmes that provide more in-depth discussion of parenting strategy might be more suitable for these participants. Overall, the interventionists suggested that the MA and LC workshops would be most beneficial for the middle SES group.

The education background might have affected participants' understanding about parenting. Although immigrant parents might be less receptive than local parents, the interventionists added that some well-educated Mainland immigrants would be open to using more appreciation in parenting. This suggested that education might increase immigrant participants' openness in parenting. Low education attainment appeared to be a barrier for participants to comprehend the workshop recommendations. In some schools, a large majority of the participants were Chinese immigrants and not well-educated. The interventionists suggested that the workshop in these schools might need to accommodate to the education level of participants by such as simplifying the content.

Availability of time might also affect participants' receptiveness to the idea of more appreciation and less criticism. For example, the interventionists said that local participants who were employed or single-parents might place the time commitment to improve parenting and the parent-child relationship secondary to economic security. In contrast, local homemakers could devote most of their time to the family and thereby were more willing to adopt new skills or to experiment with new strategies.

The MALC project, as a universal prevention programme, may not be suitable for high-risk participants. For instance, the interventionists suggested that a large proportion of the participants in school 214B were referred by the school social worker because of existing family problems such as severe parent-child conflict. As with parents or children with mental disorders, these identified or selected individuals should be referred to a more intensive level of remedial intervention. One parent of an autistic child also raised questions which were more relevant to their specific difficulties. As with high-risk groups, parents of children with Special Educational Needs (SEN) might not receive equivalent benefit from primary prevention programmes. Future organizers may wish to screen out these participants and refer them to suitable services provided by other units.

Some schools suggested that Tung Wah Group of Hospitals should not recruit parents of senior primary school students. The interventionists, similarly, suggested that primary one to primary four and secondary one to secondary three might be more suitable. This was because parents are more attentive to their children and more involved with them when their children enter a new environment, and hence they are more likely to join the workshop. In contrast, parents of students studying in primary four to six might be less involved and more difficult to recruit and engage. However, communication patterns between secondary school students and their parents are usually established already and less subject to change and improvement. In addition, students of primary one to three may not be able to meet the demands of the group discussion because of their limited ability to clearly express themselves. In fact, some schools had actually recruited parents of students in primary three and these students failed to articulate their thoughts in the focus group interview. If the programme is to be offered in the future to parents of students in primary one to three, the focus group interview should be replaced with other assessment methods that do not rely on children's verbal competency, such as behaviour observation.

The interventionists also added that changing behaviours of one parent in a family was not enough, and that both parents needed to work collaboratively and consistently on parenting. For example, if the father insists on using criticism as the key parenting strategy, then the effects of reduced criticism by the mother might be less profound because the children would still experience certain amount of criticism from the father. Therefore, there may be additional effects if both parents attend the workshop. We do not recommend that this be a requirement as this is not practicable for most parents. But the option of both parents joining should be offered and encouraged. Also, varying the schedule and offering the intervention programme on public holidays or summer vacation may increase the likelihood that both parents can attend.

Regarding the Fruit and Vegetable (FV) arm, the interventionists suggested that the content was suitable for people of all socio-economic status.

6.6.2 Content

With respect to MA arm, participants were in general receptive to the idea of "more appreciation", but "process appreciation" was a relatively new concept for them. According to the interventionists, some parents acknowledged the benefits of appreciation and appreciated their children frequently even before attending the workshop, but they still found "process appreciation" difficult. One possible reason was that participants had difficulty distinguishing "process appreciation" from "person appreciation" and "outcome appreciation". The interventionist said that they made use of the concept of "beginning", "middle" and "end" (頭中尾) to illustrate "person", "process" and "outcome" respectively. Another possible reason was that "process appreciation" required usage of novel wordings and high analytic skills. For example, parents were used to praise by some typical words such as "Good boy" (乖仔) or "Well done" (做得好), but these words were quite general and ambiguous. Parents might even use these phrases without careful consideration. By contrast, "process appreciation" required parents to not only use novel way of praising, but also identify the effort and intention of a good behaviour. The difficulty of this change would have reduced participants' self-efficacy in using "process appreciation". Future intervention programmes might need to put more effort to develop a clear presentation for the concept of "process appreciation" and more exercises for participants to practice this novel way of appreciating.

More case studies in which participants were provided examples of "process appreciation", preferred by participants (e.g. school 608 and school 611), might be a potential solution which could increase understanding and adoption of the concept of "process appreciation". On the other hand, the interventionists have to be careful not to turn the programme into a didactic one where participants are "told what to do". The programme should provide an engaged and interactive learning opportunity where participants can generate their own understanding of the principles through expressing and hearing their own and others' examples.

As to the LC arm, the interventionists observed that there was lower awareness of the needs to reduce criticism. The prevalent use of criticism in parenting might be due to the fact that parents believe it works and that was how they were raised when they were young. In addition, many parents have grown up with strict upbringing, and criticizing, corporal punishment and shaming have been key elements of parenting in Chinese society (Chao, 1994; Wu, 1996; Wu et al., 2002). These factors might contribute to parents' use of criticism regardless of its effectiveness and the growing social concerns about its negative impacts on children's mental wellbeing.

The interventionists stated that some participants found it difficult to adopt the recommended parenting strategy because their child had no quality that could be appreciated. One parent, for instance, asked for the exact wording to appreciate a child who loves insects but not studying. However, one component of the intervention programmes that may need strengthening is the communication to participants that as parents, one of our jobs is to know our own children's strengths and weaknesses, and that every child has some qualities that are worthy of appreciation. If the child loves insects, this reflects positively on their curiosity about the world around them. If the parents know the child loves insects because he or she is particularly tender with them, this reflects on the generalizable quality of kindness to weak beings, which reflects positively on the child. If the child has taken an interest so much so that he or she knows their names and their qualities, this reflects positively on their intellectual abilities in biology and related topics.

As one interventionist suggested, the respective concepts introduced in the MA and the LC arms seemed inseparable in parenting, suggesting that they perhaps should be delivered together. The content of a workshop was restrained by its time limit. The current design, for example, took two hours to introduce just one of these concepts. If the interventionist is going to articulate ideas from both the MA and the LC arms, more time or sessions are needed. Providing a comprehensive parenting programme without sacrificing good time management may require further trials to determine whether it can be completed effectively, and with greater satisfaction among parents. A new design could include a core session, plus a second session for those who are more committed.

The interventionists thought that the short video shown in the workshop was memorable, touching and realistic. In the short video, parents were willing to change when they realized the negative impacts of their parenting practice. In particular, the interventionists mentioned that the passage spoken by the child actor in the short video helped participants to gain understanding of the children's points of view. Furthermore, participants might have developed an outcome expectancy which motivated them to change when they saw that the change of the parent actors led to a happy ending in the short video. Regarding the planning sheet, the interventionists thought that it was not useful in the workshop. In particular, participants were confused when they had to write down frequency. In future programmes, it may be helpful to reassess the planning sheet with input from parents and interventionists specifically regarding the frequency component.

According to the interventionists, there was consensus on definitions of harmony and happiness, whereas many different interpretations for health were obtained. Participants might perceive it as physical or mental status, and some might focus on health behaviour or chronic disease. For example, some participants asked that if a person smoked or with anaemia could be regarded as healthy. This dichotomous view of health (i.e. either healthy or unhealthy) might be promoted by the assessment method, in which participants' health status was assessed by only a single item. Future programmes could adopt a more comprehensive assessment of health but this would be more complex and time consuming.

6.6.3 Confounding factors

Seasonal variations are likely to have had great influence on family atmosphere and activities. For example, participants likely criticized less during the Chinese New Year festival. This is because in Chinese tradition people have to avoid saying anything inauspicious in the beginning of a year. Therefore, if the workshop was held just before Chinese New Year and two weeks later a decrease in criticism was observed, the result should be cautiously interpreted. The interventionists also suggested that participating parents would likely be less oriented towards appreciation during examination periods and vacation. During examination periods, parents are usually more stressed, with an increased demand on children to study and on parents to monitor their studies. During vacation and holidays, children usually spend more time together, which might increase the risk of having conflict. The interventionists also suggested that participants would eat less fruits and vegetables when traveling. Judicious timing and control groups will be necessary to reduce such confounding factors.

6.6.4 Logistic and administrative suggestions

Experience, particularly with parents and children, was emphasized as an important quality in selecting interventionists for the programme. First, the task of the interventionist was demanding. Since the MALC project was a single-session intervention programme, the interventionist would need to build rapport with participants rapidly. Also, experience is an important basis for delivering interaction activities as opposed to didactic information. A good interventionist should not only be able to articulate the information, but also should be competent in facilitating discussion, answering participants' questions, and time management. A future challenge if these interventions are to be broadly disseminated would be to provide effective training materials to paraprofessionals as it would increase availability of interventionists and decrease cost.

With respect to the booster arrangement, the interventionists said that having the same individuals in the workshop and the booster had been effective as there was already an established rapport between the interventionist and the participants. Phone booster worked well for a relatively small group of participants, as the discussion could be individualized to the parents' needs. In addition, the phone booster resulted in fewer geographical and temporal restrictions, and participants could receive the booster anywhere at their free time. The interventionists also suggested that face-to-face boosters in a group format might be more time efficient if the group of participants was relatively large. Also, in person, participants could have the opportunity to share with and support each other.

Several possible improvements were suggested to enhance support for the interventionists. Schools usually fix the school calendar before summer vacation, and the organizer should meet the school representative earlier if the workshop is scheduled for the first term. Otherwise, holding the workshop in the second school term would be more feasible to give enough time for the schools to work with the interventionists' schedules. Second, a more flexible working office was preferred. The interventionists had to work in the headquarters of TWGHs in Sheung Wan, while all workshops were held in other districts, including Northern District, Shatin District, Tin Shui Wai in Yuen Long District, Islands District, Yau Tsim Mong District, and Southern District. Given that there are numerous branch offices in other districts which are close to the schools where the workshops were held, offering flexibility for the interventionists to work in different offices would have reduced transportation time and costs. Third, more programme workers or support were needed. Manpower was reported to be insufficient, especially for doing individual phone boosters. In addition, there were various unexpected demands, such as the reluctance on the part of schools to deliver the coupons which served as incentives, which also increased the workload of the team.

6.6.5 Conclusions

After conducting 72 workshops, the interventionists suggested that the benefits varied for different groups of participants. Specifically, parents of children with Special Educational Needs needed more intensive help in parenting, while immigrant parents might need more persuasion regarding the key messages of the programme. Regarding the content of the workshop, the interventionists suggested that more clarification was needed to illustrate the meaning of "process appreciation", and to convince parents about the benefits of substituting criticism with positive feedback. Also, it was suggested that two workshops about parenting should be combined as one in order to give the participants a more comprehensive recommendation. The advantages and disadvantages, particularly in relation to providing a large scale universal programme were discussed, and step by step care with supplementation to the basic programme is recommended. The short video was a particularly well-received feature of the workshop. Season, as a potential confounding factor, should be considered in future programmes. The need for training less skilled interventionists in engaging the audience and promoting discussion was identified for future programme dissemination.

CHAPTER 7

PROJECT DISSEMINATION

7.1 SOUVENIRS

Production of all proposed souvenirs such as towel sets, tote bags, pens and memo pads were completed in August 2012. Souvenirs were distributed based on participation in the workshop and the follow-up assessment. Participants who had completed the questionnaire at baseline (T1) and immediately after the workshop (T2) received a tote bag, a memo pad, a pen and a homework booklet. At 2-week post-workshop (T3), participants could get a $20 supermarket coupon by accepting and completing the follow-up. At 6-week post-workshop (T4), they were asked to complete the last follow-up assessment and a towel set was provided as the incentive for completing all components of the study. The FV participants who had completed all assessments were also eligible to get a tumbler.

