The Tung Wah Group of Hospitals in collaboration with the School of Public Health of The University of Hong Kong developed the single-session project - “More Appreciation and Less Criticism Project” with the goals to develop and test theory-driven group programmes in order to increase parent’s intention and actual behaviours to express more appreciation or less criticism when interacting with their children.

This study was a cluster randomized controlled trial with three arms: Two intervention arms - More Appreciation (MA) and Less Criticism (LC) groups, and the control arm - the Fruit and Vegetables group (FV). Cantonese-speaking parents of children attending P.3 to P.6 from all three arms were assessed four times, i.e. baseline (before the intervention - T1), immediately post-intervention (T2), 2-week post-intervention (T3) and 6-week post-intervention (T4). A total of 1002 participants (MA: 345; LC: 390; FV: 267) were assessed at baseline and 889 participants (MA: 299; LC: 353; FV: 237) were included in the intention-to-treat (ITT) analysis (which assumed that those who were lost to follow up would show no changes from baseline).

After attending the intervention programme, the frequency of showing appreciation of participants from both the MA group and the LC group significantly increased with a small effect size (ES) at T3 (MA: p<0.01, ES=0.12; LC: p<0.01, ES=0.12) and T4 (MA: p<0.001, ES=0.16; LC: p<0.001, ES=0.13) compared to the FV group. Participants from both the MA and the LC groups significantly improved in the Health Action Process Approach (HAPA) components for showing more appreciation, namely outcome expectancy, intention, self-efficacy, action planning and coping planning when compared with the FV group (all p<0.05). For reducing criticism, participants from both the MA and the LC groups significantly improved in outcome expectancy, intention, self-efficacy, action planning and coping planning when compared with the FV group (all p<0.05). In the FV group, the fruit and vegetables consumption of participants significantly increased from T2 with a small effect size at T4 (p<0.05, ES=0.11) when compared with the MA group. The participants from the FV group significantly improved in outcome expectancy, intention, self-efficacy, action planning and coping planning for consuming more fruit and vegetables when compared with the MA and the LC groups (all p<0.05).

This project showed that the brief, single-session intervention can effectively increase the frequency of showing appreciation among the intervention arms with small to medium effect size. The results also suggest that the public health approach is feasible and effective in making positive behavioural changes in Hong Kong Chinese parents. Future studies with refinement of the intervention and addition of booster intervention, and increased follow-up period are warranted.

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Community-based Participatory Project Series

Project Brief — More Appreciation and Less Criticism Project

Funded by The Hong Kong Jockey Club Charities Trust
Chinese culture places great importance on harmony and familial homeostasis. 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. Guan means “to care for” as well as “to govern”, whereas Chiao Shun refers to the idea of training, teaching, or educating children. 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.

The project “More Appreciation and Less Criticism Project” was informed mainly by findings of the Hong Kong Family and Health Information Trends Survey (HK-FHInTS), and in part by findings of a youth focus group of FAMILY: Harmony@Home, which was a project jointly developed by the Hong Kong Family Welfare Society (HKFWS) and the School of Public Health of The University of Hong Kong (HKUSPH). 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 another earlier 4-session (e.g. collaborations with HKFWS and Caritas Hong Kong) and 2-session (e.g. collaboration with The Hong Kong Council of Social Service in Yuen Long district) intervention programmes, the Tung Wah Group of Hospitals in collaboration with the HKUSPH took one step further in the 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) was used in the intervention design. And the project was held from April 2012 to May 2013.

**PROJECT AIMS**

1. To increase appreciation and decrease criticism in families, thereby enhancing FAMILY Health, Happiness and Harmony (3Hs);

2. To develop theory-driven programmes which adopt a public health approach focusing on primary prevention in a cost-effective simple single-session design;

3. To test the acceptability, feasibility, and effectiveness of intervention programmes with scientific rigor.
OVERALL PROJECT DESIGN AND METHODS

This project was a cluster randomized controlled intervention 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 Fruit and Vegetables group (FV). The clusters including schools, integrated services centers, and parent-teacher associations in Sha Tin, New Territories North, Tin Shui Wai, Southern District, Islands District, and Yau Tsim Mong were randomized to one of the three arms.

Cantonese-speaking parents of children attending P.3 to P.6 from all three arms were assessed four times, i.e. baseline (before the intervention - T1), immediately post-intervention (T2), 2-week post-intervention (T3) and 6-week post-intervention (T4). A total of 1002 participants (MA: 345; LC: 390; FV: 267) were assessed at baseline and 113 participants (MA: 46; LC: 37; FV: 30) were excluded from the intention-to-treat analysis (ITT) due to ineligibility or unreasonable response. 889 participants (MA: 299; LC: 353; FV: 237) were included in the ITT analyses (which assumed that those who were lost to follow up would show no changes from baseline).

Participants in all the three arms attended a one-session programme of about two hours. In the MA group, short video episodes followed by participant discussion using attribution questions (e.g. What might the long-term effects of showing appreciation have on your child, family, or on yourself?) were used to elicit positive outcomes of expressing appreciation or negative outcomes of not expressing appreciation. Participants were then asked to think and write their plan on expressing appreciation to their child afterwards.

For the LC group, short video episodes followed by discussion on the negative outcomes of using critical remarks and the positive outcomes of using constructive feedback were included in the intervention programme. 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 criticising their children. At the end of the programme, they were asked to think and write their plan as an alternative that can be used instead of criticising their family members.

In the control group, the key components of the programme included information about the appropriate amount of fruit and vegetables required daily for a healthy diet, and self-efficacy enhancement in consuming at least five portions of fruit and vegetables. Participants were also asked to discuss in small groups, and to set goals and plans to increase their fruit and vegetables intake.

For the project evaluation, all parent participants were assessed at four time-points (T1 to T4). Qualitative evaluation of the programme was collected by open-ended questions at T2 and T4. Children of participants in the MA and the LC groups and without participation in any of the programmes were invited to attend a focus group for assessing potential changes in their parents induced by the intervention programmes.