# Positive Psychology and Parenthood



Introduction

Positive parenting is based on social learning theory and developmental psychology. Its emphasis is on a harmonious parent-child relationship and on wellbeing of parents, children and the whole family. Positive parenting is aiming to achieve that by mutual respect, facilitation of the child's social and emotional development, praising, setting clear rules with firm but friendly communication, and fair behaviour.

Key Paper:

Sanders, M. R. (2003). Triple-P - Positive Parenting Program: A population approach to promoting competent parenting. *Australian e-Jouranl for the Advancement of Mental Health, 2,* 127-143.

Theories of Developmental Psychology

For a millennia mankind has successfully reproduced and raised children who have evolved to form the society we are part of today. Parenting is an area in which generations upon generations of humans have succeeded and yet the term 'parent' only became popularised in the 1980s. Similarly, the area of positive psychology is relatively new with the field only becoming distinct in 1998. Other areas of psychology such as developmental psychology and social learning theory has paved the way for positive parenting providing a backbone in which to advance parenting skills and interventions.

**Piaget**

Piaget was one of the first psychologists to study cognitive development. He focused on children and believed that they were born with a very basic mental structure which was inherited to them by their parents.

There are three basic components to Piaget's theory:

- Schemas
- Assimilation and accommodation
- Stages of development

Piaget described a schema as a "building block" upon which all other knowledge was gained. When a child's existing schemas are capable of explaining the world around the child, the child is said to be in a state of equilibrium (mental balance). If the child's schemas do not fit in with the world around them then they are said to assimilate or accommodate any discrepancies. For example, a person may have a schema about a dog being a small brown fluffy Yorkshire Terrier that barks. However, when a large, black and white short haired dog such as a Dalmatian is presented the child must assimilate this information and accommodate it in their evolved schema of what a dog is.

Piaget believed that children and adults have different developmental processes and that children go through four universal stages of cognitive development. He stated that each child goes through the same stages in the same order but recognised that although no stages in the process can be skipped, not everyone will reach the later stage.

Stages of Development:

- Sensory-motor (0-2 years) - Object Permanence
- Preoperational (2-7 years)- Egocentrism
- Concrete Operational (7-11 years)- Conservation
- Formal Operational (11+ years)- Manipulate ideas in head, e.g. abstract reasoning

Piaget has had a large impact on educational practises believing that teachers should:

- Focus on the process of learning rather than the end product
- Group-based as well as individual activities
- Evaluate the levels of the child's development so that tasks can be set at a suitable level

## Bowlby's Attachment Theory

Bowlby developed the evolutionary attachment theory which suggests that children have an innate need to form attachments with others with the primary care giver being the person to whom the child would be most attached. This one-on-one attachment acts as a secure base to allow the child to explore the world knowing that their caregiver is their for support.

If this continuous, secure attachment is broken or disrupted during the two-year period, Bowlby believed that the child would become distressed in the short term. However, if the disruption were to continue he believed long-term effects would include the child suffering consequences such as depression, lower IQ levels and aggressiveness.

## Baumrind Parenting Typology

There is a clear need for secure attachments between children and parents as well as stable, nurturing relationships to encourage positive trait growth. Many parents strive to be the best parents they can be in order to successful meet these needs.

Diana Baumrind created the Baumrind Parenting Typology on various types of parenting, based on her investigations on parent-child interactions. This suggested that a parenting style fell under one of four categories: authoritarian, authoritative, indulgent and neglectful.

Authoritarian parents exert control via a cold, rejecting relationship with the child. Children of authoritarian parents tend to have low self esteem and perform more poorly with peers and in school compared to those who are parented under the authoritative parenting style.

Authoritative parents exert control in a more comforting and warm manner compared to authoritarian parents. They establish clear rules which are consistently enforced and are positively rewarded with warmth and affection. The authoritative parenting style is associated with positive outcomes such as children having higher self esteem, better grades and fewer behaviour conduct problems.

