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PHD THESIS SUMMARY

**The contribution of TRIPLE-P, POSITIVE PARENTING PROGRAM to
the development of parenting skills and to the improvement of parenting
style. Applications in the preventive and rehabilitation "Mother-Father and
Child" clinic in Germany**

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KEYWORDS

Parental style, parental competence, parental ability, anamnesis, attachment, Mother-Father and Child clinic, adaptive behavior, maladaptive behavior, communication, educational counseling, role play, Triple-P.

Doctoral thesis The contribution of TRIPLE-P, POSITIVE PARENTING PROGRAM to the development of parenting skills and to the improvement of parenting style. Applications in the preventive and rehabilitation "Mother-Father and Child" clinic in Germany, aims to identify the extent to which Triple-P, Positive Parenting Program, contributes to improving parenting style, parenting skills, and increase adult life satisfaction, after the participation of the parents to the training.

In modern society, the pressure is becoming more and more felt, in terms of raising and educating the child, but also the parent. Self-esteem depends on the child's well-being, small problems are viewed through the emotional prism and the fear of failing in the parental role brings with it feelings of guilt and failure so that possible conflicts can escalate (Schülein, 1990). Another challenge encountered after the birth of the child is the fact that the mother puts the interests of the child above her own interests. This can become a problem if a woman's career suffers and the mother is asked to give up, even for a while, her own interests, for example at work (Winnicott, 2016). All these changes and challenges have influences on the mother's interaction with the child, on the relationship of the family members or on the whole education.

Education is a central daily task, but fewer and fewer parents perform it with confidence because "fathers and mothers feel insecure, overworked, powerless and alone" (*Der Spiegel*, 29/2005; 18.07.2005). Parents are the key to many educational processes, and they are given great responsibility for the optimal development of their children.

Many parents feel powerless in the face of the demands of today's society or doubt their own skills and the role of parent is perceived as an obstacle that many of them face.

That is why today, more than ever, parental support is an important service.

The educational counseling centers offer parental support in problematic educational situations, in situations where decision-making is endangered by the parental style or the child's maladaptive behavior, but also services for organizing daily family life.

Parents need definite, firm self-confidence, parental acknowledgement and satisfaction, appropriate skills and behaviors, and of course, at times, they also need support from professionals.

The content of this thesis aims to present the approach of the educational training Triple-P, Positive Parenting Program, training which is attended by parents with children aged 7-12 years, organized in a preventive and rehabilitative institution, a clinic of the type Mother -Father and Child, in southwestern Germany. By participating in the Triple-P educational training, parents can identify both the importance of good parenting quality and the importance of a good method of educational counseling, that will help parents with the most important task of their lives “that of raising the new generation ” (Sanders, 2008).

Preventive and recovery Mother-Father and Child clinics in Germany offer parents and children, among others, an ideal opportunity to optimize the relationship between them and thus increase their quality of life. In this Mother-Father and Child institution, the parents together with their children have the possibility to undergo preventive or rehabilitation treatments, as the case may be. A series of medical, sports, nutritional, psychological and educational programs help both parents and children to complete the proposed goal. Parents and children go through a well-established program in the clinic, accompanied by qualified staff, for a period of twenty-one days.

This thesis consists of two parts. In the first part, the so-called Theoretical Substantiation, we will systematically go through chapters I, II, III and IV and in the second part, Research Design, we will go through chapters V and VI, the experimental approach.

In Chapter I PARENTAL STYLES we focus on the concept of parenting style, as well as on four types of parenting styles : (1) authoritarian parenting style, (2) democratic parenting style, (3) permissive parenting style and (4) indifferent parenting style.

The definitions of parenting styles given above are described in context, each with its own examples that best describe the term defined.

The biological parents of a child usually assume the role of parents and the major responsibility associated with raising a child.

However, other people, including stepparents, grandparents, adoptive parents, older siblings and other relatives may also be involved or even take on the primary role of parent. The process of raising children involves educating children to encourage their growing up. There is

no way parents can avoid having a decisive effect on their children's personality, character and competence.

Parental styles reflect how a parent manages to discipline and help the child in the socialization process (Thomson & Jaque, 2017).

Authoritarian personality describes a type of person who prefers a social system with a strong leader - the authoritarian person is comfortable being the strong leader, but if the individual is not the strong leader, then he or she will demonstrate complete obedience to another strong authority figure (Martin, 2001). In both cases, there is little tolerance for non-conservative ways of thinking. The authoritarian parent views obedience as a virtue and encourages punitive and powerful measures to reduce self-will to the point where the child's actions or beliefs conflict with what the parent believes is correct conduct.

The authoritarian parent believes in maintaining the child in a subordinate role and restricting his autonomy and does not encourage verbal giving and free expression, having the belief of accepting a parent's word because it is the right one (Baumrind, 1991).

Subsequent life transitions are often more difficult for children from authoritarian families whose parents interpret their child's growing need for independence and autonomy as disobedience and disrespect (Bornstein & Zlotnik, 2008).

Children raised by authoritarian families tend to be dependent on their parents (especially girls), to be more submissive, less socially adapted, less confident, less intellectually curious, and less dedicated to achievement compared to children raised in democratic families. At the same time, Bornstein and Zlotnik (2018) mention that we can also meet a positive side of this authoritarian parenting style in certain cultural and socio-economic contexts. For example, authoritarian parents can play an adaptive and protective role for children growing up in low-income, marginalized neighborhoods, as they can keep children safe and away from unhealthy / dangerous habits. Another example in this parenting style is strict control which is considered an indication of parents' devotion and concern for children and leads to traditionally desirable traits for children, such as self-control, diligence and self-confidence (Dalimonte-Merckling & Williams, 2020).

Because authoritarian parents appreciate discipline and respect over moments of parental fun and warmth, they tend to be distant.

Democratic parents are characterized as parents who ask the child to follow a reasonable set of rules, but also respond to the child's needs, respect and support the child's autonomy and

individuality (Bornstein & Zlotnik, 2008). Democratic parents also offer warmth, love and acceptance to their child, encouraging him to be independent, autonomous and to assert his individuality. Another important feature of democratic parents is open parent-child communication, a strategy that helps facilitate effective communication between the two parties. Children are encouraged to express their views, and parents consider all sides discussed before granting any punishments that are reasonable.

Children of democratic parents know the rules and consider them reasonable and are inclined to assimilate them in the future.

Parents who use the permissive parenting style are those parents who tend to assume more of a "friend" role in the relationship with their children. Although they are very receptive and loving, these parents do not express their expectations and set few boundaries with their children (Dalimonte-Merckling & Williams, 2020). Permissive parents rarely apply the rules and make minimal or inconsistent efforts to discipline or rebuke their children. This parenting style places more importance on children's happiness and freedom from obedience and self-regulation.

Permissive parenting can be detrimental to children's development and can lead to problematic interactions with authority, poor self-discipline, insecurity, and a higher likelihood of delinquency (Nanu & Nijloveanu, 2015). Permissive parents take a passive approach to disciplining children (Bornstein & Zlotnik, 2008). They avoid using punishment, showing authority or imposing restrictions on the child whenever possible.

The only disciplinary tactic used is reasoning, and parents appeal to the child's opinion when they decide to implement any type of rule.

The indifferent parent is not dedicated to the role of parent or is disinterested in encouraging the optimal development of the child (Dalimonte-Merckling & Williams, 2020). A few years later, after Diana Baumrind's research (1966), researchers Eleanor Maccoby and John Martin (1981) added a fourth category - the indifferent or careless parent - to the three original styles. Although they provide basic necessities, such as food and shelter, they are, for the most part, not involved in their children's lives, and the exact degree of involvement can vary considerably.

The careless parent intentionally or circumstantially limits the time and energy devoted to the child and can put his personal needs and interests above the concern for what is best for the child.

Parents who have this uninvolved / indifferent style have often been raised by indifferent parents themselves, and as adults they repeat the same patterns they were raised with.

Indifferent parents generally do not respond to their children, do not ask them for anything in return and do not have too much control over their children.

The complete lack of rules in an indifferent / negligent family makes it difficult to learn appropriate behaviors and limits in school and other social situations, which is why children with indifferent parents are more likely to exhibit delinquent / inappropriate / maladaptive behavior to social and school situations.

Chapter II PARENTAL COMPETENCES focuses on the description of the terms parental competence, competent parenting-incompetent parenting and ways to develop parental skills.

In general terms, competence is defined as the ability to meet individual or societal requirements to perform an activity or perform a given task (Tinoca et al., 2014). They are developed through exercise and interaction in both formal and informal educational or professional contexts and require going beyond simply reproducing the knowledge gained. At the highest level, this conceptualization of competence involves choosing and adapting from the acquired processes those necessary to solve an unknown complex task or problem.

Competence can be either an individual one that focuses on the personal and cognitive traits of competent people in relation to their performance in the workplace, or an organizational one that focuses on strategic competence at the corporate level and collective practices. It can also be global, integrating both individual and organizational strategic skills.

A competency is a set of defined behaviors that provides a structured guide that allows the identification, assessment, and development of behaviors in individual employees. Some researchers see "competence" as a combination of practical and theoretical knowledge, cognitive skills, behavior, and values used to improve performance; or as a state or quality of being prepared or qualified, to fulfill a well-defined role (Varela et al., 2015).

Certain qualities of the parental relationship: parental acceptance and approval, warmth, care, support and ability to react to suffering are positively related to parental "exigency", ie expecting the child's responsibility, independence, problem solving and self-control (Santa Barbara, 2008).

Competent parents need to guide and discipline them along the way so that the children's experience is full of learning moments.

A competent parent will be able to balance affection and discipline; to have the power to make difficult decisions; not to let the child exhaust him; keep calm during a heated discussion and convey what is right and wrong in a reasonable way.

The incompetent parent is rather associated with the indifferent parenting style which is careless and fails to meet the needs of their child beyond the basic elements of shelter, food and clothing.

Although the parent involved too much (aka the "helicopter" parent) can also cause more harm than good, taking control of decisions and doing too much for their child, preventing them from learning from their own actions.

Unlike parents who apply little or no discipline, parents who practice strict or rigid discipline (aka the "authoritarian" parent) do not allow their child to explore their world, which often leads to a child who becomes fearful, anxious, or rebellious. .

Withdrawal of the condition because a child does not do what he is told causes similar harm, and these types of behaviors can cause a child to have low self-esteem and low confidence, which can lead to a child not expressing his or her desires. needs.

Coleman and Karraker (1997) highlight four possible mechanisms by which parental self-efficacy develops. These mechanisms would be childhood experiences, external messages, real parenting experiences and the degree of cognitive or behavioral preparation for the maternal role.

Also in Chapter II we turn our attention to some suggestions for competent parenting: giving importance to children's thoughts, emotions and feelings; consistency in consequences for actions taken; labeling the behavior, not the child; paying the necessary attention to the child's actions; manifestation of unconditional affection; ensuring a safe space for the child to make mistakes; the importance of permanent and assertive communication; adjusting the parenting style to the situation and knowing the limits and needs of the parents.

Chapter III "MOTHER- FATHER AND CHILD" PREVENTIVE AND REHABILITATION CLINIC IN GERMANY outlines the concept of preventive and rehabilitation clinic of mother-father and child type starting from the history of the clinic, to the application of a request for such a care and to the beneficiaries and ends with types of programs completed during the course of the care.

The history of preventive and recovery Mother-Father and Child clinics, takes us back in time, in the 50s of last century, more precisely to Elly Heuss-Knapp, the wife of the first German

federal president Theodor Heuss, she was the one who put the foundations of the „Müttergenesungswerk” foundation, translated into Romanian “Mother recovery / rehabilitation work”, now called “Elly Heuss-Knapp Foundation”, after the name of the founder.

Such treatments are only available in Germany and this is due to the work of the 'Müttergenesungswerk' foundation, which has been working socially and politically for over 70 years to help mothers, fathers and children. On 31.01.2020, this foundation turned 70 (www.muettergenesungswerk.de/ueber-uns/geschichte).

Starting with 2002, the costs for such a cure are provided and taken over entirely by the national medical system. Also this year, fathers are allowed to participate in such a cure, which means a great success.

The application for a preventive and rehabilitation treatment in the Mother-Father and Child clinic is made through a standard application, at the request of the beneficiary or at the indication of the family doctor, the request being sent to the health insurer. The health insurer decides together with the help of the medical service provided, the need for a recovery treatment and approves or rejects the application.

Every year, almost 50,000 mothers, about 2,000 fathers and more than 70,000 children participate in rehabilitation treatments in more than 70 clinics. The costs are taken over by the health insurer, the families having the obligation to pay a small amount of 10 euros / day, for the whole family and the duration of the entire prevention and rehabilitation treatment is three weeks (<https://www.muettergenesungswerk.de>).

Research on the medical history of mothers who took part in a prevention and rehabilitation treatment in a Mother-Father and Child clinic shows that the declared symptoms are closely linked to the situation in which the mother is at that moment. Thus, following a treatment in such a prevention and rehabilitation clinic, far from everyday life becomes necessary (Arnhold-Kerri et al. 2003).

Parents and children have the opportunity, for a period of three weeks, to go through the program of a rehabilitation course.

A wide range of medical indications, such as stress, overweight, exhaustion and many more can be successfully treated in a "Mother-Father and Child" clinic.

Specialists from several fields of activity (doctors, nutritionists, physiotherapists, psychologists, etc.) work in these clinics and the type of programs is often oriented towards the therapeutic focus of each clinic.

Thus, the therapeutic programs performed in clinics differ from clinic to clinic, the goal, however, remaining identical, that of working interdisciplinary according to a concept of holistic therapy.

Chapter IV THE EDUCATIONAL PROGRAM TRIPLE-P, POSITIVE PARENTING PROGRAM focuses on the Triple-P, Positive Parenting Program. The history of the development of the Triple-P program, the theories underlying this educational program, the premises of the program, its implementation on several levels of intervention, key aspects, the basic elements of the program, the activity plan and the educational strategies within the Triple-P program are subchapters which make up this chapter.

Positive Parenting Program, in short Triple-P, is a preventive educational program. Triple-P, Positive Parenting Program was born in Australia at the Parenting and Family Support Center University of Queensland, Brisbane, where Professor Dr. Matthew Sanders and his team of educators, teachers, professors, psychologists, physicians and parents have initiated this program. Triple-P, Positive Parenting Program, is an educational program supported by more than 30 years of continuous research, it is internationally recognized and is considered one of the most effective educational programs today.

The Triple-P, Positive Parenting Program, offers parents simple and practical strategies to help them increase self-esteem, help them manage and guide their children's behavior more effectively to prevent possible developmental problems of children, and not only. At the same time, the aim is to strengthen the relationship between parents and children, in a stronger, healthier and stronger relationship (Sanders et al, 2002).

Triple-P, Positive Parenting Program is not only an internationally recognized educational program, it is an educational program currently found in over 25 countries, it is applied on different cultures, social and economic groups as well as in many types of family structures.

The Triple-P parental education program, Positive Parenting Program, is considered a scientific approach based on findings in the field of psychology, medicine and sociology.

The psychological theories that underlie this educational program are the theory of attachment, the behavioral theory and the theory of social learning, also called the social-cognitive theory.

A description of the Triple-P, Positive Parenting Program says the following: “The positive education program helps parents to educate their children with love and pleasure; to

accompany children without violence and conflict, but constructively in the development process.

Parents receive suggestions on how to build a close bond between themselves and their children, how to create an easier, more beautiful everyday family situation. Parents receive support and advice even for more difficult situations or to prevent maladaptive behavior from the child ”(Sanders, 2008).

The flexibility of the intervention thresholds, the diversity of the program and the intervention offered lead to a promotion of the parents' competences regarding the upbringing and education of the children.

The multi-level approach is based on the principle of minimum intervention. This means that parents only receive the support they need. For example, some parents need only a few pieces of advice regarding certain difficulties in family life, such as the child's excessive crying when he does not get what he wants, the child's sleep disorders, the child's eating disorders, etc. Other parents with more difficult problems, such as depression, aggressive behavior of the child, ADHD, conflicts between partners, etc., need more intense intervention. The guideline of the Triple-P type parenting program, Positive Parenting Program, is to choose the appropriate level for each family and provide it with help "as little as possible, only as much as necessary" (Sanders et al., 2002).

Within the intervention levels, the degree of development of children is highlighted, from infants, early childhood, middle childhood to adolescence. The program may vary depending on the needs of the parents (Cina et al., 2006). The multi-level intervention model of the Triple-P program, Positive Parenting Program, includes special levels with different degrees of intensity and shape.

Level 1: Triple-P Universal

Level 2: Triple-P Educational Counseling, Triple-P Lecture Series

Level 3: Triple-P Short counseling

Level 4: Triple-P Parent training

Level 5: Triple-P level of in-depth interventions, Triple-P Plus and Triple-P Wege

The key aspects, respectively the essential points, of the Triple-P type educational program, Positive Parenting Program, are the five basic principles of positive education.

1. An environment that is safe and interesting for children.

A first decisive principle for the healthy development of the child, during his developmental stages (Peterson & Saldana, 1996). Middle-aged children and adolescents also need a safe atmosphere in which to develop (Dishion & McMahon, 1998).

This means that the parent should know where the child is, who he is with and what he is doing. Triple-P, Positive Parenting Program, refers to Risley's research that links the atmosphere in which we develop throughout life and the skills we acquire (Risley, Clark & Cataldon, 1976).

2. A positive and attractive educational atmosphere.

Triple-P, Positive Parenting Program, emphasizes the role of the parent in the child's education; In everyday situations, parents are encouraged to respond positively and to apply a constructive critique of the child's behavior. Parents are encouraged to adopt, for example, the role of play partner, and to teach the child, through play, new things. This has the effect of acquiring effective communication skills as well as acquiring prosocial behaviors (Hart & Risley, 1995).

3. Consistent parental behavior.

Triple-P, Positive Parenting Program, presents to the participants in the training positive educational strategies, which can replace raising the tone in difficult situations, threatening or even corporal punishment, keeping calm, direct explanation of maladaptive behavior and the possibility of practicing adaptive behaviors. of situation. Parents are encouraged to constantly behave in the parental role. This teaches children to take responsibility for their own actions and to control their behavior in the future.

4. Promoting realistic expectations.

The parent should periodically check their expectations of themselves, those related to the parenting style but also the expectations they have from their children. The stages of the child's development must be taken into account.

For example, conflicts and disappointments can occur if the parent expects the child to always be polite, willing and cooperative. Conflicts between parents and children can also occur when the parents' expectations are not in line with the child's development, ie the parents expect too much from the child and the child is not yet ready.

By participating in the Triple-P educational program, Positive Parenting Program, parents learn how to develop realistic expectations of themselves and their children.

5. Respecting one's own needs.

Triple-P, Positive Parenting Program, takes into account the difficulties that parents may encounter in parenting. Parents are encouraged, in addition to the role of parent, to pay attention to their own needs. Thus, parents become much more consistent and exercise their parental role much more satisfactorily.

Triple-P, Positive Parenting Program, contains 17 educational strategies, strategies that help parents strengthen their relationship with their children. These strategies for strengthening the parent-child relationship are divided into four categories. (Cina, Bodemann, Hahlweg, Drischerl & Sanders, 2006)

1. Strategies that can create a close bond between parents and children.

Three factors are important in building a good and stable relationship between parent and child: time, communication and affection. Strategies recommended by Triple-P, Positive Parenting Program for all ages.

2. Strategies with which parents can promote appropriate behavior.

Such strategies for developing positive behavior help parents to support their children, to show certain positive behaviors as often as possible and can be applied to children of all ages.

Descriptive praise, positive attention and engaging children in interesting activities are the three types of methods proposed by Triple-P, Positive Parenting Program, for growing, supporting and developing positive behavior.

3. Strategies with which parents can help their children learn new skills and behaviors.

Four possibilities through which parents can support their children to acquire the desired skills or to master and consolidate better what they have learned are presented in this category of positive strategies : the parent as a model for the child / Easy, occasional learning / Method Question-Answer-Action / Reward. . These strategies can be applied to children of all ages.

4. Strategies with which parents may encounter maladaptive behavior.

Children's behavior problems put many parents in difficulty. However, there are good ways, without violence or punishment, with which parents can help children learn appropriate behaviors and develop well and healthily.

Triple-P, Positive Parenting Program, offers parents 7 positive educational strategies through which they can handle the child's behavior : Family rules / Direct action to break the rules / Intentional ignorance / Clear and calm instructions / Logical consequences / Quiet time / Time out.

Parents participating in the Triple-P parent training, Positive Parenting Program, are also encouraged by some useful tips to perform one of their most difficult tasks: “educating and raising the new generation” (Sanders, 2008).

These tips are :

1. Parents to take care of themselves!

To take care of themselves. To ask what their own desires and needs are, who is helping them at the moment and where they can find help when needed.

Parents are suggested to stay in touch with someone from the Triple-P group, which they took part in for a later exchange of experiences or for mutual help.

2. Detecting and preventing risk situations!

What situations make it normal for things to go well in the family? In what situations do helpless parents feel? Which situations are very difficult to overcome?

Drawing up an activity plan, more efficient coordination of time, directing more attention to the positive behavior of the child are some impulses that parents receive and with which they can overcome the critical moments in family life.

3. Teamwork!

Teamwork provides stability and mutual help. Children learn from an early age that each member of the family has their own interests and desires.

They learn to respect the other's desires but also their own desires. The relationship between parents and children is strengthening.

4. Avoiding quarrels and conflicts in front of children!

Children need a warm and loving atmosphere to develop healthy and well. Many children grow up in families where quarrels are daily. This leaves particularly serious marks on children's development and can lead to similar behaviors in adult life.

5. Seek support!

Every parent needs support and help in their children's education at some point. Thus, in such moments a friend, a good neighbor, a pediatrician, an educator, a teacher, a social worker, an educational counselor or maybe even a child psychotherapist can come to the rescue. There

is nothing wrong with looking for, asking for and receiving help when needed. Many parents are surprised at how good it is when they receive and follow the advice of a professional.

6. Indulge in a break!

Education becomes much easier if parents allow themselves a short and well-deserved break from time to time. Children are also happy if they have the opportunity to stay for a few hours or even days with other families, together with relatives or friends (Turner, Markie-Dadds & Sanders, 2002).

The activity plan, or so-called advance planning, is a strong point of the Triple-P educational program, Positive Parenting Program. It helps parents, gives them the feeling that the situation is under control and practices the desired behavior with the children. Parents learn with the help of the activity plan, to coordinate their time better, to avoid unpleasant situations at the last moment, they plan in advance how they want to guide the child's maladaptive behavior in a positive direction.

Part II of this thesis is experimental research and is entitled: The contribution of the Triple-P program, Positive Parenting Program, carried out in the preventive and rehabilitation clinic "Mother-Father and Child" to the development of parenting skills and improving parenting style.

Chapter V RESEARCH DESIGN begins with the presentation of the premises of this thesis. Namely, highlighting the contribution and implications of the Triple-P educational program, Positive Parenting Program on improving parenting style and acquiring parenting skills designed to help parents use clear and firm rules and the relationship between parents and children, in a controlled setting, away from everyday worries. The research takes place in a "Mother-Father and Child" clinic in Baden Württemberg, Germany, and the research involved parents with children aged 7-12.

The research follows and describes the contribution of the Triple-P program, Positive Parenting Program, in the development of a favorable parenting style, characterized by parents' attitudes and behaviors towards their children and effective parenting skills, in order to improve maladaptive behaviors among children. , through the participation of parents in the educational program Triple-P, Positive Parenting Program.

Through the comparative analysis we highlighted the effects of the application of the Triple-P strategies, Positive Parenting Program, on the satisfaction of the life of the participating parents as well as the relationship between them and their children.

Research objectives

The objectives set for this research are formulated as follows:

O₁ - Identify the extent to which the Triple-P intervention program, Positive Parenting Program, includes educational values for participating parents.

O₂ - Identify the extent to which parents' participation in the Triple-P educational program, Positive Parenting Program, in the "Mother-Father and Child" type clinic, improves their parenting style on the scale of neglect and exaggerated reaction in parenting.

O₃ - Develop the competence of parents to use clear and firm rules, by participating in the Triple-P educational program, Positive Parenting Program, in the "Mother-Father and Child" clinic.

O₄ - Developing the competence of parents to combat, explain and eliminate the maladaptive behaviors of children, through the participation of parents in the educational program Triple-P, Positive Parenting Program, in the clinic "Mother-Father and Child".

O₅ - Evaluate the increase of the satisfaction of the life of the parents participating in the program, regarding the free time, the relationship with their own children and the relationship with their own person.

O₆ - Evaluate the potential for improvement of the Triple-P program, in the light of the results obtained.

These research objectives led to the following research questions:

1) Does the participation of parents in the Triple-P educational program, Positive Parenting Program, in the form adjusted and applied in the "Mother-Father and Child" type clinic, lead to an improvement of the parental style on the scale of neglect and exaggerated reaction?

2) Does the participation of parents in the Triple-P educational program, Positive Parenting Program, in an adjusted form and applied in the "Mother-Father and Child" clinic, lead to the development of parents' competence to use clear and firm rules?

3) Does the participation of parents in the Triple-P educational program, Positive Parenting Program, in an adjusted form and applied in the "Mother-Father and Child" clinic, lead to the development of parents' competence to explain and combat children's maladaptive behaviors?

4) Parents' participation in the Triple-P educational program, Positive Parenting Program, in the form adjusted and applied in the "Mother-Father and Child" clinic, leads to increased satisfaction of parents' lives in terms of free time, relationship with their children and the relationship with one's own person?

We formulated the general hypothesis of this research as follows:

IG - The participation of parents in the Triple-P educational program, Positive Parenting Program, carried out in a preventive and rehabilitation clinic of the "Mother-Father and Child" type, determines a significant improvement of the parental style, a development of parental skills, as well as an increase in life satisfaction.

The specific hypotheses of the research are formulated in order to identify significant differences between the responses of parents who participated in the training and those in the control group, on all dimensions investigated: parenting style, parenting skills, maladaptive behaviors among children and parental life satisfaction.

The following secondary hypotheses were derived from the general hypothesis:

IS₁ - Parental participation in the Triple-P educational program, