

Comparison of the Effectiveness of Positive Parenting Program and Mindfulness Parenting Education on Social Development in Preschool Children

Mariam Hosseinimotlagh¹, Ali Rahimi², Sajad Aminimanesh¹

1 Department of Psychology, Shiraz Branch, Islamic Azad University, Shiraz, Iran

2 Department of Psychology, Zarand Branch, Islamic Azad University, Kerman, Iran

Corresponding Author: Mariam Hosseinimotlagh; *Department of Psychology, Shiraz Branch, Islamic Azad University, Shiraz, Iran*
Email: mhosseinimotlagh@iauo.ac.ir

Quantitative Study

Abstract

Background: Parenting is a difficult but enjoyable process. When aligned with children's developmental process, parenting reduces problems and empowers children for better behavioral and emotional functioning. Therefore, this study was conducted to compare the effectiveness of positive parenting program (Triple P) and mindful parenting (MP) on the level of preschool children's social development.

Methods: This was a quasi-experimental study with a pretest-posttest, control design and a 3-month follow-up. The study population included all mothers of preschool children in Shiraz in the educational year 2019-2020. The sample consisted of 45 mothers who were selected using convenience sampling and were then randomly assigned to two experimental groups, each including 15 mothers. First, the Children's Communication Checklist (CCC) (Bishop, 1998) was completed by the children's mothers. Then, the first experimental group participated in Triple P sessions (Sanders et al., 2005) and the second experimental group took part in mindful parenting sessions (Duncan, Coatsworth, Gayles, Geier, & Greenberg, 2015). The control group did not receive any treatment. Subsequently, the aforementioned questionnaire was completed again by the mothers in the three groups. The collected data were analyzed using repeated measures ANOVA in SPSS software.

Results: The results indicated that Triple P had a more positive effect on children's social development level ($p < 0.05$) and the components of suitable initiation ($P < 0.01$) and social skills ($p < 0.001$) than MP training. Furthermore, the effectiveness of MP training on the children's ability for suitable communication ($P < 0.01$) was greater than the Triple P.

Conclusion: Therefore, positive parenting and MP are both good ways to promote a child's social development. Thus, positive parenting program can be used as the preferred method for mothers to increase the social development of their children.

Keywords: Positive parenting program; Mindfulness; Parenting; Social development

Citation: Hosseinimotlagh M, Rahimi A, Aminimanesh S. **Comparison of the Effectiveness of Positive Parenting Program and Mindfulness Parenting Education on Social Development in Preschool Children.** *Int J Body Mind Culture* 2023; 10(4): 565-75.

Received: 09 Mar. 2023

Accepted: 19 Aug. 2023

Introduction

Family is the first locus of a child's social communication, and basically, children recognize the expectations of the social life within the framework of their family and follow their parents' parenting orientations (Bureau, Trepiaik, Deneault, & Boulerice, 2021). The family is the context in which life begins and forms (Dubois-Comtois et al., 2021). Children's experiences with caregivers, especially mothers, play an important role in shaping and developing their mental structure such as emotions, personality, and behaviors (Widyawati, Scholte, Kleemans, & Otten, 2021). As a result, the upbringing of a child and the formation of his/her developmental dimensions which are reflected in his/her behavior will be influenced by his/her parents (Garcia, DeNard, Ohene, Morones, & Connaughton, 2018). The emotional relationship between the child and the parent is considered an effective factor in the treatment process. Thus, parents' training could be as effective as a therapist's or even more for their children (Hodgetts, Savage, & McConnell, 2013). One of the parental training programs is positive parenting designed based on family behavior therapy which applies the principles of social learning (Bodenmann, Cina, Ledermann, & Sanders, 2008). The positive parenting program (Triple P) is a preventive intervention with selective interventions particularly designed for children at risk of behavioral problems and their parents. It includes 5 different developmental stages from neonatal to adolescence (Yamaoka & Bard, 2019). This program is a multi-level parenting intervention aimed originally at enhancing parents' knowledge, skill, and self-confidence in order to prevent or reduce their children's behavioral and emotional problems, and to improve the growth of children and adolescents at the social level (Sanders & Woolley, 2005). All therapeutic levels of these methods have focused on increasing mothers' autonomy and self-efficacy in the management of their child's behavior. Training mothers to develop their children could create and sustain a sense of competency and patience in the mothers (Karjalainen, Kiviruusu, Aronen, & Santalahti, 2019). Positive parenting seems to provide favorable conditions for parents to improve their knowledge, skills, and self-confidence to empower them to reduce the behavioral, emotional, and developmental problems of their children and adolescents (Alvarez, Byrne, & Rodrigo, 2021).