Indulgent parents provide the same level of warmth and attention that is provided by authoritative parenting, however they fail to enforce the discipline reward to help children learn responsibility. These children tend to grow up to be more self-centred.

Neglectful parenting differs completely from the other three parenting styles. This form of parenting fails to provide children with the warmth or care like indulgent or authoritative parenting. It also fails to include the rules and teaching of responsibility like authoritarian or authoritative parenting styles. These children are likely to form insecure attachments and can be associated with many negative developmental outcomes.

## Culture

There is no one way to parent. When researching effective methods of parenting in today's society, you may become overwhelmed by the number of self help books, articles, forums and videos; all implying that their way, is the right way.

Differences in parenting techniques can happen within individual societies as well as between different cultures. For example, the way you are raising your son may be completely different to the way Mr Smith down the street is raising their daughter. Even more so; the way parents in the United Kingdom or the United States choose to raise their children may differ dramatically from how parents in Sweden or Japan choose to raise their children. In western civilisations, children attend nursery or pre-school between the ages of 3 and 4, dependent on when the parents feel they are ready. However, in Sweden, most children are placed in state provided day care from the age of one. In Japan, parents have reported allowing their children as young as four and seven years run errands for the family without parental supervision, which could include trips on the subway or walking on the streets alone. Following this; they reported that if they lived in the United States, they would not allow such behaviour. This was not because of the dangers to their child but because of the differences in cultural norms. Although young children displaying more independent roles is common in Japan, it is not common in the United States and many would perceive it as child neglect. These are just some of the ways in which parenting varies across different cultures.

Understandably, differences in parenting amongst cultures would be an interesting factor when evaluating the effectiveness of positive parenting in a cross cultural context. Many of the research taking place around positive parenting has occurred in high-income western civilisations. However recently, successful practises have been adapted and trailed in various countries and cultures around the world.
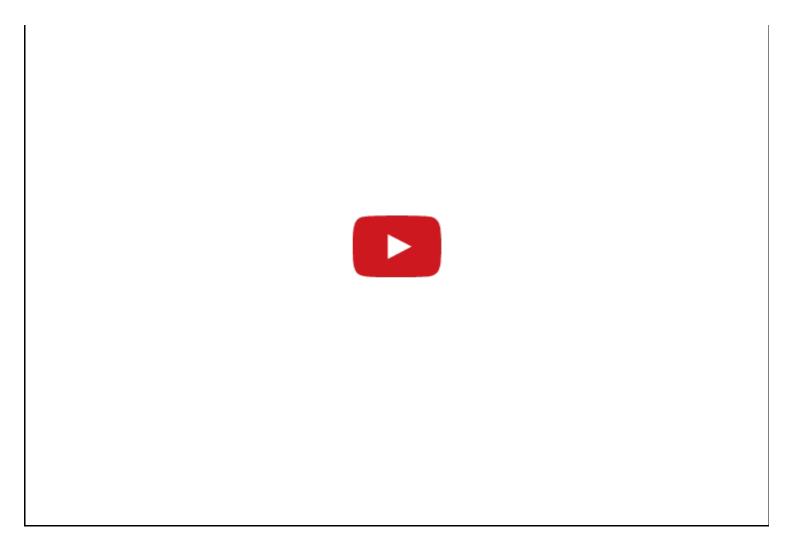
Kumfer et al (2008) investigated a the acceptance of the Strengthening Families Programme. This programme originated in the United States during the 1980s and has been adapted and developed to work with many different populations including Hispanics, Africans and native Americans. The researchers noted that since 2003, Strengthening Families was found to be affective in 17 different countries. Although there is not a specific well-being component in the Strengthening Families Programme, Nix et al. (2014) conducted a study where they trialled the Strengthening Families Programme with a mindfulness element. They found that Mindfulness Strengthening Families Programme in some cases boosted and better maintained the effects that were achieved solely through the original programme. This indicates that the mindfulness element would be a good extension to the current programme.

