

Original Article

The effects of positive parenting program (Triple P) on parenting styles and the attitude towards strengths and difficulties of the child

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Abstract

Introduction: The present study gives an account of the effects of Triple P, positive parenting program, on parenting styles as well as the attitude towards strengths and difficulties of the child.

Methods: This study is a clinical trial, which sets out to explore the effects of psychiatric disorders on 30 parents – parents of teenagers being admitted to Imam Hossein Hospital, Tehran, Iran – based on the diagnosis of child psychiatrist, teenagers with psychiatric disorders were studied in two groups: trial and control. Positive parenting program i.e. Triple P sessions were held for the trial group while the control group received usual clinical services.

Results: Based on the results of the present study, after holding 3P sessions, Baumrind's parenting styles scores show some improvement in comparison with previous test scores; however, the difference was not statistically significant ($p=0.167$). The overall score of the child's strengths and difficulties questionnaire, that was completed by the parents, represents a statistically significant difference ($p=0.02$) between the test scores before and after the intervention.

Conclusion: It is important to note that positive parenting interventions can improve and, at the same time, change parenting styles. Moreover, Triple P can change parents' attitudes concerning the strengths and difficulties of the child, not to mention improving their parenting styles. Our results are consistent with those of similar studies on children.

Declaration of Interest: None.

Key words: Parenting styles, Positive parenting program (Triple P), Parent-child relations.

Introduction

Parenting skills include learning about the child behavior, understanding how children grow up, knowing what behavior is appropriate to expect from the child at any age, learning effective and positive ways to cope with improper conduct, improving skills to offer reassurance and love to children, becoming a better listener, and speaking clearly and decisively (1). Behavioral scientists, who study parenting styles, identify two categories of parental behavior: a) accepting affection and warmth as opposed to rejection and hostility and b) permissiveness, giving freedom and autonomy as opposed to stricture, control, arbitrariness, and having high expectations (2).

Based on the aforementioned assumptions, parenting styles and their consequences could be divided into three categories: (3) parents who always give orders and ignore their children, cause their children to argue or to be competitive towards people. In other words, children assume that they can develop a sense of belonging by virtue of giving orders to other people; (2) parents who give up and may either leave their children on their own or give them excessive emotionality and attention. Such children come to believe that their demands have priority over those of others; (3) parents who give their children the "right to choose" and treat them with kindness and sincerity while having the ability to set reasonable

limits for them. Such parents inform their children that collaborating with others is a way to live together. As a result, children believe that all people are important (4).

Adolescence is a period that begins with biological changes and ends with social changes. It is characterized by biological, psychological, and social changes as well as the increased tendency to establish intimate relationships and to express one's self more directly (5).

Moreover, the feeling of discontinuity is consistent with loneliness, and in some cases it is compatible with other severe problems, namely, drug abuse, delinquency, depression, and suicide (6). Putting the point another way, adolescence is an important period that shapes the individuals' attitudes and their role in their family and the society. At this stage, teenagers are concerned with the way others may judge them and they are faced with the questions of how previously learned skills and roles are applicable to new job offers (6). Identity crisis is a term we normally associate with adolescence. Parents have a crucial role in developing positive and constructive relationships with their teenage children. Research has shown that warm and supportive relationships between parents and children are predictive of the positive compliance of kids and teenagers besides protective factors being opposed to behavioral disorders during adolescence (7). In general, intervention sessions focus on reducing children's maladaptive behavior. Thus, parents should take into account these programs and change their behavior or the environment so that their children have this opportunity to learn new skills and to control or overcome negative behaviors (7).

Triple P is a multi-level strategic plan concerning parenting together with a kind of preventive and supportive orientation towards families developed by Sanders et al. at the University of Queensland in Australia (8). The aim is to prevent behavioral, developmental, and emotional disorders in children by means of improving knowledge, skills, and confidence in parents. Permissive parenting styles is associated with both depression and anxiety symptoms in teenagers in contrast to

positive parenting styles (9). Furthermore, simultaneous use of reward and punishment is associated with mental disorders whereas parenting styles with greater encouragement are related to lack of mental disorders (10). Zemp et al. (2015) studied the effects of Triple P on parents whose children have behavioral disorders. In doing so, 150 couples were recruited and trained. Children's behavioral problems were reported after the training session. The results are indicative of the fact that Triple P improves the quality of parent-child relationships, while reducing children's behavioral disorders (11). In a similar vein, Noorbakhsh et al. studied the effect of positive parenting on reducing anxiety, depression, and stress among mothers whose teenagers suffer from behavioral disorders. Fifty-three mothers together with their teenagers were enrolled in this study via random sampling. Mothers were divided into two groups: those who were trained and the control group. Triple P did last 120 minutes for mothers who were in the case group. The results confirmed that positive parenting program could prevent secondary problems such as anxiety, stress, and depression in mothers whose children have behavioral disorders, and improve their psychological state (12, 13).

