

Vietnamese Parents' Attitudes Towards Western-based Behavioral Parent Training

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Abstract: Behavioral Parent Training (BPT) interventions have been found effective in reducing a wide range of child behavior problems. However, most relevant research has been conducted in Western countries that may differ along significant cultural dimensions from Asian countries. Thus, the relevance and utility of Western-based BPT for Asian's population like Vietnam is unclear. The present study assessed parents' beliefs about the acceptability, perceived feasibility, and anticipated effectiveness of Western BPT techniques in Vietnam. A sample of 303 Vietnamese parents with a child enrolled in the fourth or fifth grade participated in the study. Vietnamese parents reported using significantly more BPT-congruent than BPT-noncongruent responses toward less serious child misbehaviors (e.g., arguing) but significantly more BPT-noncongruent than BPT-congruent responses towards more serious misbehavior (e.g., fighting). Parents reported relatively little use of harsh responses (e.g., tying their child up in a chair) although their use was significantly greater than "never". Vietnamese parents were significantly most like to seek help from school personnel (a teacher or school principal) and were significantly least likely to seek help for child behavior problems from a psychologist. Overall, the results suggest that Vietnamese parents are open to trying BPT techniques to help with child behavior problems. The higher parent's Income, Education and Western acculturation level are, the more tendency Vietnamese parents have positive attitudes towards BPT techniques.

Keywords: Behavioral Parent Training, Acceptability, Vietnam.

1. Introduction

Behavioral parent training (BPT) is one of the most frequently used methods to change parenting behavior and is an evidence-based treatment and prevention intervention for child behavior problems [6]. However, most of research on BPT has been conducted in the

West where BPT was developed [14, 15], and there is less evidence for or against its acceptability and feasibility in other regions of the world. There are in fact reasons to suspect that the acceptability, feasibility, and effectiveness of PBT may vary culturally. For instance in Asia, the world's most populous continent, there are cultural factors that potentially might influence parents' acceptance and reactions to BPT. Asian families and

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culture tend to be more collectivistic than Western cultures such as the U.S. or Europe [13]. Collectivism emphasizes the importance of (a) family needs over individual needs; (b) maintaining harmony in the family and social groups as a top priority; (c) avoiding bringing shame to the family and (d) filial piety (i.e., the child duty to respect and to honor parents' and elders' wishes) [3]. Asian parents may tend to not show direct expressions of warmth, but rather show their love for their child through the care and training they provide [13]. To achieve and as part of these values, parents tend to adopt an authoritarian parenting style that exerts more direct control, provides less autonomy, and less warmth [10]. In addition, in collectivistic cultures, display of emotions is seen fundamentally as a challenge that interferes with group functioning, and so in general in collectivistic societies emotions are to be avoided or suppressed whenever possible [9]. As a consequence, Asian parents may tend to not directly express warmth, but rather show their love for their child through the care and training they provide [13]. Such a parenting style in general goes against many of the tenets of BPT.

In recent years, there has been an increasing interest in the treatment acceptability of BPT techniques among Asian populations. For instance, Ho, Yeh, McCabe and Lau (2012) assessed parent training acceptability among Chinese immigrant parents in the U.S [8]. Contrary to their expectations that positive reinforcement BPT techniques would receive among the lowest positive ratings, they found that parents viewed positive reinforcement-based strategies as the most acceptable approaches for addressing child behavior problems. Mah and Johnston (2012) compared treatment acceptability among Chinese immigrant and European Canadian mothers in

regards to use of rewards, withdrawal of positive parent behavior, and punishment techniques. They found that the Chinese-immigrant mothers had more favorable attitudes towards punishment techniques such as overcorrection and spanking than European Canadian mothers, with the Chinese-immigrant mothers accepting and intending to use punishment more than the Euro-Canadian mothers [11]. In another study conducted in China, Yu, Robert, Shen, and Wong (2011) examined how caregivers viewed behavioral family therapy. Chinese caregivers reported moderately high acceptability for all nine BPT techniques assessed in the study (e.g., contingent praise; ignoring deviant attention seeking). The three techniques that Chinese parents showed the highest levels of acceptability were contingent praise, responsive play, and ignoring; however, these three techniques received lower acceptability scores compared to European American parents [16].

Overall, then, evidence regarding the acceptability of Western child management techniques among Asian populations is somewhat inconsistent, with some studies suggesting that Asian populations may have higher than expected acceptability regarding such BPT techniques as positive reinforcement but at the same time higher acceptability of physical and harsh punishment than Euro-American populations. However, one limitation of this relatively small literature is that most studies have focused on immigrant families. Although an important population in their own right (e.g., to understand the acculturation, and the acceptability of mental health treatment among this population), generalizations from immigrant populations to the broader world Asian populations are of course complex, as immigrant families are influenced by both their culture of origin as well as the culture of their

new country. And among the few studies assessing acceptability of BPT techniques among Asian families, almost all have focused on China.