Finally, there was one more incentive associated with returning their written descriptions regarding their experience with successfully adopting the recommended behaviours. Participants who returned their descriptions by free-post return mail had the opportunity to have their writing selected and published in the practice manual. The authors of these published pieces were rewarded with a $100 supermarket coupon.

7.2 PRACTICE MANUAL

7.2.1 Distribution

The manual was put together by the team to describe their frontline experiences and provide detailed information regarding the content of the project. The manual was targeted mainly at NGOs' social workers, and teachers and social workers from participating primary schools. 1,000 copies were printed, of which 120 were distributed to participants in the Practice Wisdom Forum cum Sharing Workshops and 62 were mailed to the participating primary schools and service units. Other recipients included TWGHs, School of Public Health of The University of Hong Kong, Integrated Children and Youth Services Centres (ICYSCs) in Hong Kong, Integrated Family Service Centres (IFSCs) in Hong Kong and The Hong Kong Jockey Club.

Table 45. Distribution of practice manual

Target	Distribution channel	Total
Practice Wisdom Forum cum Sharing Workshops	distributed on site	120
All service units of the Tung Wah Group of Hospitals	by internal mailing system	267
All schools and service units who joined the workshop	by mail	62
School of Public Health of The University of Hong Kong	by hand	280
All Integrated Children and Youth Services Centres in Hong Kong	by mail	131
All Integrated Family Service Centres in Hong Kong	by mail	130
The Hong Kong Jockey Club	by hand	10
Total		1000

7.2.2 Content

This practice manual introduces the objectives, background and content of the MALC project, its theoretical framework and research methodology, and instructions on the use of this practice manual. Furthermore, details are provided on the experiences of conducting the workshops.

7.2.3 Supplements

Each practice manual was supplemented with all materials developed for the project. A CD-ROM which contains the presentation slides, warm-up games sheets and planning sheets used in the project. The questionnaires and the drama scripts utilized in the workshops are included in the manual. These supplementary materials can help the readers to conduct the workshops on their own.

CHAPTER 8

PROJECT DISCUSSION AND CONCLUSIONS

8.1 PROJECT DISCUSSION

The More Appreciation and Less Criticism Project was our first attempt to adopt a brief single-session approach focusing on prevention to make small positive changes before problems occur, as well as brevity to increase cost-effectiveness and maximize delivery across the community. The programme adopted the Health Action Process Approach (HAPA) with the aim to help parents improve their communication skills by using the technique of more appreciation and less criticism when interacting with their children, thereby promoting overall 3Hs.

Overall, the results of both the completer samples and the ITT samples indicated that both the More Appreciation (MA) and the Less Criticism (LC) workshops were feasible and effective in increasing the uses of more appreciation. In addition, the control arm (FV workshop) was also effective in increasing participants' fruit and vegetable intake. Recruitment and retention reached target numbers and the project was completed on time and within budget.

Participant feedbacks, both qualitative (post-intervention open-ended questions) and quantitative (post-intervention satisfaction assessments), were strongly positive, with participants from both groups reporting positive reactions to the workshops and observing differences in their frequencies of showing appreciation and criticism.

The programmes were effective in terms of the primary outcomes of the MA and the LC arms, with participants from both arms reported increases in all the related HAPA components, namely outcome expectancies, intention, self-efficacy, action planning and coping planning for both showing more appreciations and reducing criticisms. The frequencies of showing appreciation of the participants from both the MA and the LC arms significantly increased from immediately after the workshop (T2) at both 2-week post-workshop (T3) and 6-week post-workshop (T4) with small effect size, when compared with the control arm. However, the MA and the LC workshops were not effective in decreasing participants' frequency in showing criticisms.

The similar trends observed in both aspects of showing appreciation and reducing criticism regardless of their MA or LC arm allocation might be because showing appreciation and criticisms are highly related. Hence, despite the workshop only focused on either more appreciation or less criticism, participants would easily associate with the other aspect, as supported by the constant demands from the participants on covering the other aspect in their qualitative feedbacks.

Given the similar results obtained in both the MA and the LC HAPA components, one would expect that participants would show significant improvements in more appreciation and less criticisms. However, both the MA and the LC workshops failed to reduce participants' frequencies in showing criticisms while significantly increased their frequencies in showing appreciation. One possible reason behind this difference might be due to reducing criticisms is inherently more difficult than showing more appreciation as it would involve controlling the expression of negative emotions, as suggested by the interventionists. Future workshops on reducing criticisms need to incorporate techniques on emotion management.

8.2 LIMITATIONS

There were two major limitations. First, participants from different arms were significantly different in terms of the number of children they had, their education attainment, and the monthly income of their family. This suggested the cluster randomized controlled trial did not work well. Given that the intervention arms and the control arm were not demographically similar, one cannot assume that the observed changes in intervention groups were solely due to the intervention. However, cluster randomization is more suitable than individual randomization for the present study because it lowered the administrative burden and cost. By assigning a school or organization into one particular arm, the school or organization can help recruit eligible parents and the workshop can be held in the venue provided by the school or organization. Individual randomization was not feasible under the present context.

Second, the present study adopted open-labeled recruitment. When eligible parents were invited, they were also informed by the schools or organizations about the workshop's purpose and content. This could introduce some bias. Before joining the workshop, eligible parents should have considered their own needs and intention to improve in the particular aspect which was going to be covered in the workshop. For example, attendees of the MA workshop would be more receptive to the suggestions in the MA workshop than the attendees of the other two workshops. In addition, there are usually significant differences between participants and non-participants in research. According to Rosnow, Rosenthal, McConochie, and Arms (1969), volunteer subjects are usually less authoritarian and unconventional than non-volunteers. Thus, the intervention might not be equally effective on those who did not participate. In short, the sample recruited by open-labeled method was less representative and would limit the generalizability of the present findings. Blindness of participants is not possible and allocation concealment, where participants are not aware of what kind of workshop they are going to attend, is often infeasible in community-based research project. Eligible parents, or even schools and organizations, often refuse to participate in an unknown workshop.

8.3 FUTURE DIRECTIONS

Although the current project has shown increases over baseline in all the related HAPA components and the frequencies of showing appreciation at both 2-week post-workshop (T3) and 6-week post-workshop (T4) with small effect size in participants from both the MA and the LC arms, the mechanism of these changes and the inter-relationships between the HAPA components are yet to be examined. As suggested by Schwarzer (2008), each component has its distinct function in the model. Self-efficacy and outcome expectancies are important components that lead to intention to change, while action planning and coping planning bridge the gap between intention and behaviour. Future studies should adopt other methods of statistical analysis to examine the inter-relationships among each HAPA component, such as moderated mediation analysis (Schwarzer, Lippke & Luszczynska, 2011), or structural equations approach (Schwarzer, Schüz, Ziegelmann, Lippke, Luszczynska & Scholz, 2007).

A longer follow-up is suggested for future studies. This is particularly important when the family relationships will not be benefited unless the positive changes in parents are sustained. Parenting is categorized as routine, habitual behaviour by some researchers (e.g. Simons, Whitbeck, Conger & Conger, 1991). Meanwhile, habit is generally difficult to change (Ouellette & Wood, 1998) and some are followed by relapse after short-term success (Polivy & Herman, 2002). Therefore, one could expect that participants who successfully increased showing appreciation towards their children at 6-week post-workshop (T4) might not necessarily adhere to their change for a longer period of time. Last but not least, future studies are suggested to add booster sessions to increase participants' maintenance self-efficacy and recovery self-efficacy in the postintentional phase in the HAPA model (Schwarzer, 2008).

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REFERENCES

Chan, S. S. C., & Lam, T. H. (2010). Hong Kong Family and Health Information Trends Survey. Unpublished Report presented at a Press Conference, The University of Hong Kong. (26 September, 2010).

Chao, R. K. (1994). Beyond Parental Control and Authoritarian Parenting Style: Understanding Chinese Parenting Through the Cultural Notion of Training. *Child Development, 65* (4), 1111-1119. doi: 10.2307/1131308

Cicchirillo, V., & Chory-Assad, R. M. (2005). Effects of Affective Orientation and Video Game Play on Aggressive Thoughts and Behaviours. *Journal of Broadcasting & Electronic Media, 49* (4), 435-449. doi: 10.1207/s15506878jobem4904_5

Eyre, H., Kahn, R., Robertson, R. M.; American Cancer Society, the American Diabetes Association, and the American Heart Association Collaborative Writing Committee. (2004). Preventing Cancer, Cardiovascular Disease, and Diabetes: A Common Agenda for the American Cancer Society. *CA: A Cancer Journal for Clinicians, 54*, 190-207. doi: 10.3322/canjclin.54.4.190

Festinger, L., & Carlsmith, J. M. (1959). Cognitive consequences of forced compliance. *Journal of Abnormal and Social Psychology, 58*, 203-211.

Hsu, F. L. K. (1971). Psychosocial homeostasis and Jen: Conceptual tools for advancing psychological anthropology. *American Anthropologist, 73*, 23-44.

Kamins, M. L. & Dweck, C. S. (1999). Person versus process praise and criticism: Implications for contingent self-worth and coping. *Developmental Psychology, 35* (3), 835-847.

Lau, S., & Cheung, P. C. (1987). Relations between Chinese Adolescents' Perception of Parental Control and Organization and Their Perception of Parental Warmth. *Developmental Psychology, 23*, 726-729.

Lin, P. L. (1994). Characteristics of a Healthy Family. In P. L. Lin, K. W. Mei & H. C. Peng (Eds.), *Marriage and the family in Chinese societies: Selected readings*, pp. 9-22. Indianapolis, IN: University of Indiana Press.

Moore, C. A. (1968). Introduction: The humanistic Chinese mind. In C. A. Moore (Ed.), *The Chinese mind: Essentials of Chinese philosophy and culture*. Honolulu: University Press of Hawaii.

Ng, F. F., Pomerantz, E. M., & Lam, S. (2007). European American and Chinese parents' responses to children's success and failure: Implications for children's responses. *Developmental Psychology, 43*, 1239-1255.

Ouellette, J. A., & Wood, W. (1998). Habit and intention in everyday life: The multiple processes by which past behaviour predicts future behaviour. *Psychological Bulletin, 124*, 57-74.

Polivy, C. P., & Herman, J. (2002). If at first you don't succeed. False hopes of self-change. *American Psychologist, 57*, 677-689.

Rosnow, R. L., Rosenthal, R., McConochie, R. M., & Arms, R. L. (1969). Volunteer Effects on Experimental Outcomes. *Educational and psychological Measurement, 29* (4), 825-846.

Ross, G. (1981). Strategy of prevention: Lessons from cardiovascular disease. *British Medical Journal, 282*, 1847-1851.

Schwarzer, R. (2008). Modeling health behavior change: How to predict and modify the adoption and maintenance of health behaviors. *Applied Psychology: An International Review, 57*, 1-29.

Schwarzer, R., Lippke, S., & Luszczynska, A. (2011). Mechanisms of health behavior change in persons with chronic illness or disability: The health action process approach (HAPA). *Rehabilitation Psychology, 56* (3), 161-170. doi: http://dx.doi.org/10.1037/a0024509

Schwarzer, R., Schüz, B., Ziegelmann, J. P., Lippke, S., Luszczynska, A., & Scholz, U. (2007). Adoption and Maintenance of Four Health Behaviors: Theory-Guided Longitudinal Studies on Dental Flossing, Seat Belt Use, Dietary Behavior, and Physical Activity. *Annals Of Behavioral Medicine, 33* (2), 156-166. doi: 10.1080/08836610701308221

Simon, R. L., Whitbeck, L. B., Conger, R. D. & Conger, K. J. (1991). Parenting Factors, Social Skills, and Value Commitments as Precursors to School Failure, Involvement with Deviant Peers, and Delinquent Behavior. *Journal of Youth and Adolescence, 20* (6), 645-664.

Tobin, J. J., Wu, D. Y. H., & Davidson, D. H. (1989). *Preschool in three cultures*. New Haven, CT: Yale University Press.

World Health Organization (2003). *Diet, nutrition and the prevention of chronic diseases. Report of a joint FAO/ WHO Expert Consultation* (WHO Technical Report Series No. 916). Geneva.

Wu. D.Y.H. (1996). Parental control: Psycho-cultural interpretation of Chinese patterns of socialization. In S. Lau (Ed.), *Growing up in the Chinese way: Chinese child and adolescent development*. Hong Kong: The Chinese University Press.

Wu, P., Robinson, C. C., Yang, C., Hart, C. H., Olsen, S. F., Porter, C. L., ... Wu, X. (2002). Similarities and differences in mothers' parenting of preschoolers in China and the United States. *International Journal Of Behavioral Development, 26* (6), 481-491. doi: 10.1080/01650250143000436

NOTE

NOTE

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"EVALUATION ON MORE APPRECIATION AND LESS CRITICISM PROJECT" ASSESSMENT QUESTIONNAIRE

You are cordially invited to sparse around 5-8 minutes to complete the "Evaluation on More Appreciation and Less Criticism Project" assessment questionnaire.

Method of return:

Please cut off the questionnaire along the dotted line after completion, fold and seal it with glue and return the questionnaire by mail. No postage stamp is needed.

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"EVALUATION ON MORE APPRECIATION AND LESS CRITICISM PROJECT" ASSESSMENT QUESTIONNAIRE

Note: Data collected in this questionnaire are only for academic research and statistical analysis. All personal information will be kept strictly confidential.

Please put a "✓" to the most suitable answer(s) you considered.

1. Where did you get this "Evaluation on More Appreciation and Less Criticism Project"?
   ① Project's participating organization ② The Hong Kong Jockey Club ③ District Council
   ④ Library ⑤ Community organization ⑥ Social service organization
   ⑦ Others, please specify: _____

2. Why did you get this "Evaluation on More Appreciation and Less Criticism Project"? (can select more than one option)
   ① Free of charge ② Attractiveness of content ③ Content meets my needs
   ④ Related to my work, can be used as a reference ⑤ Participated in FAMILY Project
   ⑥ Want to explore the practice wisdom in this project ⑦ No reason
   ⑧ Others, please specify: _____

3. **At the time when you fill in this questionnaire**, how much content of "Evaluation on More Appreciation and Less Criticism Project" have you read?
   ① Not at all (0%) ② Less than half (0%-49%) ③ Half (50%)
   ④ About three quarters (75%) ⑤ More than three quarters (76%-99%) ⑥ All (100%)

4. If you have not finished reading the "Evaluation on More Appreciation and Less Criticism Project" yet, will you continue to read it?
   ① Yes, please explain: _____
   ② No, please explain: _____

5. Do you think the content of this "Evaluation on More Appreciation and Less Criticism Project" practical?
   ① Very practical ② Practical ③ Neutral
   ④ Not very practical ⑤ Not practical at all

6. Do you think this "Evaluation on More Appreciation and Less Criticism Project" can fulfill the following objectives? (Score 0 represents very incapable, score 10 represents very capable)

   a. Help readers know how to effectively design, implement and evaluate a community-based intervention project

0	1	2	3	4	5	6	7	8	9	10
Very incapable					Average					Very capable

   b. Deepen readers' understanding of the scientific rationale and model (Public health approach & Evidence-based and evidence generating [EBEG]) of this project

0	1	2	3	4	5	6	7	8	9	10
Very incapable					Average					Very capable

   c. Inspire readers to apply FAMILY 3Hs (Health, Happiness and Harmony) in their future project planning agenda

0	1	2	3	4	5	6	7	8	9	10
Very incapable					Average					Very capable

   d. Inspire readers to incorporating CBP & EBEG model and scientific evaluation into their future community-based activities

0	1	2	3	4	5	6	7	8	9	10
Very incapable					Average					Very capable

7. Which part of the "Evaluation on More Appreciation and Less Criticism Project" do you feel satisfied the most? (can select more than one option)
   ① Introduction of Community-based Participatory (CBP) model
   ② Introduction of Evidence-based and evidence generating (EBEG) model
   ③ Evidence-based research — scientific evaluation for programmes
   ④ Impact of the community-based intervention programmes
   ⑤ Future suggestions and recommendations in different level of audiences
   ⑥ None
   ⑦ Others, please specify: _____

8. Do you have any plan to apply suggestions from this "Evaluation on More Appreciation and Less Criticism Project" to design family activities? If yes, when will you intent to apply the suggestions?
   ① Not intend to do so, please specify reason(s):

   _____

   ② Within one month, please specify which suggestion(s) you will adopt:

   _____

   ③ Beyond one month but within half year, please specify which suggestion(s) you will adopt:

   _____

   ④ Beyond half year but within one year, please specify which suggestion(s) you will adopt:

   _____

   ⑤ Intent to, but not sure about the time, please specify which suggestion(s) you will adopt:

   _____

9. After reading "Evaluation on More Appreciation and Less Criticism Project", what is your biggest acquisition? Do you have any other opinions?

   _____

   _____

10. Will you recommend this "Evaluation on More Appreciation and Less Criticism Project" to others? And whom?
    ① Yes, my colleagues
    ② Yes, my friends
    ③ Yes, my organization
    ④ Yes, other community stakeholders
    ⑤ No, I will not recommend to others
    ⑥ Others, please specify: _____

11. Gender:
    ① Male ② Female

12. Age:
    ① <18 years old ② 18-24 years old ③ 25-34 years old
    ④ 35-44 years old ⑤ 45-54 years old ⑥ 55-64 years old
    ⑦ 65 years old or above

13. Education level:
    ① Primary ② Secondary 1-3 ③ Secondary 4-5
    ④ Matriculated (Secondary 6-7) ⑤ Non-degree tertiary ⑥ Degree tertiary or above

14. Are you a registered social worker? ① Yes ② No

15. If yes, how long have you been working in the social service profession: _____ year(s)

16. If you are working in the social service profession, the target group(s) of your organization is/are: (can select more than one option)
    ① Resident ② Family ③ Adolescents
    ④ Women ⑤ Children & Teenagers ⑥ Elderly
    ⑦ Mentally handicapped ⑧ Disabled ⑨ Mentally rehabilitated
    ⑩ New arrivals ⑪ Ethnic minority ⑫ Others: _____

17. Are you a community stakeholder/leader? ① Yes ② No

18. How long have you been working for the community: _____ year(s)

19. If you are working for the community, your service target group(s) is/are: (can select more than one option)
    ① Resident ② Family ③ Adolescents
    ④ Women ⑤ Children & Teenagers ⑥ Elderly
    ⑦ Mentally handicapped ⑧ Disabled ⑨ Mentally rehabilitated
    ⑩ New arrivals ⑪ Ethnic minority ⑫ Others: _____

FAMILY Project aims to promote FAMILY 3Hs (Health, Happiness and Harmony), if you are willing to receive information from our project, please write down your contact information as follow:

Name: _____

Phone: _____

Email: _____

Address: _____

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賽馬會和諧社會計劃
A Jockey Club Initiative for a Harmonious Society

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