Overall, Triple P is a multi-purpose program that can be used effectively in different situations but so far, research on exploring the effect of this intervention on teenagers whose parents have been trained to communicate better with their teenagers is scarce. Thus, the present study attempts to explore the effect of positive parenting programs on parenting styles and parents' attitude regarding the strengths and difficulties of their teenage child. The null hypothesis states that parenting styles before and after the intervention shows no statistically significant changes; also, behavioral abilities and problems, as perceived by the parents, remain unchanged.

Methods

The research participants were 114 female and 286 male university students with average age of 22.73 years ($SD=4.67$). Their ages ranged from 17 to 51 years. At first, 5 universities were selected by cluster sampling

among 13 Tehran universities. Then, 5 faculties were used as random sampling. All participants were informed about the aim of study and they filled out NEO-FFI, General procrastination scale, and Decisional procrastination. For Inclusion criteria, participants whose scores were below 23 in GHQ considered as normal population and data were analyzed. All of the students had informed consent for participating in this study. All participants were assured about the confidentiality of their personal information and were allowed to leave the study at any time.

In this case-control study, 30 parents – parents of teenagers being admitted to Imam Hossein Hospital, Tehran, Iran – based on the diagnosis of a child psychiatrist, teenagers with psychiatric disorders (excluding psychotic disorders, mood disorder, neurodevelopmental disorders such as mental retardation and autism spectrum) were studied in two groups: trial and control.

Participation in this research involves picking parents, meeting the entrance criteria from a waiting list. The participants were asked to attend two training sessions and all of them were given psychological training on maturity and they were informed that the time of their class attendance would be announced to all participants in one and a half months. In the abovementioned sessions, the questionnaires were given to parents and they had to hand them over within a week. They were, then, randomly divided into two groups, the trial group and the control group. The control group was placed in two separate classes with 10 to 15 participants per class.

At the end of the sessions, questionnaires were collected from the two groups. Thereafter, parenting classes were held for the control group based on routine clinical conditions; meanwhile, both groups received usual clinic therapy. The inclusion criteria for this study are as follows: 12 to 16 year-old teenagers diagnosed with oppositional defiant disorder by a child psychiatrist. Teenagers were all students, living at least with one of their parents who must have at least the fifth grade education. Psychotic disorders, mood disorders, developmental problems including

mental retardation and teenagers diagnosed with autism spectrum, major psychiatric disorders in parents with previous psychiatric history, failure to return the questionnaires in due time, and the parents who did not attend the classes are all considered as exclusion criteria of this study. It is important to note that executive assistant together with child and adolescent psychiatrist held positive parenting classes for six two-hour sessions per week for case groups of 10 to 15 people.

Four sessions of the two-hour classes were held based on Triple P model, as well as four fifteen-minute telephone sessions that could be taken as two two-hour sessions. As such, six two-hour sessions were held on the whole. The content and goals of the training sessions were as follows:

The first session: the causes of behavioral disorders, positive communication infrastructure.

The second session: communicating with teenagers.

The third session: completion of communication techniques and problem-solving techniques.

The fourth session: negotiating and problem-solving techniques, making rules.

The fifth session: punishing and rewarding teenagers in regard with common legal patterns in risky situations.

The sixth session: reviewing the content being taught in previous sessions and solving family problems.

The most important communication techniques were self-expression, active listening, and empathy being practiced in every session of positive parenting classes.

The control group received usual clinical services. Before and after each session, some questionnaires about demography, strengths and difficulties, measurement of parenting behavior were handed over by parents. Furthermore, the questionnaires concerning teenager's attitude towards his or her parents and the questionnaires about their Parenting Styles were completed by teenagers.