A growing body of evidence has been obtained for the efficacy of the Triple P during the past 30 years. The outcome of many experiments conducted in countries, such as Hong Kong, Japan, Germany, Switzerland, Australia, New Zealand, and the United States has shown the effectiveness of this program (Sanders, 2002; Sanders, 2012). Group training of this method also increases the children's protective factors and decreases the risk factors related to their behavioral and emotional problems (Lakind & Atkins, 2018). The parenting training program can teach parents how to offer appropriate patterns under such conditions to play an important role for their children in transferring what they have learned about healthy lifestyles (Sanders, Kirby, Tellegen, & Day, 2014). As the parent's abilities increase, the children's behavioral problems will decrease. In addition, a Triple P offers some information about children's external and internal disorders as well as some instruction about the mother-child relationship and parental skills. This can be used to reduce the intense behavioral and emotional problems, and thus, to understand and enhance the quality of the mother-child relationship (Arjmandnia, Ashoori, & Jalil Abkenar, 2017). Thus, positive parenting provides an opportunity for teaching social communication and effective interaction by producing a developmental atmosphere (Yamaoka & Bard, 2019). Moreover, it provides the circumstances to improve the relationship between

the child and mother, which in turn provides a good opportunity to teach suitable behaviors (Kabiri & Kalantari, 2018).

Presently, mindfulness interventions are increasingly used to treat all kinds of mental and behavioral problems. This is largely due to the proven role of incompatible attentive processes in maintaining the problems. Mindfulness has also been used in the field of parenting. Although the definition of mindfulness differs from one researcher to the next, they all believe that mindfulness is about increasing attention and awareness of the present moment (Schmertz, Masuda, & Anderson, 2012). Limited and evaluative attention processes of parenting can be the opposite of mindfulness attention, which is the awareness that arises through paying attention in a particular way, on purpose, in the present moment, and nonjudgmentally (Widyawati et al., 2021). In other words, mindful parenting (MP) is an effort to increase parents' awareness and focus on parent-child interactions that can help improve their relationship (Gannon, Mackenzie, Short, Reid, Hand, & Abatemarco, 2022). Therefore, MP is a new approach that exchanges emphasis on the child's problems with an emphasis on the stress, discomfort, and psychopathology of parents and expects them to show a better and nonreactive attitude toward the challenges of parenting (Shorey & Ng, 2021).

The increase in mindfulness may help an individual focus on the social work being done at that moment (McCaffrey, Reitman, & Black, 2017). The effects of mindfulness may result from the improvement in the ability to regulate emotions and reduce obsessive rumination (Parent, McKee, Anton, Gonzalez, Jones, & Forehand, 2016). Increased mindfulness develops an adaptive form of focused attention which reduces unintentional parental behaviors and improves behavioral self-regulation in the parent and his/her child (Baer, 2009). In MP, parents are trained to focus on the present moment rather than paying attention to the children's problematic behaviors, parental stress, and damages (Bogels, Hellemans, van Deursen, Romer, & van der Meulen, 2014). Furthermore, the main issue in mindfulness parenting is employing a different approach to dealing with parental stresses (Kabat-Zinn, 2003). MP tries to teach people to place their focus on their external environment and what is happening at the present moment rather than focusing on their internal problems. The teaching of attention skills like concentration, awareness of thoughts, ability to broaden the attention, awareness of the results, and controlling behaviors and unconscious thoughts are very helpful in decreasing the problems of the children and their parents (Bogels & Restifo, 2014). Moreover, the parenting education program can teach parents how to play a more positive role for their children by providing them with appropriate models (Pakmehr, Khademi, Noorbakhsh, Razjouyan, & Davari-Ashtiani, 2018) and presenting them with a healthy lifestyle they can teach their children (Noorbakhsh, Zeinodini, & Rahgoza, 2014). The momentous role of parenting styles in child development has been confirmed by various researchers (Khabir, Farid Ghasrodashti, & Rahimi, 2015). Thus, this study was conducted with the aim of answering the following research question: Is there any difference between positive parenting and mindfulness parenting regarding preschool children's social development?

Methods

This was a quasi-experimental study with a pretest-posttest and control design and a 3-month follow-up. The study population included all mothers of preschool children in Shiraz, Iran, in the educational year 2019-2020. Furthermore, the statistical sample

consisted of 45 mothers who were selected using convenience sampling and were then randomly assigned to 2 experimental groups and 1 control group, with each including 15 mothers. To select the participants, written announcements for holding a parental training course were first distributed in 12 preschool centers (4 centers in each district). Then, 45 mothers who had similar demographic characteristics, such as age, duration of marriage, number of children, and education were selected from among the volunteers. The inclusion criteria were mothers of preschool children in Shiraz, in the 23 to 35 age group, with minimum education of middle school, and without a history of neurologic disease, mental illness, and hospitalization. The exclusion criteria included failure to do weekly tasks, and absence from more than 2 sessions.

The Children's Communication Checklist (CCC) (Bishop, 1998) was completed by the 3 groups of mothers. Next, the first experimental group took part in the Triple P and the second experimental group participated in the mindfulness parenting program. During this time, the control group did not receive any training. Afterward, the aforementioned questionnaires were completed by the 3 groups as posttest and 3 months later as follow-up.

The Children's Communication Checklist: The CCC was designed by Bishop (1998) and validated for children of 4-16 year of age by Shirazi, Malekian, Zarifian, & Dastjerdi Kazemi (2018). The results of factor analysis by Bishop (1998) for the validity of this scale showed that it contains 9 subscales and 70 questions. Its factors include speech, syntax, inappropriate initiation, coherence, stereotypical language, context use, improper communication, social skills, and interests. These dimensions explain 64% of the total variance. Furthermore, Cronbach's alpha coefficient of the CCC was reported to be .82 (Shirazi et al., 2018). In the present research, the improper initiation, improper communication, and social skills subscales were used. The scoring of these items was reversed. The reliability coefficient (using Cronbach's alpha method) for the total sample group and all items was 0.89.

Interventions

A summary of the Triple P sessions (Sanders et al., 2005): The Triple P was carried out weekly by the researcher and an assistant. Each session lasted for 60-90 minutes. The summary of these program sessions is presented in table 1.

Table 1. Positive Parenting Program

Sessions	Contents
1	Introducing of participants to each other and to the instructor, and familiarizing them with behavioral problems, the effective factors in children's behavior, and the positive methods of behavior
2	Paying attention to emotional and behavioral problems, improving the parent-child relationship, and expressing verbal and nonverbal affection
3	Introducing all the varieties of reinforcement, the methods of attention enhancement and suitable behaviors, verbal admiration, scoring, attractive activities, and token economy
4	Introducing the unintentional effects of punishment, rules for enacting laws and reforming behavior, presenting the necessary tips for the effective use of punishment, and reduction of inappropriate behavior
5	Introducing troubled situations, planning methods, and readiness to deal with unwanted behavior
6	Introducing the obstacles to change and the methods of dealing with them, and teaching practical solutions to problems
7 and 8	Defining and explaining normal and abnormal behavior, the effects of play on behavior, teaching behavior management, and conducting the posttest

The summary of mindful parenting sessions: MP highlights 5 dimensions of parenting including listening with complete attention, accepting without judging yourself or the child, having emotional awareness of yourself and the child, self-regulation in parenting, and compassion for yourself and the child. Furthermore, the training sessions in this research were conducted based on the curriculum suggested by Duncan, Coatsworth, Gayles, Geier, and Greenberg (2015) in 8 frames, 5 of them were related to training and the remaining to practice. The process of training in this research was carried out weekly by the researcher and an assistant. The duration of each session was 60-90 minutes. The summary of the training sessions is presented in table 2.

Finally, the obtained data from the completed questionnaires were entered into SPSS software (Version 22, IBM Corp., Armonk, NY, USA) in order to analyze and compare the efficacy of these two methods. The results of the pretest and posttest were compared with each other. The obtained data were analyzed using multivariate analysis of covariance (MANCOVA). The ethical issues considered in the present study were voluntary participation, informed consent, anonymity, and confidentiality. This study has been approved with the code 1401/5/20375 by the ethics committee of the Islamic Azad University, Shiraz.

Results

The analysis of the descriptive results of the sample group showed that there were 15 mothers in each of the three groups: positive parenting, mindfulness parenting, and control group. The age range of each group was 23 to 35 years [Mean ± Standard deviation (SD) = 27.2 ± 3.14 years]. The average number of children in each group was 2.3. Moreover, the mothers’ education ranged from diploma to bachelor’s degrees. Table 3 shows the mean and standard deviation of the research variables.

MANCOVA was utilized to study the research hypothesis regarding the effectiveness of Triple P and MP on the level of preschool children’s social development. Before this analysis was conducted, Levene’s test had shown that the assumption of homogeneity of variance had been met [F = 1.71; P = 0.20]. Then, the interaction among the factor of groups and posttest was studied to explore the homogeneity of regression slope. The results indicated that this homogeneity was insignificant, proving that the assumption of homogeneity of regression was met [F = 1.43; P = 0.25].

Table 2. Mindful Parenting Sessions

Sessions	Contents
1 and 2 (listening with full attention)	The participating members introduce themselves, recognize the related problems with the child’s behavior and introduce mindfulness parenting, and learn full-attention listening in present experiences.
3 and 4 (nonjudgmental acceptance of self and child)	In this model, there is special attention to the parent’s beliefs and expectations which deprive them of constructive interactions with their children.
5 and 6 (emotional awareness of self and child)	In these sessions, there is a focus on the emotional awareness of parents themselves and their children. Intensive emotions could cause some problems in processing.
7 (self-regulation in parenting relationship)	In this session, the focus is on the self-control and self-regulation of the parents.
8 (sympathy for self and child)	MP places great emphasis on emotional sympathy among parents and their children.

Table 3. Mean and standard deviation of the research variables

Variables	Test	Positive parenting (mean ± SD)	Mindfulness parenting (mean ± SD)	Control (mean ± SD)
Social development	Pretest	60.80 ± 7.23	60.13 ± 5.88	58.53 ± 6.06
	Posttest	74.33 ± 5.97	71.20 ± 4.50	57.66 ± 7.23
Suitable initiation	Pretest	18.26 ± 2.12	18.13 ± 2.24	17.33 ± 2.25
	Posttest	23.46 ± 2.40	21.60 ± 2.68	17.46 ± 2.58
Suitable communication	Pretest	17.46 ± 2.03	16.13 ± 3.33	15.86 ± 3.24
	Posttest	18.93 ± 2.33	20.26 ± 2.88	15.40 ± 2.39
Social skill	Pretest	25.06 ± 3.11	24.46 ± 3.20	25.30 ± 2.25
	Posttest	31.93 ± 3.34	29.33 ± 3.77	24.80 ± 2.67

SD: Standard deviation

Moreover, the assumption of normal distribution of data was checked using Kolmogorov-Smirnov test which confirmed the normality of data for both the pretest scores [K-S = 1.06; P = 0.021] and posttest scores [K-S = 1.06; P = 0.210]. The results of MANCOVA for the mean of the research variables in the posttest stage are presented in table 4.

As shown in the above table, the levels of significance in all tests revealed that there was a significant difference in the level of social development and its components in the posttest stage among the compared groups for at least 1 of the variables. Subsequently, MANCOVA was utilized to determine which educational method had been effective on the level of social development. This could control the effect of the pretest. The results are presented in table 5.

The results of MANCOVA in table 5 show that there was a significant difference in the mean scores of the level of social development [F = 49.69; P = 0.001], suitable initiation components [F = 29.48; P = 0.001], suitable communication [F = 17.87; P = 0.001], and social skill components [F = 17.51; P = 0.001] among the study groups. Furthermore, the analysis of effect size indicates that the training of Triple P and MP explains 55% of variance in social development, 46% of variance in suitable initiation, 36% of variance in suitable communication, and 38% of variance in social skill. Finally, the least significant difference (LSD) of the follow-up results indicates among which groups the significant differences existed.

The results presented in table 6 indicate a significant difference between the effect of Triple P and MP on children’s social development level (P = 0.05) and the components of suitable initiation (P = 0.01), suitable communication (P = 0.002), and social skill (P = 0.002). Moreover, there was a significant difference between the Triple P group and the control group, and the MP group and the control group. Consequently, according to the table of means, Triple P (Mean = 78.33) had a greater effect on children’s social development level than MP (Mean = 71.2). Furthermore, Triple P (Mean= 23.46) had a greater effect on children’s ability to create suitable initiation than MP (Mean = 21.6). Furthermore, MP (Mean = 20.26) had a greater effect on children’s ability to establish suitable initiation than Triple P (Mean = 18.93). Finally, Triple P (Mean = 31.93) had a greater effect on children’s social skills than MP (Mean = 33.29).

Table 4. The results of multivariate analysis of covariance for the posttest

Test	Amount	F	df of hypothesis	df of error	P-value	η^2
Pillai's trace	1.12	16.24	6	76	0.001	0.56
Wilks' lambda	0.15	19.19	6	74	0.001	0.60
Hotelling's trace	3.72	22.35	6	72	0.001	0.65
Roy's largest root	3.15	39.91	6	38	0.001	0.75

df: Degree of freedom

Table 5. The results of multivariate analysis of covariance regarding the effect of positive and mindfulness parenting on children’s level of social development

Variable	SS	df	MS	F	P-value	η^2
Social development (Total)	1794.93	2	897.46	49.69	0.001	0.55
Suitable initiation	207.77	2	103.88	29.48	0.001	0.46
Suitable communication	155.04	2	77.52	14.87	0.001	0.36
Social skill	344.60	2	172.30	17.51	0.110	0.38

SS: Sum of squares; MS: Mean squares; df: Degree of freedom

Discussion

The present study compared the effects of Triple P and MP on preschool children’s social development levels. The study findings illustrated that Triple P had greater impact on children’s social development level and the components of suitable initiation and their social skills than MP.

In agreement with the study findings, Jespersen, Morris, Hubbs-Tait, and Washburn (2021) reported significant increases in caregiver-reported responsive parenting, developmental knowledge, parenting efficacy, mindfulness, overall positive child behavior, child pro-social behavior, and decreased parenting stress. Analysis of the treatment and control groups illustrated group differences indicative of the effectiveness of the training programs on the parenting outcomes of mindfulness, parenting efficacy, and parenting stress (Jespersen et al., 2021). With increase in parents' abilities in parenting, children's developmental problems are reduced (Lee et al., 2019).

Therefore, parenting programs can improve children's development by teaching skills to parents and providing information about the challenges of parenting and the developmental process of children (Meleady, Clyne, Braham, & Carr, 2020). In other words, the kind of parenting used can play a role in highlighting or weakening the interactive structure of children (Jiang, Luo, Xu, & Wang, 2018). In exploring the effect of positive parenting and MP, it can be said that positive parenting focuses on parenting by paying attention to the child’s capabilities rather than the negative and controlling factors (Day et al., 2021). Furthermore, positive parenting changes the relationship between parents and their children, and replaces negative emotions with positive ones to develop effective parenting and reduce interpersonal problems (Hornor et al., 2020). To put it simply, because of an emphasis on positive reinforcement, positive parenting can create more motivation for the expression of socially appropriate behavior (Weaver, Weaver, Loux, Jupka, Lew, & Sallee, 2019).

Table 6. The results of the follow-up test to compare the differences in social development levels among the different treatments groups

Variable	Groups	Difference of means	SD error	P-value
The level of social development	Triple P and MP	2.86	1.48	0.005
	Triple P and control	15.02	1.47	0.001
	MP and control	12.16	1.45	0.001
Suitable initiation	Triple P and MP	1.64	0.62	0.001
	Triple P and control	5.31	0.61	0.001
	MP and control	3.67	0.60	0.001
Suitable communication	Triple P and MP	2.64	1.05	0.020
	Triple P and control	4.91	1.01	0.001
	MP and control	2.26	0.88	0.001
Social skill	Triple P and MP	3.18	0.95	0.002
	Triple P and control	7.03	0.95	0.001
	MP and control	3.85	0.93	0.001

SD: Standard deviation

Childcare programs that include positive discipline principles have various strategies so that different users can use them for numerous purposes. The presence of parents and their persistence also influenced their success in carrying out the program in their daily lives at home (Estiningsih, Laksana, Syam, & Ariyanto, 2021).

In addition, MP training had more influence on children's ability to establish suitable communication than Triple P. These results are consistent with that of the studies by Baer (2009), Bogels and Restifo (2014), Sanders et al. (2014). Consequently, the findings of this research suggested that children's thoughts are developed through their social experiences. Moreover, they are able to conduct real communication by creating high functions in their minds. Therefore, children without high levels of social skills are not only unsuccessful in interactions with their peers, but also susceptible to more problematic behaviors (Deng, 2019).

In the study by Elgendy, Malky, and Ebrahim (2021), there was a high statistically significant reduction in the total mean score of parenting stress among the study group after the intervention compared to the control group, and there was a statistically significant improvement in the level of mindfulness in the parenting of the study group after the intervention compared to the control group. They concluded that the MP training had a statistically significant positive effect on reducing parenting stress and improving the level of mindfulness of parents of children with attention deficit hyperactivity disorder (Elgendy, Malky, & Ebrahim, 2021). The evidence suggests that there is a meaningful relationship between the social adjustment problems of childhood and the emergence of problems in the later stages of life. The studied interventions, which vary in their approach to mindfulness training, produce changes in parents' mindfulness. They also alter intrapersonal parenting experiences and states of well-being, such as parenting stress, anger management, negative mood states, and self-compassion. Some evidence shows that MP programs can affect interpersonal aspects of parenting, including empathetic concerns, parent-youth interactions, and discipline strategies (Coatsworth et al., 2015).

However, this study had some limitations, such as a lack of follow-up tests showing the continuity of the results of training, the mere use of a questionnaire, and not controlling possible effective variables like the styles of children's problem-solving behaviors and other possible moderating variables. Hence, it is suggested that future studies utilize various methods of evaluation to assess the changes and design new treatments which can cover the whole family.

Conclusion

The results of the study showed that there is a significant difference between the effect of positive parenting training and MP training on children's social development level and the components of suitable initiation, suitable communication, and social skill. According to the findings, Triple P had a greater effect on children's social development level than MP training. Furthermore, Triple P had a greater effect on children's ability to create suitable initiation than MP training. MP training had a greater effect on children's ability to establish appropriate initiation than Triple P. Finally, Triple P had a greater effect on children's social skills than MP training.

Conflict of Interests

Authors have no conflict of interests.

Acknowledgements

We would like to thank all those who participated in this research.

References

- Alvarez, M., Byrne, S., & Rodrigo, M. J. (2021). Social support dimensions predict parental outcomes in a Spanish early intervention program for positive parenting. *Child Youth Serv Rev*, *121*, 105823. doi:<https://doi.org/10.1016/j.chilgyouth.2020.105823> [doi].
- Arjmandnia, A. A., Ashoori, M., & Jalil Abkenar, S. (2017). Comprehensive view to positive parenting program: Principle, goals, levels and content. *Rooyesh-e-Ravanshenasi*, *6*(2), 35-52.
- Baer, R. A. (2009). Self-focused attention and mechanisms of change in mindfulness-based treatment. *Cogn Behav Ther*, *38 Suppl 1*, 15-20. doi:914059986 [pii];10.1080/16506070902980703 [doi]. Retrieved from PM:19697176
- Bishop, D. V. (1998). Development of the Children's Communication Checklist (CCC): A method for assessing qualitative aspects of communicative impairment in children. *J Child Psychol Psychiatry*, *39*(6), 879-891. Retrieved from PM:9758196
- Bodenmann, G., Cina, A., Ledermann, T., & Sanders, M. R. (2008). The efficacy of the Triple P-Positive Parenting Program in improving parenting and child behavior: A comparison with two other treatment conditions. *Behav Res Ther*, *46*(4), 411-427. doi:S0005-7967(08)00004-1 [pii];10.1016/j.brat.2008.01.001 [doi]. Retrieved from PM:18313033
- Bogels, S., & Restifo, K. (2014). *Mindful parenting: A guide for mental health practitioners*. New York, NY: Springer.
- Bogels, S. M., Helleman, J., van Deursen, S., Romer, M., & van der Meulen, R. (2014). Mindful parenting in mental health care: Effects on parental and child psychopathology, parental stress, parenting, coparenting, and marital functioning. *Mindfulness*, *5*(5), 536-551. doi:10.1007/s12671-013-0209-7 [doi]. doi:doi:10.1007/s12671-013-0209-7.
- Bureau, J. F., Trepiak, P., Deneault, A. A., & Boulerice, K. (2021). Stability of father- and mother-child synchrony in a playful setting from preschool to middle childhood: Associations with children's behavior problems. *Early Child Res Q*, *57*, 167-177. doi:10.1016/j.ecresq.2021.04.009 [doi].
- Coatsworth, J. D., Duncan, L. G., Nix, R. L., Greenberg, M. T., Gayles, J. G., Bamberger, K. T. et al. (2015). Integrating mindfulness with parent training: effects of the Mindfulness-Enhanced Strengthening Families Program. *Dev Psychol*, *51*(1), 26-35. doi:2014-45091-001 [pii];10.1037/a0038212 [doi]. Retrieved from PM:25365122
- Day, J. J., Baker, S., Dittman, C. K., Franke, N., Hinton, S., Love, S. et al. (2021). Predicting positive outcomes and successful completion in an online parenting program for parents of children with disruptive behavior: An integrated data analysis. *Behav Res Ther*, *146*, 103951. doi:S0005-7967(21)00150-9 [pii];10.1016/j.brat.2021.103951 [doi]. Retrieved from PM:34507006
- Deng, Y. (2019). Construction of ideal model of social development under the political background of mind philosophy. *Cogn Syst Res*, *57*, 1-10. doi:10.1016/j.cogsys.2018.08.020 [doi].
- Dubois-Comtois, K., Bussieres, E. L., Cyr, C., St-Onge, J., Baudry, C., Milot, T. et al. (2021). Are children and adolescents in foster care at greater risk of mental health problems than their counterparts? A meta-analysis. *Child Youth Serv Rev*, *127*, 106100. doi:10.1016/j.chilgyouth.2021.106100 [doi].
- Duncan, L. G., Coatsworth, J. D., Gayles, J. G., Geier, M. H., & Greenberg, M. T. (2015). Can mindful parenting be observed? Relations between observational ratings of mother-youth

interactions and mothers' self-report of mindful parenting. *J Fam.Psychol.*, 29(2), 276-282. doi:2015-14072-003 [pii];10.1037/a0038857 [doi]. Retrieved from PM:25844494

Elgendy, S., Malky, I. E., & Ebrahim, M. (2021). Effect of mindful parenting training for parents with children having attention deficit hyperactivity disorder on parenting stress. *Egyptian Journal of Health Care*, 12(1), 16-29..

Estiningsih, D., Laksana, S. D., Syam, A. R., & Ariyanto, A. (2021 Dec 15). Application of positive discipline in children to reduce parenting stress during pandemic. *Proceedings of the 3rd Borobudur International Symposium on Humanities and Social Science 2021 (BIS-HSS 2021)*. Magelang, Central Java, Indonesia.

Gannon, M., Mackenzie, M., Short, V., Reid, L., Hand, D., & Abatemarco, D. (2022). "You can't stop the waves, but you can learn how to surf": Realized mindfulness in practice for parenting women in recovery. *Complement.Ther Clin Pract.*, 47, 101549. doi:S1744-3881(22)00017-2 [pii];10.1016/j.ctcp.2022.101549 [doi]. Retrieved from PM:35180680

Garcia, A. R., DeNard, C., Ohene, S., Morones, S. M., & Connaughton, C. (2018). "I am more than my past": Parents' attitudes and perceptions of the Positive Parenting Program in Child Welfare. *Child Youth Serv Rev*, 88, 286-297. doi:10.1016/j.childyouth.2018.03.023 [doi].

Hodgetts, S., Savage, A., & McConnell, D. (2013). Experience and outcomes of stepping stones triple P for families of children with autism. *Res Dev Disabi*, 34(9), 2572-2585. doi: <https://doi.org/10.1016/j.ridd.2013.05.005> [doi].

Hornor, G., Quinones, S. G., Boudreaux, D., Bretl, D., Chapman, E., Chiocca, E. M. et al. (2020). Building a safe and healthy America: Eliminating corporal punishment via positive parenting. *J Pediatr.Health Care*, 34(2), 136-144. doi:S0891-5245(19)30190-7 [pii];10.1016/j.pedhc.2019.09.008 [doi]. Retrieved from PM:31836354

Jespersen, J. E., Morris, A. S., Hubbs-Tait, L., & Washburn, I. J. (2021). Evaluation of a parent education program emphasizing responsive parenting and mindfulness: An inclusive randomized controlled trial. *Child Youth Care Forum*, 50(5), 859-883. doi:10.1007/s10566-021-09597-2 [doi].

Jiang, J., Luo, L., Xu, P., & Wang, P. (2018). How does social development influence life expectancy? A geographically weighted regression analysis in China. *Public Health*, 163, 95-104. doi:S0033-3506(18)30201-4 [pii];10.1016/j.puhe.2018.06.003 [doi]. Retrieved from PM:30121438

Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice*, 10(2), 144-156. doi:10.1093/clipsy.bpg016 [doi].

Kabiri, A., & Kalantari, M. (2018). The effectiveness of group positive parenting program on parental stress and mother-child interaction of mother of children with nocturnal enuresis. *Knowledge & Research in Applied Psychology*, 19(2), 115-124.

Karjalainen, P., Kiviruusu, O., Aronen, E. T., & Santalahti, P. (2019). Group-based parenting program to improve parenting and children's behavioral problems in families using special services: A randomized controlled trial in a real-life setting. *Child Youth Serv Rev*, 96, 420-429. doi:10.1016/j.childyouth.2018.12.004 [doi].

Khabir, L., Farid Ghasrodashti, M., & Rahimi, C. (2015). The study of relationship between Maternal Reactions to Children's Negative Emotions and Children's Social Skills The role of mediational Emotion Regulation. *International Journal of Applied Behavioral Sciences*, 2(4), 11-17. doi:10.22037/ijabs.v2i4.10789 [doi]. Retrieved from <https://journals.sbmu.ac.ir/ijabs/article/view/10789>

Lakind, D., & Atkins, M. S. (2018). Promoting positive parenting for families in poverty: New directions for improved reach and engagement. *Child Youth Serv Rev*, 89, 34-42. doi: <https://doi.org/10.1016/j.childyouth.2018.04.01> [doi]

Lee, T. K., Estrada, Y., Soares, M. H., Sanchez, A. M., Correa, M. M., Bahamon, M. M. et al. (2019). Efficacy of a family-based intervention on parent-adolescent discrepancies in positive parenting and substance use among hispanic youth. *J Adolesc.Health*, 64(4), 494-501. doi:S1054-139X(18)30446-4 [pii];10.1016/j.jadohealth.2018.10.002 [doi]. Retrieved from PM:30514652

McCaffrey, S., Reitman, D., & Black, R. (2017). Mindfulness In Parenting Questionnaire (MIPQ): development and validation of a measure of mindful parenting. *Mindfulness*, 8(1), 232-246. doi:10.1007/s12671-016-0596-7 [doi].

Meleady, J., Clyne, C., Braham, J., & Carr, A. (2020). Positive contributions among parents of children on the autism spectrum: A Systematic review. *Res Autism Spectr Disord*, 78, 101635. doi:10.1016/j.rasd.2020.101635 [doi].

Noorbakhsh, S., Zeinodini, Z., & Rahgoza, F. (2014). Positive Parenting Program (3P) Can reduce depression, anxiety, and stress of mothers who have children with ADHD. *International Journal of Applied Behavioral Sciences*, 1(2), 41-44. doi:10.22037/ijabs.v1i2.8833 [doi].

Pakmehr, E., Khademi, M., Noorbakhsh, S., Razjouyan, K., & Davari-Ashtiani, R. (2018). The effects of positive parenting program (Triple P) on parenting styles and the attitude towards strengths and difficulties of the child. *International Journal of Applied Behavioral Sciences*, 4 (1), 1-7. doi:10.22037/ijabs.v4i1.17541 [doi].

Parent, J., McKee, L. G., Anton, M., Gonzalez, M., Jones, D. J., & Forehand, R. (2016). Mindfulness in parenting and coparenting. *Mindfulness (N.Y.)*, 7(2), 504-513. doi:10.1007/s12671-015-0485-5 [doi]. Retrieved from PM:27087862

Sanders, M. R. (2002). Parenting interventions and the prevention of serious mental health problems in children. *Med J Aust.*, 177(S7), S87-S92. doi:san10374_fm [pii];10.5694/j.1326-5377.2002.tb04863.x [doi]. Retrieved from PM:12358563

Sanders, M. R., & Woolley, M. L. (2005). The relationship between maternal self-efficacy and parenting practices: Implications for parent training. *Child Care Health Dev*, 31(1), 65-73. doi:CCH487 [pii];10.1111/j.1365-2214.2005.00487.x [doi]. Retrieved from PM:15658967

Sanders, M. R. (2012). Development, evaluation, and multinational dissemination of the triple P-Positive Parenting Program. *Annu.Rev.Clin Psychol.*, 8, 345-379. doi:10.1146/annurev-clinpsy-032511-143104 [doi]. Retrieved from PM:22149480

Sanders, M. R., Kirby, J. N., Tellegen, C. L., & Day, J. J. (2014). The Triple P-Positive Parenting Program: A systematic review and meta-analysis of a multi-level system of parenting support. *Clin Psychol.Rev.*, 34(4), 337-357. doi:S0272-7358(14)00068-3 [pii];10.1016/j.cpr.2014.04.003 [doi]. Retrieved from PM:24842549

Sanders, M. R., Ralph, A., Thompson, R., Sofronoff, K., Gardiner, P., Bidwell, K. et al. (2005). *Every Family: A public health approach to promoting children's wellbeing*. Brisbane, Australia: University of Queensland.

Schmertz, S. K., Masuda, A., & Anderson, P. L. (2012). Cognitive processes mediate the relation between mindfulness and social anxiety within a clinical sample. *J Clin Psychol.*, 68(3), 362-371. doi:10.1002/jclp.20861 [doi]. Retrieved from PM:22422563

Shirazi, T. S., Malekian, M., Zarifian, T., Dastjerdi Kazemi, M. Development of word definition skill in children: a review. *J Rehab Med*, 2018, 7(2), 277-284. doi:10.22037/jrm.2018.110828.1558 [doi].

Shorey, S., & Ng, E. D. (2021). The efficacy of mindful parenting interventions: A systematic review and meta-analysis. *Int J Nurs.Stud*, 121, 103996. doi:S0020-7489(21)00143-7 [pii];10.1016/j.ijnurstu.2021.103996 [doi]. Retrieved from PM:34175531

Weaver, N. L., Weaver, T. L., Loux, T., Jupka, K. A., Lew, D., & Sallee, H. (2019). The impact of RISE Up! in promoting positive parenting and safety behaviors of parents with young children. *Child Youth Serv Rev*, 105, 104422. doi:10.1016/j.childyouth.2019.104422 [doi].

Widyawati, Y., Scholte, R. H. J., Kleemans, T., & Otten, R. (2021). Positive parenting and its mediating role in the relationship between parental resilience and quality of life in children with developmental disabilities in Java Island, Indonesia. *Res Dev Disabil.*, 112, 103911. doi:S0891-4222(21)00060-3 [pii];10.1016/j.ridd.2021.103911 [doi]. Retrieved from PM:33631600

Yamaoka, Y., & Bard, D. E. (2019). Positive parenting matters in the face of early adversity. *Am.J Prev Med*, 56(4), 530-539. doi:S0749-3797(18)32444-9 [pii];10.1016/j.amepre.2018.11.018 [doi]. Retrieved from PM:30772146