The purpose of the present study was to assess the acceptability, and perceived feasibility and effectiveness of BPT interventions in Vietnam. Based on standard BPT programs [10], parent behaviors were categorized as “BPT-Congruent” (e.g., contingent praise for positive behavior; developmentally appropriate punishment), “BPT-Noncongruent” (e.g., ignoring serious behavior problems such as stealing; threatening to disown a child for getting into a fight at school), and “Harsh” (e.g., physically beating a child). We hypothesized that (a) mean ratings for the frequency, acceptability, feasibility, and anticipated effectiveness for “BPT-Congruent” parenting strategies would be below the neutral mid-point of the scale (i.e., relatively not acceptable), (b) mean ratings for “BPT-Noncongruent” parenting strategies would be above the mid-point of the scale (i.e., relatively acceptable), and (c) ratings for “Harsh” parenting strategies would be below the mid-point but significantly above 0. We also hypothesized that (d) family income, education and Westernization would be positively correlated with BPT-Congruent parenting behaviors and beliefs, and negatively correlated with BPT-Noncongruent and Harsh parenting. Finally, we hypothesized that (e) child behavior problems (as assessed by the Child Behavior Checklist) would be positively correlated with Harsh parenting strategies.

2. Methods

2.1. Sampling frame, participants, and recruitment

The sampling frame was structured so as to obtain a relatively diverse set of parents with children in elementary schools in Vietnam. Consequently, five schools in three areas in different regions of the country were selected as the research sites. The first area was in central Vietnam, Danang Province, where one school ($n = 42$) was selected from the Danang city center district, and two schools from near urban areas in the province ($n=100$). The other two schools were selected from northern Vietnam, one in the Hanoi urban area ($n = 77$) and the other from a rural area approximately 60 kilometers north of Hanoi ($n = 84$).

Participants included 303 parents with a child enrolled in the fourth or fifth grade during the recruitment period, and the children’s teachers. In the first stage of participant recruitment, teachers sent home with their students a letter to the parents describing the study, and an initial consent form. Parents who were interested in the study signed the consent form, completed a Child Behavior Checklist and a background questionnaire packet, and returned the forms in a sealed envelope to the project. In the second stage of recruitment, participants for the main part of the study were selected via probability sampling on the CBCL Externalizing Problems scale to reduce the skewness in this measure.

Two-thirds of the participants were mothers (see Table 1). As is typical in Vietnam, the large majority of parents were married and living together (92.6%). The median monthly family income was around \$450 (9 million VND), putting the typical family in the middle-class range for Vietnam. The mean participant level of education was high school level (grade 11). Most families did not report following Western cultural styles (Mean = 1.7; SD = 1.5, on a 1-7 scale).

Table 1. Demographic and background characteristics

Informant relation to child (% mother)	67.3%
Marital status	
<i>Married and living together</i>	92.6%
<i>Separated</i>	1.7%
<i>Divorced</i>	4.3%
<i>Single, never married</i>	1.3%
Occupational status	
<i>Employed outside the home</i>	89.4%
<i>Working at home</i>	7.3%
<i>Unemployed</i>	2.0%
<i>Retired</i>	1.3%
Number children in family (mean, SD)	2.1 (.6)
Percent graduated high school	57.5%
Monthly household monthly (median U.S. \$/VND)	\$450/9.000.000
Level of Western acculturation (mean, SD) ¹	1.7 (1.5)

Note. ¹: Based on a 1 (low) to 7 (high) Likert scale.

2.2. Measures

Demographic questionnaire. The demographic questionnaire assessed basic background information such as parents' marital status, their child's age and gender, etc. We also assessed Western acculturation which includes questions asking whether the parent knows a foreign language, how often they visit foreign websites on the internet, etc.

Child behavior problems. Parents were asked to complete the Child Behavior Checklist and teachers were asked to complete the Teacher Report Form [1] for participating students. This is a broad-band measure of children's behavioral and emotional problems across two broad symptom domains: Internalizing problems (e.g., anxiety; depression) and Externalizing problems (e.g., aggression; oppositional behavior), in which parents report on the child in regards to 118 problems, rating each problem by circling 0 ("Not True"), 1 ("Somewhat or Sometimes True"), or 2 ("Very True or Often True"). The CBCL and TRF have shown good internal consistency (α 's ranging from 0.78 to 0.97 in

the standardization sample) and test-retest reliability (r 's ranging from 0.60 to .96 in the standardization sample). Its construct validity is well-documented. The internal consistency reliability estimate of the Externalizing Problems scale in the present sample was $\alpha = 0.88$ (Achenbach & Rescorla, 2001). In the present study, we used the Externalizing Problems scale.

Parent Use and Beliefs about BPT Behaviors (PBU-BB) which contained three sections:

(i) *Section 1* included a close-ended assessment of how likely parents would be to use specific BPT parenting techniques in response to specific child misbehaviors, along a range of severity (including whining, not doing homework, lying about school, shoplifting and fighting). Parents answered (a) how often they used each of the discipline techniques; and (b) how effective they thought each of the discipline technique would be in helping to improve their child's behavior. This section also assessed parents' response to positive child behaviors (e.g., helping clean up after dinner without being asked), and BPT-related beliefs

about reward and punishment (e.g., that using rewards for good behavior is like bribery; that physical punishment will be effective because the child will fear the parent).

(ii) *Section 2* assessed parents' beliefs regarding the Acceptability, Feasibility and Anticipated Effectiveness of each six BPT intervention techniques (special play time, praise, ignoring, time out, loss of privileges, building behavioral rules). A short description of each technique was provided, followed by a series of questions assessing (a) acceptability, (b) perceived feasibility, and (c) anticipated effectiveness with all three sets of questions were rated on 0-4 Likert scale.

(iii) *Section 3* assessed help seeking for child behavior problems. Participants were asked for what specific problem and circumstance would they seek help, and from whom would they seek help (a relative, teacher, psychologist/counselor, or physician).

3. Results

3.1. Parental response to child behavior

Means and standard deviations for the (a) likelihood of use and (b) anticipated effectiveness of parents' responses to child behavior (both negative and positive) from Section 1 of the PBU-BB are presented in Tables 2. The means for both BPT-Congruent, and BPT-Noncongruent parent responses were significantly below the scale midpoint (3), and means for Harsh parent responses were significantly greater than 1 (never). A repeated measures ANOVA with Type of Parent Response (BPT-Congruent, BPT-Noncongruent, Harsh) as the repeated measure independent variable was conducted to determine whether parent reports of the likelihood of use different behaviors in

response to the five child misbehaviors differed as a function of the type of parent response. Type of Parent Response was significant ($F[2,301]=413.65$; $p<.001$) across all five child behaviors, with large effect sizes (η^2 ranging from .34 to .73), indicating that parents' responses to child behavior differed as a function of whether the response was BPT-Congruent, BPT-Noncongruent, or Harsh.

Post-hoc paired-sample t-tests with Bonferroni adjustments were conducted within significant tests to compare pairs of Type of Parent Response (e.g., BPT-Congruent vs. BPT-Noncongruent). With one exception, all pairs of means were significantly different. Vietnamese parents reported that they would use significantly more often BPT-Congruent than BPT-Noncongruent or Harsh strategies in response to their child not doing homework, and lying about school performance, whereas in contrast in response to more serious misbehavior (shoplifting and fighting) parents reported significantly more BPT-Noncongruent responses. Parents' BPT-Congruent vs. BPT-Noncongruent responses for child whining did not differ significantly. Harsh responses were significantly lower than BPT-Congruent and BPT-Noncongruent responses for all child misbehaviors (see Table 2-a). In regards to child positive behaviors, parents' reports of their likely use of BPT-Congruent responses were significantly higher than for their likely use of BPT-Noncongruent responses.

A similar pattern was found regarding parents' reports of the anticipated effectiveness of these techniques (see Table 2-b). All of the Type of Parent Response tests were significant, with large effect sizes (η^2 ranging from .16 to .62). The follow-up-t-tests indicated that parent ratings of anticipated effectiveness for BPT-Congruent, BPT-Noncongruent and Harsh responses differed significantly, with the

exception of BPT-Congruent and BPT-Noncongruent responses to the child not doing homework. The parents reported BPT-Congruent responses as more effective for dealing with whining, not doing homework and lying about school performance, and less effective than BPT-Noncongruent responses for dealing with shoplifting and fighting. Harsh responses were rated as significantly less effective than BPT-Congruent and BPT-Noncongruent responses across all child misbehaviors. However, the mean for the Harsh responses was significantly greater than 1, indicating that the parents did not see them as entirely ineffective.

3.2. Parent beliefs about reward and punishment

On a scale of 1 (strongly disagree) to 4 (strongly agree), the mean rating for BPT-Congruent beliefs (e.g., praising positive child behavior will result in the child repeating the positive behavior) about reward and punishment was 2.62 (SD=.66) whereas the mean rating for BPT-Noncongruent beliefs (e.g., using rewards for good behavior is like bribery) was 2.12 (SD=.45). A paired sample t-test indicated that Vietnamese parents' levels of endorsement of BPT-Congruent beliefs about rewards and punishments were significantly higher than their levels of endorsement of BPT-Noncongruent beliefs ($t [302]=13.60, p<.0001$). (See table 2, positive child behavior).

3.3. Attitude (acceptability, feasibility and anticipated effectiveness) ratings for BPT techniques

Table 3 reports the means and standard deviations for the acceptability, feasibility and anticipated effectiveness ratings for the six BPT techniques, on a 0-4 scale. We first conducted three repeated measures ANOVA to assess whether the (a) Acceptability, (b) Perceived

Feasibility and (c) Anticipated Effectiveness differed across the six BPT techniques. The multivariate Pillai's Trace tests for Acceptability, Perceived Feasibility and Anticipated Effectiveness were, respectively, $F(5,295) = 41.993 (p<.001)$; $F(5,294) = 42.147 (p<.001)$; $F(5,293) = 49.022 (p<.001)$ respectively, indicating that ratings across all three domains (acceptability, feasibility, effectiveness) varied significantly across BPT techniques. A series of follow-up paired-sample t-tests with Bonferroni adjustments were conducted to determine which pairs of techniques differed from each other in regards to the acceptability, feasibility and anticipated effectiveness (see Table 3). The results indicated that in general, Vietnamese parents viewed all six BPT's techniques as acceptable and as fairly feasible and effective (i.e., all ratings were above the mid-point of the scales). The most acceptable, feasible, and perceived effective technique was praise; the least acceptable, feasible, and perceived effective technique was ignoring. In general, the more acceptable a technique was to parents, the more feasible and effective it was viewed. Table 3 also reports the means and standard deviations in regards to the time required to participate in BPT training.

3.4. Parent help seeking behavior

Table 4 reports the percentages of parents' who reported they would seek help for four different child misbehaviors (a) now, (b) if the problem got worse, or (c) never. The results indicated that the large majority of the Vietnamese parents (90 to 95%) would seek advice either immediately or in the future if situation worsened. With the less severe behavior problems (e.g., whining), Vietnamese parents were more likely to wait to seek help until the situation became worse in the future,

whereas the opposite was true for more serious behaviors (e.g., stealing). Table 4 also lists from whom Vietnamese parents would seek help. A McNemar's test for dependent proportions was conducted to determine whether the proportion of the participants who stated they would seek help from one source was significantly different from other sources. Across the four types of

child problem behaviors, parents were significantly least likely to seek help from a psychologist. For all of the child problem behaviors except fighting, parents were significantly most like to seek help from school personnel; for fighting, seeking help from school personnel did not differ significantly from seeking help from a doctor.

Table 2. Means and standard deviations for (a) frequency of likely parent responses and (b) anticipated effectiveness of parent responses to child behaviors

	(a) Frequency of likely parent responses			(b) Anticipated effectiveness of parent responses		
	Congruent	Noncongruent	Harsh	Congruent	Noncongruent	Harsh
Negative child behavior						
Whining	1.98(.84) ^A	1.90(.56) ^A	1.58(.52) ^B	2.23(1.09) ^a	2.10(.87) ^b	1.90(.93) ^c
Not doing homework	2.33(.72) ^A	2.14(.71) ^B	1.35(.45) ^C	2.44(.91) ^a	2.41(.98) ^a	1.59(.83) ^b
Lying about school	2.43(.78) ^A	1.97(.67) ^B	1.34(.48) ^C	2.59(.93) ^a	2.23(.99) ^b	1.62(.96) ^c
Shoplifting	1.90(.93) ^A	2.56(.87) ^B	1.45(.54) ^C	2.03(1.04) ^a	2.61(.98) ^b	1.67(.92) ^c
Fighting	1.91(.88) ^A	2.49(.86) ^B	1.41(.49) ^C	2.01(1.08) ^a	2.57(.99) ^b	1.64(.91) ^c
Positive child behavior						
Does chores	2.71(.70) ^A	1.68(.62) ^B	-	-	-	-
Behave friendly with sister	2.68(.73) ^A	1.64(.63) ^B	-	-	-	-

Note. Means with different superscripts differ significantly within row (child behavior). Likert scale responses ranged from 1 (never) to 5 (always).

Table 3. Means and standard deviation for parent ratings of acceptability, feasibility and effectiveness

Acceptability	Perceived feasibility	Anticipated effectiveness
3.19 (.96) ^a	3.09(.89) ^a	2.97(.85) ^a
3.38(.76) ^b	3.44(.67) ^b	3.19(.73) ^b
2.33(1.34) ^c	2.45(1.29) ^c	2.09(1.37) ^c
2.76(1.10) ^d	2.81(1.03) ^d	2.56(1.06) ^d
2.68(1.18) ^d	2.74(1.08) ^d	2.46(1.12) ^d
3.17(.90) ^a	3.13(.85) ^a	2.97(.90) ^a
2.93(.99)	2.80(.96)	2.87(.88)

Note: Range of Likert scale responses range from 1 (Not at all) to 5 (Very). Techniques with the same superscript do not differ significantly, as assessed by paired sample t-tests with Bonferroni adjustments.

Table 4. Parental help seeking

Seek help...	Whining, tantrums	Cursing, fighting	Academic problems	Stealing
Now	42%	42%	57%	54%
If situation gets worse	50%	47%	39%	39%
Not seek help	8%	11%	5%	7%
From relative	30.8% ^a	28.5% ^a	16.5% ^a	30.4% ^a
From teacher	50.2% ^b	46.1% ^b	84.0% ^b	51.4% ^b
From doctor	38.9% ^a	46.4% ^b	23.4% ^c	45.1% ^b
From psychologist	5.7% ^c	6.1% ^c	4.2% ^d	5.5% ^c

Note: Percentages refer to the percentage of participants reporting that they would seek help for a particular behavior problem from that source. Sources with the same superscript within column (child behavior problem) do not differ significantly, as assessed by the McNemar test of dependent proportions.

Table 5. Pearson correlations across parent's characteristics, and behavior and beliefs

	Household income	Education level	Western Acculturation	Ext behaviors (parent)	Ext behaviors (teacher)
Frequency of BPT-Congruent response across misbehaviors	.07	.09	.17**	.04	.03
Frequency of BPT-Noncongruent response across misbehaviors	-.00	-.02	.05	.06	.10
Frequency of Harsh response across misbehaviors	-.10	-.15**	-.00	.09	.04
Perceived effectiveness of BPT-Congruent techniques across misbehaviors	.04	.08	.13*	-.01	.06
Perceived effectiveness of BPT-Noncongruent techniques across misbehaviors	-.05	.00	.04	-.03	.09
Perceived effectiveness of Harsh techniques across misbehaviors	-.06	-.07	.03	-.02	.10
Frequency of BPT-Congruent response across positive behaviors	-.07	-.00	-.02	-.03	.10
Frequency of BPT-Noncongruent response across positive behaviors	-.31**	-.25**	-.21**	-.06	.10
Agreement with BPT-Congruent beliefs	.26**	.19**	.20**	.02	-.04
Agreement with BPT-Noncongruent beliefs	.01	.11	.00	.00	-.00
Acceptability of Western BPT techniques	.06	.16**	.02	.04	.05
Perceived Feasibility of Western BPT techniques	-.00	.09	-.06	.00	.08
Anticipated Effectiveness of Western BPT techniques	-.07	.03	-.08	-.03	.06

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

3.5. Relations between parent background characteristics, and parents' responses to child behavior

We next assessed relations between (a) family background characteristics (e.g., household income, parental level of education, Western Acculturation), and (b) parents' beliefs and responses to child behavior. Table 5 reports Pearson correlations among the variables. To assess overall relations between parent background characteristics, and parent responses to child behavior, we conducted multivariate regressions. In the first, the various BPT-Congruent parent responses and beliefs (i.e., level of endorsement of [i] BPT-Congruent responses to child misbehavior, and [ii] child positive behavior, [iii] effectiveness of BPT-Congruent responses, and [iv] BPT-Congruent beliefs about punishment and reward) served as the dependent variables, with each of the background characteristics (e.g., household income) as the independent variable in a series of analyses. Thus, this analysis assessed the overall relation between household income, etc., and parents' tendency to report endorsement of BPT-Congruent behaviors, etc. Similar analyses assessed relations between the family characteristics and BPT-Noncongruent responses, and Harsh responses.

Three family background characteristics were analyzed as independent variables in relation to the parent BPT behaviors and beliefs. Household Income, the first background characteristic, was significantly related to BPT-Congruent beliefs and behavior, $F(4,290)=8.15$, $p<.0001$ (see Table 6). To interpret the significant multivariate relation, we inspected the canonical structure, considering dependent variables with a canonical structure loading with an absolute value $\geq .40$ to be a part of the canonical variate. One variable, BPT-Congruent Beliefs (about reinforcement and punishment)

loaded above the cutoff (with a positive loading (.82)), indicating that the canonical variate was primarily composed of BPT-Congruent Beliefs. The canonical correlation between Household Income and the BPT-Congruent canonical variate was .31, indicating that the higher the level of household income, the higher the level of BPT-Congruent beliefs and behavior (as defined by the canonical variate). Household Income and BPT-Noncongruent beliefs and behavior also were significantly related, $F(4,290)=9.84$, $p<.0001$ (see Table 6). The canonical correlation of .34 with a loading of -.92 indicating that the higher the household income, the lower the level of BPT-Noncongruent responses to child positive behavior. Household Income was also significantly related to BPT Attitudes with the canonical variate primarily defined by Anticipated effectiveness of Western BPT Techniques $F(4,290)=5.25$, $p<.01$. This relation was of moderate size (.23 canonical correlation), with the positive canonical structure coefficient (.35) indicating that higher household income was associated with higher level of expectation about effectiveness of Western BPT techniques.

Parent Education was significantly related to BPT-Congruent ($F(4,296)=3.96$, $p<.01$); BPT-Noncongruent ($F(4,296)=8.54$, $p<.0001$); Harsh ($F(4,296)=3.6$, $p<.01$) and BPT attitude ($F(4,296)=5.80$, $p<.001$) (see Table 7). For BPT-Congruent, the canonical variate was defined primarily by BPT-Congruent Beliefs, and BPT-Congruent Response to Child Misbehavior. The direction of this relation was positive (.42 & .88), indicating that the higher education level, the higher the level of BPT-Congruent behavior and beliefs. For BPT-Noncongruent beliefs and behavior, with the canonical variate primarily defined by BPT-Noncongruent Response to Positive Behavior

with the canonical structure coefficient was negative (-.80) indicating the higher education level, the lower the level of reported BPT-Noncongruent responses. For Harsh beliefs and behavior, with the canonical variate defined primarily by Harsh Parent Response to Child Misbehavior, and by Effectiveness of Harsh Responses. The direction of this relation was negative (the higher education level, the lower the level of Harsh responses but of small size). Finally, for BPT Attitudes (regarding acceptability, feasibility, and effectiveness), with the canonical variate primarily defined by Acceptability of Western BPT Techniques. This relation was of moderate size (.24 canonical correlation), with the positive canonical structure coefficient indicating that higher education level was associated with higher level Acceptability of Western BPT techniques.

Western Acculturation was significantly related to BPT-Congruent ($F(4,296)=6.54$, $p<.0001$); BPT-Noncongruent ($F(4,296)=5.04$, $p<.001$); and Acceptability of Western BPT techniques ($F(4,296)=4.09$, $p<.01$) (see Table 8). For BPT-Congruent, the canonical variate was defined by BPT-Congruent response to

child misbehavior, Effectiveness of BPT-Congruent response, and BPT-Congruent beliefs. The direction of this relation was positive (.61; .46 and .72) and of moderate size (canonical correlation = .28), indicating the higher the level of Western lifestyle influence, the higher the level of BPT-congruent beliefs and behavior. For the BPT-Noncongruent analysis, the canonical variate was defined by BPT-Noncongruent response positive behavior. The direction of this relation was negative, with the canonical structure loading for BPT-Noncongruent response positive behavior = -.85 and the canonical correlation=.25, indicating that the more involvement in a Western life style the lower the level of reported BPT-Noncongruent parent behaviors. For the Acceptability of Western BPT techniques analysis, the canonical variate was defined by the anticipated effectiveness of Western BPT techniques (canonical structure loading of .42 with the canonical correlation=.19, indicating the more exposure to a Western lifestyle the higher level of anticipated effectiveness of Western BPT techniques.

Table 6. Multivariate regression results for Household income

Independent variable	Dependent variables	Canonical Structure	Canonical Correlation	F
BPT-Congruent beliefs and behavior	BPT-Congruent response to child misbehavior	.25	.31	8.15****
	Effectiveness of BPT-Congruent response	.14		
	BPT-Congruent response to child positive behavior	-.23		
	BPT-Congruent beliefs	.82		
BPT-Noncongruent beliefs and behavior	BPT-Noncongruent response misbehavior	-.01	.34	9.84****
	Effectiveness of BPT-Noncongruent response	-.14		
	BPT-Noncongruent response positive behavior	-.92		
	BPT-Noncongruent beliefs	.04		
Harsh	Harsh response misbehavior	-.98	.11	1.74
	Effectiveness of Harsh response	-.63		
Acceptability, Feasibility, Effectiveness	Acceptability of Western BPT techniques	.29	.23	5.25**
	Perceived feasibility of Western BPT techniques	-.03		
	Anticipated effectiveness of Western BPT techniques	.35		

Note: * $p<.05$; ** $P<.01$; *** $P<.001$; **** $P<.0001$

Table 7. Multivariate regression results with Parent Education Level

Independent variable	Dependent variables	Canonical Structure	Canonical Correlation	F
BPT-Congruent beliefs and behavior	BPT-Congruent response to child misbehavior	.42	.23	3.96**
	Effectiveness of BPT-Congruent response	.38		
	BPT-Congruent response to child positive behavior	-.01		
	BPT-Congruent beliefs	.88		
BPT-Noncongruent beliefs and behavior	BPT-Noncongruent response misbehavior	-.06	.32	8.54****
	Effectiveness of BPT-Noncongruent response	.00		
	BPT-Noncongruent response positive behavior	-.80		
	BPT-Noncongruent beliefs	.34		
Harsh	Harsh response misbehavior	-.99	.15	3.46*
	Effectiveness of Harsh response	-.51		
Acceptability, Feasibility, Effectiveness	Acceptability of Western BPT techniques	.71	.24	5.80****
	Perceived feasibility of Western BPT techniques	.39		
	Anticipated effectiveness of Western BPT techniques	.13		

Note: *p<.05; **P<.01; *** P<.001; **** P<.0001

Table 8. Multivariate regression results with Western Acculturation

Independent variable	Dependent variables	Canonical Structure	Canonical Correlation	F
BPT-Congruent beliefs and behavior	BPT-Congruent response to child misbehavior	.61	.28	6.54****
	Effectiveness of BPT-Congruent response	.46		
	BPT-Congruent response to child positive behavior	-.08		
	BPT-Congruent beliefs	.72		
BPT-Noncongruent beliefs and behavior	BPT-Noncongruent response misbehavior	.20	.25	5.04***
	Effectiveness of BPT-Noncongruent response	.16		
	BPT-Noncongruent response positive behavior	-.85		
Harsh	BPT-Noncongruent beliefs	.04	.04	.31
	Harsh response misbehavior	-.18		
Acceptability, Feasibility, Effectiveness	Effectiveness of Harsh response	.80	.19	4.09**
	Acceptability of Western BPT techniques	.11		
	Perceived feasibility of Western BPT techniques	-.31		
	Anticipated effectiveness of Western BPT techniques	.42		

Note: *p<.05; **P<.01; *** P<.001; **** P<.0001

4. Discussion

Overall, Vietnamese parents reported they would use significantly more of BPT-Noncongruent responses than BPT-Congruent responses for relatively serious child misbehavior (e.g., stealing) but significantly more of BPT-Congruent responses than BPT-Noncongruent responses for more mild child misbehavior (e.g., whining). The mean for Harsh responses was significantly lower than the mean for BPT-Congruent and BPT-Noncongruent responses across all six child misbehaviors, but significantly greater than 1 (never) indicating that parents reported they sometimes would use Harsh responses (e.g., tie the child up with a rope). The first finding, that Vietnamese parents used more BPT-Noncongruent responses for more serious child misbehavior, is consistent with the literature suggesting that Asian parents in general tend to adopt authoritarian parenting styles that are more control-oriented and more restrictive [7]. This perspective is also supported by the fact that although Vietnamese parents reported less use of Harsh responses than other responses, their mean score for Harsh responses was greater than “never”. This could be when family face is on the line,

The second finding, that Vietnamese parents used more BPT-Congruent responses for mild misbehavior than BPT-Noncongruent responses may be because Vietnamese parents are not highly concerned about these relatively non-serious behaviors. This may be at least in part be true because these child behaviors are more private, in the home (whining, fighting with a sibling) and do not immediately bring shame to parents and family in contrast to very public behaviors like fighting at school or shoplifting. It also is possible that Vietnamese parents perceived that these behaviors as caused by immaturity rather than a violation of moral

values, and hence respond less aggressively (and more congruent with BPT principles). Consequently, it may be easier for Vietnamese parents to respond with a patient, calm voice and explain the purpose of rules for the child with mild misbehaviors whereas they tend to over react to more severe misbehaviors to preserve the family’s reputation [2].

Parents in our sample seemed relatively open to seeking help for child behavior problems, with only about 5-10% of parents indicating that they would not seek help even if the problem worsened. Across the four types of child misbehaviors, parents were significantly least likely to seek help from a psychologist, and in general parents were significantly most likely to seek help from school personnel (a teacher or school principal). This pattern may reflect several things. The first is that Vietnamese parents (and Vietnamese in general) are not highly familiar with psychologists [4], and hence may not be aware of psychologists’ potential value in helping with child behavior problems. It is also possible because of this lack of familiarity, psychologists may be seen as connected to more severe and overtly abnormal forms of mental illness such as schizophrenia [4], and their use hence may be seen as more stigmatized.

In contrast, teachers and principals may be more likely to be seen as sources of help because they are very familiar to parents. In addition, Vietnamese parents may not perceive child behavior problems as “mental health” problems appropriate for a psychologist but rather as bad habits or bad temperament that a teacher can educate the child. In addition, in Asian countries, traditionally students have even more respect for teachers than parents [10], so parents may seek help from this potentially powerful source. Similarly and

conversely, if Vietnamese do not see these child behavior problems as related to mental health they would not be likely to seek help from psychologists. This is partly supported by research findings that a sense of shame (in this case, related to child problems being seen as a “mental health” issue) reduces parents’ interest in seeking or participating in mental health services such as BPT [5].

Regarding BPT’s acceptability, Vietnamese parents were fairly willing to try all six BPT techniques, perceived relatively few barriers to implementing these techniques, and that all of the techniques they would be fairly effective (all of the mean scores for Acceptability, Perceived Feasibility and Anticipated Effectiveness were > 3 : somewhat willing / feasible/effective). The results from the current study are consistent with previous findings that reported that Chinese-immigrant parents have similar views of the acceptability of the techniques offered within BPT as Euro North Americans [12].

As expected, Vietnamese parents reported Ignoring as the least acceptable, least feasible, and least effective BPT technique. Vietnamese parents may have difficulty accepting this technique because they believe that training and educating children is the active responsibility of parents. Children need to be educated every time they make a mistake and parents may view ignoring even minor undesired behavior as indicating that they cannot control their children rather than an active child discipline strategy. In addition, to implement ignoring it is very important to implement the technique consistently. However, it likely would be hard for Vietnamese parents to implement it consistently because even if they were in support of the technique, they often live in extended families and their discipline may have interrupted by grandparents who have power in

the household, but less interest in trying new child management techniques.

Contrary to our expectations, Vietnamese reported relatively high levels of acceptance of praise as an effective tool to increase desired behaviors and reduce negative behaviors in their children. We hypothesized that parents would not have positive attitudes towards or use praise because the literature review suggested that Asian parents in general have a belief that too much praise on their children will lead them to act arrogant [4], and because Asian parents and children do not talk openly about their experiences with each other. They believe that direct expression of warmth may harm their children. Moreover, children “just know parents care about them” so praise or direct positive emotional exchanges are not necessary [9]. However, it is possible that Vietnamese parents may understand that using labeled praise focused on specific behavior such as “You’ve done a good job of cleaning! Thank you for helping me” will not increase the risk of arrogance in their children, in contrast to general, unfocused praise. There are some studies that support this position, such as [8, 11, 16]. Yu et al. (2011), for instance, found that Chinese parents did tend to accept praise and responsive play. They suggested that Chinese populations may report positive attitudes towards and use of praise possibly (a) because the Chinese parents believed that these techniques were being promoted by an expert and the parents rated all of the techniques as relatively acceptable, to show respect to the expert; (b) because Chinese may see the benefits of praise from a different perspective. They may praise the child before the desired behaviors to motivate them which may be more acceptable in Asian countries [11]. In sum, Vietnamese parents showed less acceptability, feasibility and effectiveness toward BPT

punishment techniques (ignoring, time out, and losing privilege) than reinforcement techniques (praise, special play time). It is possible that the Vietnamese parents' lack of enthusiasm for BPT punishment techniques is because they are a mismatch with their cultural beliefs about shame, fear or guilt based discipline as the most appropriate forms of punishment [2]. Similarly, Vietnamese parents may show more acceptability, feasibility and anticipated effectiveness for BPT-Congruent Techniques (e.g., praise) because the forms of punishment that they prefer (e.g., making the child feel guilty) were not included in the list of potential responses.

Analysis of canonical relation revealed that Income and Education level correlated positively with Agreement with BPT-Congruent Techniques and negatively with BPT-Noncongruent Responses to Positive Child Behavior, and Western Style correlated positively with Use of BPT-Congruent Techniques and Negatively with BPT-Noncongruent Response to Positive Child Behavior. Moreover, parents who behaved following Western styles have more of a tendency to have positive attitudes towards BPT techniques.

5. Clinical Implications

The results of this study suggest that, at least among our relatively well educated sample, Vietnamese parents are fairly willing to participate in BPT training and are open in general to BPT techniques. Thus, relatively little modification of BPT may be necessary for Vietnamese parents. However, Vietnamese parents reported relatively less acceptability for central non-physical punishment BPT techniques such as ignoring and time out. This suggests that in order to engage Vietnamese

parents into BPT treatment, the clinician may need to be careful to avoid direct negative statements about use of physical punishment techniques, at least initially, in order to avoid alienating the parents. This same pattern was found for the acceptability and effectiveness of BPT techniques. This suggests that it may be particularly important in regards to parental engagement to clarify the purpose of each punishment technique (in particular, techniques such as ignoring and time out, which may be seen as excessively mild) by explaining the purpose of the technique and why it works. Since Vietnamese parents show highest level of respect for teachers and tend to seek help from teachers for their child misbehaviors, it may be useful if BPT programs are advertised through school system, and school personnel who understand the program can refer the parents to this program. Finally, engagement also may be maximized by explaining the goals of BPT as focused on managing noncompliant behaviors rather than on improving parent-child relationships or increasing appropriate behaviors.

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

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Thái độ của cha mẹ người Việt về chương trình tập huấn hành vi cha mẹ theo quan điểm phương Tây

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Tóm tắt: Chương trình tập huấn hành vi cha mẹ (BPT) đã được chứng minh có hiệu quả trong việc cải thiện nhiều vấn đề hành vi ở trẻ. Tuy nhiên, hầu hết các nghiên cứu đều được tiến hành ở các nước phương Tây, nơi có đặc điểm văn hóa hoàn toàn khác biệt với các nước Châu Á. Do vậy, khả năng vận dụng và tính tương thích của chương trình BPT đối với cộng đồng người Châu Á như Việt Nam là chưa rõ ràng. Nghiên cứu này đánh giá mức độ chấp nhận của cha mẹ, nhận thức về tính khả thi cũng như hiệu quả dự đoán của các kỹ thuật BPT ở Việt Nam. Có 303 cặp cha mẹ và trẻ đang học lớp bốn hoặc lớp năm đã tham gia mẫu nghiên cứu. Cha mẹ Việt Nam báo cáo sử dụng hành vi theo quan điểm BPT nhiều hơn những hành vi không theo quan điểm BPT với những lỗi ít nghiêm trọng (như cãi nhau) và sử dụng nhiều những hành vi không theo quan điểm BPT hơn với những lỗi nghiêm trọng (như đánh nhau). Cha mẹ báo cáo hiếm khi sử dụng những hành vi khắc nghiệt (như trói trẻ vào ghế) nhưng tần suất sử dụng hoàn toàn lớn hơn mức “không bao giờ”. Cha mẹ Việt Nam thường tìm kiếm sự giúp đỡ từ nhà trường (giáo viên hoặc hiệu trưởng) và ít có xu hướng tìm kiếm sự trợ giúp từ nhà tâm lý. Nhìn chung, kết quả nghiên cứu cho thấy cha mẹ Việt Nam cởi mở với các kỹ thuật BPT để cải thiện vấn đề hành vi cho con. Mức thu nhập, trình độ học vấn và khả năng hội nhập văn hóa phương Tây càng cao thì cha mẹ càng có thái độ tích cực với các kỹ thuật can thiệp BPT.

Từ khóa: Tập huấn hành vi cha mẹ, mức độ chấp nhận, Việt Nam.