Parent Management Training, which uses instruction, modelling and role playing to teach parenting skills, is considered to be one of the most effective outpatient treatments for patients with childhood behaviour problems. Martinez and Eddy (2005) adapted the training for Spanish-speaking Latino mothers and found that the intervention had positive effects for both the mother and the child.

The Triple P - Positive Parenting Programme is one of the practises which has been widely trialled across the world. Triple P is an intervention which coaches parents on the skills useful in raising confident, happy children and help build solid relationships between parent and child. In order to achieve these goals, the programme develops strategies which can be evolved and altered to fit the needs, beliefs and values of the individual and family. For this reason it is understandable why it has proven to be effective across cultures.

Many studies have taken place to ensure the validity of its effectiveness across cultures with the conclusion being that Triple P has been proven to be effective in the USA, Canada, Australia, New Zealand, Belgium, Japan, Iran, Hong Kong, Singapore, the Netherlands, United Kingdom, Germany, Curacao, Switzerland, Austria, Romania, France and Sweden.

Not only does positive parenting interventions have an effect across cultures but it also has a cross cultural effect with respect to atypical children. Studies in both Lebanon and South Korea individually concluded that positive parenting interventions increased the mother's and child's well being. Won Oak declared that higher levels of affection displayed by parents led children to have a higher self-esteem. They implied that the positive parenting practises were contributing to healthy socio-emotional development in children with Attention Deficit Hyperactivity Disorder. Obeid and Daou (2015) found that mothers' well-being levels significantly correlated with their child's behavioural problems. Through positive parenting techniques well-being levels were found to decrease in parents of children who suffer from Attention-Deficit Disorder.

Clinical applications

Positive parenting programs cannot only be used with typically developed children as preventive methods.There are different intervention programs on positive parenting skills for parents of children who have psychological problems within the clinical range. Examples are different forms of Triple P (Positive Parenting Program) or Triple P paired with ACT (Acceptance and Commitment Therapy). As Triple P is the most popular amongst all positive parenting training programmes, this will be most discussed in this section.

Versions of Triple P have been used with children who:

- have developmental disabilities and are at increased risk of emotional and behavioural problems
- children who have experienced parental conflicts or are at risk of child abuse
- children with parents who have mental or physical difficulties
- children with acquired brain injuries

Triple P - Positive Parenting Program (Sanders et al., 1999)

Triple P aims to strengthen parents' confidence and competence, and the main skill it values in a parent is **self-regulation**.

**Self regulation** has been defined by Karoly (1993) as "those processes, internal and transactional, that enable an individual to guide his/her goal directed activities over time and across changing circumstances".

Principles held by the Positive Parenting Programme are:

- Ensuring a safe and engaging environment
- Creating a positive learning environment
- Using assertive discipline
- Having realistic expectations
- Taking care of oneself as a parent

The intervention has five levels increasing in intensity, to match different needs of each family in terms of levels of dysfunction in children and differences in parental needs/preferences (Sanders, 2012).

*Level 1* - Universal Triple P : Uses the media to de-stigmatise parenting and to raise awareness of its accessibility for the general public, to make it easier for parents to seek help.

*Level 2* - Selected Triple P : Uses either individual consultations with parents or large group seminars for short discussions about minor parenting issues, and learning about Triple P.

*Level 3* - Primary Care Triple P : Involves active skills training in relation to specific child behaviour problems, also in either one-on-one or larger group settings.

*Level 4* - Standard Triple P : This stage of Triple P is for parents of children with more challenging behaviour who might also meet the criteria for a conduct disorder; and teaches parents skills they can apply across various situations.

*Level 5* - Enhanced Triple P : This stage differs from Level 4 in that families choosing this option may have additional risk factors such as partner conflicts, divorce, parental mood problems or stress, and parent-child issues. Level 5 Triple P addresses these issues on top of general parental skills training.

<u>Improving child and parenting outcomes following paediatric acquired brain injury: a randomised controlled trial of Stepping Stones Triple P plus Acceptance and Commitment Therapy. (Brown et al., 2014)</u>

This study uses Stepping Stones Triple P, a form of Positive Parenting Program that has been adapted to families with children who have any kind of disability. The researchers in this study used it as an intervention to children who have suffered a brain injury after birth. SSTP was combined with Acceptance and Commitment Therapy, which uses mindfulness integrated into a cognitive-behavioural therapy.

Parents completed measurements of family background, child behaviour, parenting style and hostility before and after going through the combined parenting programme. Results showed that the intervention lead to improvements on the short term, as well as on a six months follow-up test.

An important finding was that there was a movement out of the clinical range of symptoms in both child and parent outcomes. It is important to highlight here, that this study mainly looked into developing a clinical intervention for parents of children with acquired brain injuries rather than an intervention for the children themselves.

<u>Evaluating Clinically Significant Change in Mother and Child Functioning: Comparison of Traditional and Enhanced Behavioural Parent Training.</u>

Rajwan et al. (2014) investigated two types of Behavioural Parenting Training: the traditional form and the improved Strategies to Enhance Positive Parenting (STEPP) programme. Their participants were a very specific group: children with Attention-Deficit/Hyperactivity Disorder (ADHD), living in single-mother families.

Traditional behavioural parenting training consisted of group discussions with mothers about effective parenting techniques such as positive attention and incentive systems; evaluating videotapes on these topics; using role-play to model positive parenting strategies. STEPP had a very similar structure to traditional BPT but on top of that it included small subgroup exercises and parents' problem-solving tasks. STEPP also focused on the interaction between the parent and the child and enhancement of children's motivation.

Their results were quite surprising in that although they did find significant improvements in both child and parent outcomes in participants undergoing one of the trainings as opposed to no training at all; the data did not show that STEPP would be more effective than the traditional programme.This study is a good example that the positive parenting aspect does not always add extra improvements to a usual behavioural parenting training.

<u>A randomised clinical trial of an intervention to promote resilience in young children of HIV-positive mothers in South Africa.</u>

This study is another example of a positive parenting programme other than Triple P that works with families to enhance their wellbeing. Elf and colleagues (2014) looked at increasing resilience in the under-researched population of children living with an HIV-positive mother. Resilience is a concept closely linked to positive psychology and has been defined by Luthar, Lyman and Crossman (2014) as "a phenomenon reflecting positive child adjustment despite conditions of risk". These children and parents underwent a resilience-promoting intervention which focused on improving the wellbeing of both the parent and the child and also the interaction between them.
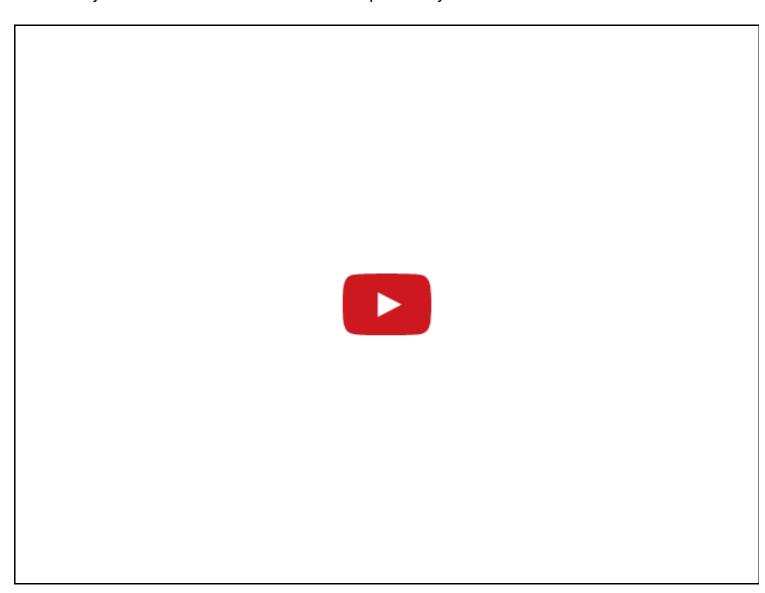
There were sessions for mothers about their illness followed by training on parenting; and separate sessions for children which emphasised building of their self-esteem, and improving interpersonal and practical life skills. These exercises for children were led through games and story telling exercises promoting skills like positive living. The last few sessions were held with the child and the parent together and were centred around modelling healthy child-parent interactions.

