

A Psychological Strategy for Improving Parenting Abilities

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ABSTRACT

In order to lessen the prevalence of behavioral and emotional issues in preadolescent children, this research describes the theoretical underpinnings of a novel multilayer parenting and family support technique. A tiered system of family intervention, the Triple P-Positive Parenting Program offers five progressively more intense levels of intervention. In addition to two levels of quick primary care consultations aimed at treating moderate behavioral issues, these interventions also include two more comprehensive parent education and family intervention programs for kids who are at higher risk of developing more serious behavioral issues. The goal of the program is to identify the minimally necessary parenting action needed to divert a child's course away from more serious issues. A core principle in the approach is parental skill self-regulation. The program adapts the intervention's strength to each family's needs by using flexible delivery modalities (such as individual face-to-face, group, telephone-assisted, and self-directed programs). The program has a broad reach due to its multidisciplinary, preventative, and community-wide orientation, which enables it to target destigmatized access points through primary care services for families who are hesitant to take part in parenting skills programs.

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I. INTRODUCTION

The well-being of children is fundamentally dependent on the quality of family life. The parent-child relationship in particular, as well as family interactions in general, have a significant impact on children's psychological, physical, social, and economic well-being. Family dysfunction and the deterioration of family ties are associated with a

number of serious social, economic, and mental health issues (Chamberlain & Patterson, 1995).

According to epidemiological research, family risk factors like neglectful parenting, family strife, and marriage dissolution have a significant impact on children's development. Particularly, a lack of warm, positive interaction with parents, insecure attachment, aggressive, inflexible, restrictive, or inconsistent discipline methods, insufficient supervision of and involvement with children, marital conflict and

breakdown, and parental psychopathology (particularly maternal depression), increase the risk that kids will experience serious behavioral and emotional issues, such as substance abuse, antisocial behavior, and juvenile crime.

In order to better prepare parents for their duty as caregivers, this paper provides the theoretical and empirical underpinnings of a comprehensive multilevel model of parenting and family support. The program's special features are examined, and potential study avenues are emphasized.

WHAT IS A TRIPLE P- POSITIVE PARENTING PROGRAM?

Triple P is a multilayer method of parenting intervention that was created at the University of Queensland in Australia with the goal of raising the standard of parenting assistance provided to parents. (Sanders, 1999; Sanders, Markie-Dadds, & Turner, 2003). As a home-based, individually administered training program for parents of pre-schoolers to teenagers, the program had its start on a limited scale. (Sanders & Glynn, 1981). Parents are taught specific tactics as part of the intervention that is designed to increase the protective factors and decrease the risk variables mentioned above.

The Triple P model includes a five-tiered system of increasing strength interventions, starting with media and information-based strategies, moving on to primary care consultations that last only briefly, and finally ending with more intensive parent education and improved behavioral family interventions. Along with other family adversity variables like marital conflict, depression, and high levels of parenting stress, the increased intervention concentrates on parenting skills. The universality of Triple P, the use of various levels of intervention to help match intensity to need, the multidisciplinary nature, the use of adaptable delivery modalities, the encouragement of a self-regulatory approach to help with maintenance and generalization, and the targeting of destigmatizing access points are some of

its distinctive features. All parents are intended to benefit from Triple P, which uses the media to reach them all with a saturated message and with simple access to the program.

Principles of Positive Parenting

The program's foundational five positive parenting tenets were chosen to address particular risk and protective factors that are known to forecast favorable developmental and mental health outcomes in children.

1. A secure and interesting environment

Children of all ages require a protected atmosphere that is safe, supervised, and allows them to play, explore, and experiment. This idea is crucial for encouraging healthy development and avoiding accidents and injuries at home.

2. An environment that fosters learning

The program specifically teaches parents to respond positively and constructively to child-initiated interactions (such as requests for help, information, advice, and attention) through incidental teaching and other techniques that help children learn to solve problems for themselves. Although this principle involves educating parents in their role as their child's first teacher.

3. Advocacy in Discipline

Alternatives to forceful and ineffective forms of discipline that are taught to parents through Triple P include particular child management and behavior modification techniques (such as shouting, threatening, or using physical punishment). These techniques include establishing ground rules for certain circumstances, talking about rules with kids, issuing clear, calm requests and directions that are age-appropriate, laying out logical consequences, using the quiet time (non-exclusionary time-out), time-out, and intentional ignoring.

4. Achievable Expectations

This principle entails discussing goals that are both developmentally appropriate for the kid and practical for the parent, as well as parents' expectations,

assumptions, and ideas regarding the reasons behind children's behavior. Parents who put their kids at danger of abuse are more likely to have exaggerated views of what they can do.

5. Parental Self-Care

Numerous aspects that have an impact on a parent's sense of wellbeing and self-worth are related to

parenting. By urging parents to see parenting as a part of a larger framework of personal self-care, resourcefulness, and well-being and by imparting useful parenting techniques that both parents can use, the Triple P programme expressly addresses this issue at all levels.

Table 1. The Triple P Model of Parenting and Family Support

Level of intervention	Target population	Intervention methods	Practitioners
Level 1 Media-based parent information campaign Universal Triple P	All parents interested in information about parenting and promoting their child's development.	A coordinated media and health promotion effort aimed at promoting parenting programmes and bringing attention to parent-related issues. maybe utilising print and electronic media (e.g., community service announcements, talk-back radio, newspaper and magazine editorials).	Typically coordinated by area media liaison officers or mental health or welfare staff.
Level 2 Health promotion strategy/brief selective intervention Selected Triple P Selected Teen Triple P	Parents with an interest in parenting education or specific worries about their child's conduct or development.	Information on health promotion or tailored guidance for a particular developmental concern or minor difficulty with a child's behaviour. may entail a brief (20 minute) telephone or in-person therapist contact or a group seminar session.	Parent support during routine well-child health care (e.g., child and community health, education, allied health, and child care staff).
Level 3 Narrow-focus parent training Primary Care Triple P Primary Care Teen Triple P	Parents who need counselling or active skill training because of the aforementioned problems.	A quick programme (approximately 80 minutes spread over 4 sessions) that teaches parents how to control a specific issue behaviour in a child. May involve telephone or faceto-face clinician contact or group sessions.	Same as for Level 2.
Level 4 Broad-focus parent training Standard Triple P Group Triple P, Group Teen Triple P Self-Directed Triple P	Parents who desire comprehensive instruction in effective parenting techniques. Parents with kids who exhibit aggressive or	Parent-child contact and the application of parenting skills to a wide range of target behaviours are the main topics of this programme with a broad focus (approximately 10 hours across 8–10 sessions). includes	Intensive parenting interventions (e.g., mental health and welfare staff,

P Self-Directed Teen Triple P	rebellious conduct, for example, are typically.	techniques for improving generalisation. may involve group sessions, telephone or in-person contact with a clinician, or self-directed activities.	and other allied health and education professionals who regularly consult with parents about child behavior).
Stepping Stones Triple P	families with preschool-aged disabled children who already have or are at risk of having emotional or behavioural problems.	A 10-session, parallel curriculum that focuses on disability and is individually designed. Sessions usually last 60 to 90 minutes (with the exception of 3 practise sessions, which last 40 min).	Same as above.
Level 5 Intensive family intervention modules Enhanced Triple P	Conflict between partners or parents of kids with behaviour issues and associated family dysfunction (such parental melancholy or stress).	A comprehensive, personally planned programme with modules (sessions run 60–90 minutes) that include practise sessions to improve parenting abilities, stress and mood management skills, and partner support skills.	Intensive family intervention work (e.g., mental health and welfare staff).
Pathways Triple P	Parents who might abuse their children. Program focuses on issues with controlling anger and other aspects of abuse.	Modules cover anger control and attribution retraining.	Same as above

Source: Sanders, M. R. (2008). Triple P-Positive Parenting Program as a public health approach to strengthening parenting. *Journal of family psychology*, 22(4), 506.

Implementation of Positive Parenting

In order for the public health approach to be successful, it is necessary to complete a number of crucial tasks before a multilevel program can be transformed into a system of treatments offered on a large scale. There are seven specific principles:

- (i) Having data on the fundamental prevalence rates of specific juvenile issues;
- (ii) a record of the baseline prevalence rates of risk and mitigating factors;

- (iii) having proof that addressing these risk and protective variables decreases specific child issues;
- (iv) demonstrating the availability of efficient and culturally acceptable interventions for dissemination;
- (v) having a successful training and distribution system;
- (vi) making the interventions widely available; and
- (vii) A plan for handling the inevitable socio-political milieu that surrounds population-level actions is an extra requirement.

Establish Base Rates for Modifiable Parental Risk and Protective Factors

A child's exposure to a strict, inconsistent parenting style, low parental self-efficacy in handling the

responsibilities of raising children, mental health issues in parents (such as depression and anxiety), high marital or partner conflict, and a lack of parenting support are all potentially modifiable parenting factors that put a child at risk of developing behavioral and emotional problems. Parental exposure to evidence-based parenting programs, availability of professional assistance for children's emotional and behavioral issues, and high levels of social and emotional support from important others are some potentially modifiable protective factors that lower children's risk of developing problems. Epidemiological studies reveal that many children are exposed to unfavorable parental behaviors.

For example, Sanders et al. (2007) found in a survey of 4,018 parents of 2- to 12-year-olds that 70% of parents reported they were likely or very likely to shout and become angry with their children and that 43% reported hitting their children. The risk and protective factors that are most likely to change as a result of the intervention can be assessed prior to an intervention being implemented and can be reassessed over time.

Culturally Appropriate Programs Are Available

Parents with parenting-related problems may seek assistance from people with quite different cultural, linguistic, and religious backgrounds. In order to be successful, a programme must also be acceptable to parents on a cultural level. Every parent learns how to raise a child within a specific cultural environment, which may differ in terms of family size and structure, the presence of extended family, gender roles, and exposure to particular customs and values. Parenting-related cultural knowledge can be picked up through interactions with other members of the culture, discussions with more seasoned parents, modelling, and family-of-origin experiences.

The experience of parenting has elements that are universal throughout cultures. Every parent wants the best for their child, regardless of culture. There are gender variances in parental obligations as well as common developmental and behavioral issues that

stress out parents across cultures. Additionally, parenting customs differ both inside and between cultures. It explains what parenting is, what sorts of obligations are required, which behaviors are issues that call for discipline, and how to apply that discipline. There is mounting evidence that, despite cultural differences, the core ideas of effective parenting are universally applicable.

II. CONCLUSION

The Triple P demonstrates the positive effect on society. The Favorable Parenting Program has a positive impact on a variety of parenting abilities, including parents' parental competencies and their confidence in their parenting techniques. There are some encouraging trends in stress reduction for parents as well as favorable benefits on kids' levels of behavioral issues, how kids interact with classmates, and disagreements and bad communication at home. Parenting classes for parents of children between the ages of 3 and 16. The Teen Triple P program, however, is an exception; it is well-known and presently utilized by many. More evidence-based programs are desperately needed in the delivery of pediatric healthcare. The study's latest findings show how the Teen Triple P program affects kids' social and emotional behaviors, which enhances parent-related outcomes, family relationships, and family functioning. The current effect study provides solid scientific justification for this preventive approach. Communities may be used to advertise the program It can be utilized responsibly in the delivery of pediatric healthcare to assist parents in raising their kids.

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