Measurement instruments in this study were as follows:

Strengths and Difficulties Questionnaire (SDQ)

This questionnaire is specifically designed for 11 to 16 year-old teenagers and comprises five

dimensions: emotional symptoms, behavioral disorders, hyperactivity, attention deficit disorder, communication difficulties with peers, and child's strengths (14). The overall reliability of the self-report form was obtained by Cronbach's alpha of 0.67 and for its subscales, namely, emotional symptoms, behavioral disorders, hyperactivity, attention deficit disorder, communication difficulties with peers, and child's strengths got 0.56, 0.38, 0.49, 0.34, and 0.50 respectively (15).

Baumrind Parenting Styles Questionnaire

This is an adaptation of parental control theory that has laid its foundation on permissiveness, authoritarian, and authoritative parenting practices for investigating developmental patterns and Parenting Styles. This questionnaire is composed of 30 items: 10 items fall within the purview of permissive parenting; 10 items are dedicated to authoritarian parenting, and the rest circle around authoritative parenting (16).

Buri (17) through the test-retesting method has reported the stability of this instrument in fathers and mothers for permissive, authoritarian and authoritative styles 0.77 and 0.81, 0.85 and 0.86, 0.78 and 0.88 respectively. The diagnostic validity of this questionnaire has also been confirmed.

Written consent forms were obtained from all participants for their participation in this study. Participants were informed that both the sessions and the questionnaires were confidential and anonymous. After filling out the second questionnaire, the control group had the opportunity to participate in parenting courses.

Data Analysis

The SPSS-21 software package was used for data analysis. In doing so, mean, standard deviation, frequency and percentage were used and charts were drawn to precisely describe the data. Quantitative variables are best displayed using mean (SD) and qualitative variables are expressed by means of number and percentage. Thus, t-Tests and chi-square were used to compare the variables. p value is considered to be less than the significance level ($p < 0.05$).

Results

Participants, parents and teenagers were divided into two groups having the equal number of 30 participants. Cases and controls were matched with regard to the adolescent age ($p=0.5$), parental age ($p=0.23$), teen gender ($p=0.9$), family size ($p=0.53$), spacing of the children ($p=0.47$), parental educational level ($p=12$), and teenagers educational level ($p=0.650$) were brought to an equal level and the differences were not statistically significant.

Baumrind's Parenting Styles Results

As seen in Table 1, the Baumrind's Parenting Styles scores for the case group did improve after holding intervention sessions, but this difference was not statistically significant ($p=0.167$). Moreover, the difference in the scores for the control group were not statistically significant (table 4-14 and graph 4-12). It must be taken into account that there was no significant difference between the scores of the trial and control participants before and after the intervention sessions ($p = 0.06$).

Table 1. The results of Baumrind's parenting styles

	Before intervention	After intervention	p value
	Standard deviation±mean	Standard deviation±mean	
The trial group	66.66±5.08	61.40±6.10	0.167
The control group	62.17±6.67	61.55±6.90	0.593

The Results of the child's strengths and difficulties questionnaire (parents' form)

Table 2. The results of child's strengths and difficulties questionnaire

	Before intervention	After intervention	p value
	Mean ±standard variation	Mean ±standard variation	
The trial group	27.2±10	25.46±8.67	0.02
The control group	26.82±8.98	25.65±6.75	0.06

Based on our results, the overall score of the child's strengths and difficulties questionnaire that was filled out by parents, a statistically significant difference ($p=0.02$) was obtained after positive parenting interventions for parents, but this score, still, falls within abnormal range (17 – 40) (Table 2). No significant difference ($p=0.06$) in the overall score of the questionnaire, for the control group, was observed (table 4-15, graph 4-13). There was no significant difference between these two groups, cases and controls, before their participation in positive parenting courses ($p = 0.23$).

A statistically significant difference was observed between the questionnaire score of the trial group and that of the control group ($p=0.01$), after their participation in positive parenting courses.

Conclusion

Adolescence is associated with rapid changes in behavioral patterns. As a result, adolescents are exposed to health risk behaviors such as inactivity, poor dietary habits, smoking, and drug use that may have long-term effects on teenagers and threaten their psychological well-being. Research has shown that parent-child relationship is one of the major factors affecting the child's behavior and his mental health. In addition, family ties, in general, and peer relationships, in particular, have a deep, long lasting effect on child's individual behavior, not to mention simulating inner peace, self-esteem, and child's mental health on the whole.

Parental influence is not limited solely to heredity aspects because developing an appropriate parenting styles could have a significant impact on shaping the child's personality. Parents, who take into account their child's strengths and difficulties, are capable of considering clear and acceptable criteria for their children so that they can support them to achieve these criteria. In other words, parents have an essential role in their children's personality development and self-esteem (18). On the other hand, some characteristics such as family conflicts, divorce, lack of warm parent-child relationships, insecure attachment, strict rules,

inadequate supervision, and psychiatric disorders in parents increase the risk for emotional and behavioral disorders in children (19).

A lot of evidence in favor of influence of family-based behavioral interventions on the basis of social-learning principles for preventing and treating a wide range of emotional and behavioral disorders in children exist. In the last twenty years, researches have shown that family-based behavioral interventions seem to be effective in reducing behavioral disorders of any kind in children (20).

This study attempts to investigate the efficacy of positive parenting program to teenagers' mothers and the way it affects teenagers' attitude regarding their parents' perceptions about parenting styles. Based on the diagnosis of child psychiatrist, teenagers with psychiatric disorders (with the exception of psychotic disorders, disposition, neurodevelopmental disorders such as mental retardation and autism spectrum). Thirty parents of teenagers being admitted to Imam Hossein Hospital, Tehran, Iran were studied in two groups: trial and controls.

The sessions of positive parenting program were held for the trial group. Meanwhile, the control group received the usual clinic therapies. Before and after each session, the trial and control participants completed the questionnaire. According to the results of this study, positive parenting interventions improved Baumrind's parenting styles test scores after parents' participation in parenting sessions. However, the difference was not statistically significant (0.167).

The child's strengths and difficulties questionnaire was filled out by parents and its overall score yielded a statistically significant difference after their participation in positive parenting classes ($p=0.02$). In all the aforementioned cases, no significant difference was observed in the overall score of questionnaires being filled out by the control group who received the usual clinical services. The methods used in the Triple P in different statistical societies are associated with reducing the abnormal behaviors.

Further, similar studies have suggested that parenting interventions can pave the way for a considerable reduction in child's behavioral disorders (21). Consistent with this study, Tehrani-Doost et al. (2009) assert that parenting interventions, with the goal of promoting positive parenting behaviors, can improve parental behavior in various fields such as parenting styles, parenthood style, parental problems, and disagreement between parents (22).

Taken together, the results of this study suggest that positive parenting interventions can improve parents' relationships with teenagers (parent-child relationships), teenagers' attitude concerning parenting styles, adolescent-parent attachment, reduction in teenagers' behavioral disorders, teenagers' viewpoint concerning the betterment of the overall family functioning, and parenting styles. Statistically speaking, even when parenting styles is not improved after positive parenting interventions, then, according to teen's and parents' perspectives, behavioral disorders could not be reduced.

Therefore, learning correct interaction methods with children and emersion of self-regulated capacity in parents assist them to establish a better relation with their children and reduce anxiety and depression symptoms in mothers. Besides, the findings of this research have been close to those of researches in different cultures. To justify this point one should have this in mind that the principles on which the positive parenting program has been established are theories which have essential roles in human behaviors. This is the reason behind the similarity between findings of this research and other studies. The current study is the first one conducted on Iranian parents who have teenager children with applying 3P training, so it can have cultural novelties. Obviously benefiting from a control group in future researches will support the extension capability of the findings to larger groups.

Limitations of the present study include parents' psychiatric disorders was based on their previous experience of the disease without any new examinations, clinical treatment, and whether or not teenagers are taking medicine. The aforementioned

limitations were not taken into account in this study. Consequently, we could not find another similar research about the way positive parenting interventions affect teenagers' attitude towards their parents, and the possibility to measure the way teenagers respond to parenting styles so that we could compare its results with the present study.

Further experimental investigations are needed to note studies that have used similar methods of inquiry and analysis in that we could determine whether or not the improvements remain. Moreover, measuring subscales could also play an important role in future studies.

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References

1. Dinkmeyer D, McKay GD. The parent's handbook: Systematic training for effective parenting: ERIC; 1989.
2. Knerr W, Gardner F, Cluver L. Improving positive parenting skills and reducing harsh and abusive parenting in low-and middle-income countries: A systematic review. *Prevention Science*. 2013;14(4):352-63.
3. Hoath FE, Sanders MR. A feasibility study of Enhanced Group Triple P—positive parenting program for parents of children with attention-deficit/hyperactivity disorder. *Behaviour Change*. 2002;19(4):191-206.
4. Sanders MR. Triple P-Positive Parenting Program: Towards an empirically validated multilevel parenting and family support strategy for the prevention of behavior and emotional problems in children. *Clinical child and family psychology review* .1999;22:71-90.
5. Achenbach TM, McConaughy SH, Howell CT. Child/adolescent behavioral and emotional problems: implications of cross-informant correlations for situational specificity. *Psychological bulletin*. 1987;101(2):213.
6. Sadock BJ, Sadock VA. Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry: Lippincott Williams & Wilkins; 2011.
7. Sanders MR, Woolley ML. The relationship between maternal self-efficacy and parenting practices: Implications for parent training .

- Child: Care, Health and Development. 2005;31(1):65-73.
8. Markie-Dadds C, Sanders MR. Self-directed Triple P (Positive Parenting Program) for mothers with children at-risk of developing conduct problems. *Behavioural and Cognitive Psychotherapy*. 2006;34(03):399-414.
 9. Oyserman D, Bybee D, Mowbray C. Influences of maternal mental illness on psychological outcomes for adolescent children. *Journal of Adolescence*. 2002;25(6):587-602.
 10. Vostanis P, Graves A, Meltzer H, Goodman R, Jenkins R, Brugha T. Relationship between parental psychopathology, parenting strategies and child mental health. *Social Psychiatry and Psychiatric Epidemiology*. 2006;41(7):509-14.
 11. Zemp M, Milek A, Cummings E, Cina A, Bodenmann G. How couple-and parenting-focused programs affect child behavioral problems: a randomized controlled trial. *Journal of Child and Family Studies*. 2015:1-13.
 12. Noorbakhsh S, Zeinodini Z, Rahgozar F. Positive Parenting Program (3P) Can Reduce Depression, Anxiety, and Stress of Mothers Who Have Children with ADHD. *International Journal of Applied Behavioral Sciences*. 2015;1(2):41-4.
 13. Noorbakhsh S, Zeinodini Z, Rajeziesfahani S, Zahiroddin A. Positive Parenting Program can Change the Psychological State of Mothers Who Have ADHD Children. *American Journal of Life Science Researches*. 2015;3(3):202-9.
 14. Goodman R. The Strengths and Difficulties Questionnaire: a research note. *Journal of Child Psychology and Psychiatry*. 1997;38(5):581-6.
 15. Goodman R. Psychometric properties of the strengths and difficulties questionnaire. *Journal of the American Academy of Child & Adolescent Psychiatry*. 2001;40(11):1337-45.
 16. Baumrind D. Current patterns of parental authority. *Developmental Psicología Monographs*, 4 citado por Santrock, J (2006) *Psicología del desarrollo y el ciclo vital*. España: Mc Graw Hill.[Links]; 1971.
 17. Buri JR. Parental authority questionnaire. *Journal of Personality Assessment*. 1991;57(1):110-9.
 18. Hejazi E. Maternal and paternal involvement, autonomy support and warmth: predictors of adolescence self-esteem. *International Journal of Behavioral Sciences*. 2011;5(4):343-50.
 19. Webster-Stratton C, Herman KC. The impact of parent behavior-management training on child depressive symptoms. *Journal of Counseling Psychology*. 2008;55(4):473.
 20. Sanders MR. Triple P-Positive Parenting Program as a public health approach to strengthening parenting. *Journal of Family Psychology*. 2008;22(4):506.
 21. Urdan T, Schoenfelder E. Classroom effects on student motivation: Goal structures, social relationships, and competence beliefs. *Journal of School Psychology*. 2006;44(5):331-49.
 22. Tehrani-Doost M, Shahrivar Z, Mahmoudi Gharaie J, Alaghband-Rad J. Efficacy of positive parenting on improving children's behavior problems and parenting styles. *Iranian Journal of Psychiatry and Clinical Psychology*. 2009;14(4):371-9.