At the end of the procedure children showed less externalising behaviours and more adaptive functioning in daily life. The effects also seemed persistent at a 12 months' follow-up assessment. It could be concluded that children's resilience increased, possibly due to the other finding, that mothers' wellbeing also increased.

- More effective use of the media
- Enhanced capacity of primary care services to support parents
- Provide universal parenting programs at developmentally sensitive transition points
- Develop more intensive interventions for high risk parents and children
- Develop interventions to enable parents to manage work and family responsibilities
- Promote parent teamwork i
- Help parents manage their own emotional distress
- Develop appropriate evidence base interventions for culturally and linguistically diverse groups and be aware of the political context

An important thought to keep in mind when evaluating clinical positive parenting interventions is what outcome variables determine and define good parenting. Previous studies have been assessing both child and parent emotional and behavioural outcomes, as well as parent-child interactions. In order to improve the wellbeing of all family members, all of these measures need to be carefully considered and issues need to be specifically addressed.



Does positive parenting really work? - Critique

Although positive parenting is becoming more and more popular among parents, not everyone agrees with the approach. In a study called "The Pitfalls of Positive Parenting", published in the journal Ethics and Education in 2013, Helen Reece, an expert in family law at the London School of Economics, argues that being "nice" to children all of the time is "arduous, if not impossible" and can simply destroy the spontaneity of the parent-child relationship. She further explains that the positive parenting approach consists of 3 separate but inter-related components: the absence of punishment, the expansion of positive reinforcements, and leading by example. However, avoiding punishment or even criticism while constantly accentuating the positive can do more harm than good and simply "set parents up to fail". She argues that because of the high criteria for how a good parent should behave, parents could be judged against an impossible standard by friends and family members and in extreme cases even unfairly marked down by social workers with major consequences for the rest of their lives.

Another argument against positive parenting concerns the methods the Government uses to promote this parenting approach. "Born to Five" is an official handbook published by the Department of Health. It is supposed to give parents practical advice on matters such as feeding with more subjective pronouncements about how to speak to children. The guide advises new parents that even if their children's undisciplined behaviour comes to "dominate everything" they must react by talking about something "good" and encourage children to "be themselves".
 However, Helen Reece argues that the handbook represents accumulation of official, mainstream advice about how to discipline children. It's published by a government department and the production and distribution costs are funded publicly. Following that advice, which comes with a clear and overt official stamp, is like following a check-list: 'I'm praising my child - check; I've got a positive tone of voice - check; I've adopted appropriate body language - check.' Therefore, Helen Reece argues that this could destroy the spontaneity of the parent-child interaction, because it is impossible to give guideless to someone on how to be nice. The whole essence of being nice is that it cannot be forced, coerced kindness is a contradiction.

The Triple- P Programme also suffers some criticism. A number of recent international studies have raised concerns about the program's benefits. Philip Wilson, of the University of Aberdeen, helped review 33 studies that assessed the outcomes of Triple P programs. He concluded that they "found no convincing evidence that Triple P interventions work across the whole population, or that any benefits are long-term". Furthermore,a study led by Michael Little, co-director of the Social Research Unit in Britain, compared Triple P with two other parenting programs in Birmingham. The results, published in the International Journal of Violence and Conflict, found that Triple P made little difference in the behaviour of the 146 children who took part. However, Professor Sanders, a pioneering parent educator who has spent three decades developing the program. Triple P is the biggest program of its kind in Australia, rejected suggestions the program was unproven and ineffectual. He described the Birmingham study as "particularly poor" research.

It is obvious that not everyone finds positive parenting beneficial.  Different people have different views about what constitutes as good parenting. Therefore, improving the way some people raise their children might be an impossible challenge. It is hard to influence a behaviour that is rooted in upbringing and culture, affected by stress, and which occurs mainly in private.

Why is Positive Parenting beneficial? - An Evidence-Based Message

Although some parents do not support the positive parenting approach, there is a way for them to be influenced and educated. Reaching large populations with evidence-based messages has proven to have an impact on public health issues like smoking and it is also shown to work with people's parenting approach. So what are some of the evidence in support of Positive Parenting? Here are the top 3 studies that have shown that positive parenting is beneficial:

1.Physical punishment of children potentially harmful to their long-term development. (Durrant & Ensom, 2012)

Key Points

- Numerous studies have found that physical punishment increases the risk of broad and enduring negative developmental outcomes.
- No study has found that physical punishment enhances developmental health.
- Most child physical abuse occurs in the context of punishment.
- A professional consensus is emerging that parents should be supported in learning non-violent, effective approaches to discipline.

Although some parents argue that punishment is a way to teach children virtues, Joan Durrant and Ron Ensom's study from 2012 showed that punishment could have a harmful effect on children's development. Their review of two decades worth of studies has shown that punishment is associated with antisocial behaviour and aggression in children. Furthermore, later in life it is linked to depression, unhappiness, anxiety, drug and alcohol use and psychological maladjustment. They also reported that parents can also hurt children by humiliating them, labelling them in harmful ways or criticizing their behaviour. They conclude that effective parenting does not rest that much on discipline as it does on age-appropriate expectations, effective communication, trusting relationship, and a safe environment.

In their paper they use a quote from The Joint Statement on Physical Punishment of Children and Youth (Durran & Ensom, 2004) which accurately summarizes the findings of their study:

*"The evidence is clear and compelling -- physical punishment of children and youth plays no useful role in their upbringing and poses only risks to their development. The conclusion is equally compelling -- parents should be strongly encouraged to develop alternative and positive approaches to discipline."*

2.Every Family: A Population Approach to Reducing Behavioural and Emotional Problems in Children Making the Transition to School. (Sanders et al., 2008)

Key Points

- Every Family is a preventive intervention designed to promote better mental health outcomes in children during the transition to school period and is based on the Triple P-Positive Parenting Program.
- Positive parenting programs that are based on social learning principles and teach parents positive parenting skills and consistent discipline methods hold particular promise in reducing behavioural and emotional problems.
- A large-scale population trial using the Triple P-Positive Parenting Program (TPS)

The study evaluated a large-scale population trial using the Triple P-Positive Parenting Program (TPS) where all five levels of the TPS multi-level system were employed. The target population was all parents of 4- to 7-year-old children. Outcomes were assessed using a computer-assisted telephone interview of a random sample of 3000 households in each community both before the intervention and 2 years after the intervention. Results showed greater reduction in the number of children with clinically elevated and borderline behavioral and emotional problems. Furthermore, parents reported a greater reduction in the prevalence of depression, stress and coercive parenting. It should be noted that this is the first study of a positive parenting program to demonstrate longitudinal, population-level effects for parents and children.

3.Positive parenting predicts the development of adolescent brain structure: A longitudinal study. (Whittle et el., 2014)
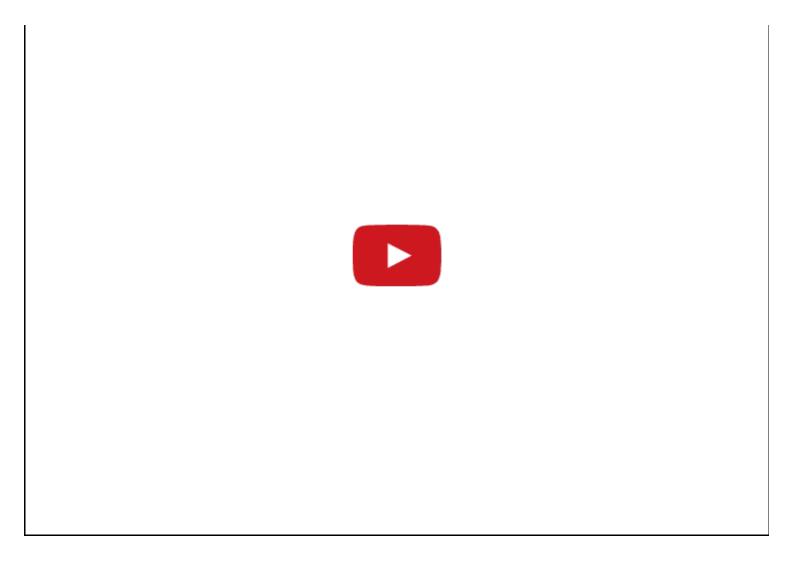
Key Points

- First human study to investigate the effect of variations in positive family environments during early adolescence on the structural development of the brain over time.
- Frequency of positive maternal behavior during early adolescence is associated with structural development of regions implicated in reward processes, emotional reactivity and regulation, with some sex differences also being observed.
- The findings of this study have implications for understanding the mechanisms underlying the relationship between positive parenting and reduced risk for a range of negative outcomes.

The aim of this study was to investigate the effects of positive maternal behaviour on the development of brain structure in adolescents, using longitudinal structural MRI. 188 participants took part in this longitudinal study. Researchers looked at the mother-adolescent interactions and MRI scans of the participants at the age of 12 and 4 years later. Results showed that higher frequency of positive maternal behaviour was associated with reduced growth of the right amygdala, and accelerated thinning of the left and right OFC and right ACC (males only) from early to mid adolescence.

## Recipe for Good Parenting

| | |
|---|---|
| 4 cups love | 3 cups laughter |
| 2 cups patience | 5 spoons devotion |
| 3 cups forgiveness | 2 spoons tenderness |
| 1 cup friendship | 4 tsp sweetness |

Take love and patience,
Mix with devotion,
Blend with tenderness, kindness & understanding.
Add friendship & forgiveness,
Sprinkle with sweetness & laughter,
And bake with sunshine.

Serve daily, in generous helpings. Enjoy. ☺

The "3 Fs" of Effective Parenting - Discipline should be:

- Firm: Consequences should be clearly stated and then adhered to when the inappropriate behavior occurs.
- Fair: The punishment should fit the crime. Also in the case of recurring behavior, consequences should be stated in advance so the child knows what to expect. Harsh punishment is not necessary. Using a simple Time Out can be effective when it is used consistently every time the behavior occurs. Also, use of reward for a period of time like part of a day or a whole day when no Time Outs or maybe only one Time Out is received.
- Friendly: Use a friendly but firm communication style when letting a child know they have behaved inappropriately and let them know they will receive the "agreed upon" consequence. Encourage them to try to remember what they should do instead to avoid future consequences. Work at "catching them being good" and praise them for appropriate behavior.

**References**

Bowlby, J. (1988). Attachment, communication, and the therapeutic process. A secure base: Parent-child attachment and healthy human development, 137-157.

Bowlby, J. (1956). Mother-child separation. Mental health and infant development, 1, 117-122.

Brown F. L., Whittingham K., Boyd R. N., McKinlay L., Sofronoff K. (2014). Improving child and parenting outcomes following paediatric acquired brain injury: a randomised controlled trial of Stepping Stones Triple P plus Acceptance and Commitment Therapy. Journal of Child Psychology and Psychiatry, 55, 1172-1183.

Browne, R. (2013). Doubts over Triple P, the parenting program of choice. The Sydney Morning Herald. Retrieved 17 February 2015, from http://www.smh.com.au/national/doubts-over-triple-p-the-parenting-program-of-choice-20130319-2gdnm.html

Durrant, J., & Ensom, R. (2012). Physical punishment of children: lessons from 20 years of research. Canadian Medical Association Journal, 184(12), 1373-1377. doi:10.1503/cmaj.101314

Eloff I., Finestone M., Makin J. D., Boeving-Allen A., Visser M., Ebersohn L., Ferreira R., Sikkema K. J., Briggs-Gowan M. J., Forsyth B. W. C. (2014). A randomised clinical trial of an intervention to promote resilience in young children of IV-positive mothers in South Africa. AIDS, 28, S47-S357.

Karoly P. 1993. Mechanisms of self-regulation: a systems view. Annual Review of Psychology 44: 23-52.

Kumpfer, K. L., Pinyuchon, M., de Melo, A. T., & Whiteside, H. O. (2008). Cultural adaptation process for international dissemination of the Strengthening Families Program. Evaluation & the Health Professions, 31, 226-239.

Leung, C., Sanders, M.R., Ip, F. & Lau, J. (2006). Implementation of Triple P - Positive Parenting Program in Hong Kong Hong: Predicators of programme completion and clinical outcomes. Journal of Children's Services, 1(2), 4-17.

Luthar, S. S., Lyman, E., L. & Crossman, E., J. (2014). Resilience and positive psychology. *Handbook of Developmental Psychopathology* (pp.125-140). Springer US.

Martinez, C. R., & Eddy, J. M. (2005). Effects of culturally adapted parent management training on Latino youth behavioural health outcomes. Journal of Consulting and Clinical Psychology, 73, 841-851.

Matsumoto, Y., Sofronoff, K., & Sanders, M. R. (2010). Investigation of the effectiveness and social validity of the Triple P Positive Parenting Program in Japanese society. Journal of Family Psychology, 24, 87-91.

Nix, R. L., Greenberg, M. T., Gayles, J. G., Bamberger, K. T., Berrena, E. & Demi, M. (2014). Integrating Mindfulness With Parent Training: Effects of Mindfulness-Enhanced Strengthening Families Programme. Developmental Psychology, 51 (1), 26-35.

Passer,M., Smith, R., Holt, N., Bremner. A., Sutherland, E., & Vliek, M. (2009). Psychology: The Science of Mind and Behaviour. 13, 578-579.

Piaget, J., & Cook, M. T. (1952). The origins of intelligence in children.

Rajwan E., Chacko A., Wymbs B. T., Wymbs F. A. (2014). Evaluating Clinically Significant Change in Mother and Child Functioning: Comparison of Traditional and Enhanced Behavioural Parent Training. Journal of Abnormal Child Psychology, 42, 1407-1412.

Reece, H. (2013). The pitfalls of positive parenting. Ethics And Education, 8(1), 42-54. doi:10.1080/17449642.2013.793961

Sanders MR. 1999. The Triple P-Positive parenting programme: 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 2: 71-90.

Sanders, M., Ralph, A., Sofronoff, K., Gardiner, P., Thompson, R., Dwyer, S., & Bidwell, K. (2008). Every Family: A Population Approach to Reducing Behavioral and Emotional Problems in Children Making the Transition to School. J Primary Prevent, 29(3), 197-222. doi:10.1007/s10935-008-0139-7

Sanders, M., R. (2012). Development, evaluation and multinational dissemination of the Triple P Positive Parenting Program. *Annual review of clinical psychology, 8,* 345-379.

Su, T. f., & Costigan, C. L. (2009). The Development of Children's Ethnic Identity in Immigrant Chinese Families in Canada: The Role of Parenting Practises and Children's Perceptions of Parental Family Obligation Expectations. Journal of Early Adolescence, 29(5), 638-663.

Turner, K.M.T, Richards, M., and Sanders, MR. (2007). Randomised clinical trial of a group parent education programme for Australian Indigenous families. Journal of Paediatrics and Child Health, 43(6), 429-437.

Whittle, S., Simmons, J., Dennison, M., Vijayakumar, N., Schwartz, O., & Yap, M. et al. (2014). Positive parenting predicts the development of adolescent brain structure: A longitudinal study. Developmental Cognitive Neuroscience, 8, 7-17. doi:10.1016/j.dcn.2013.10.006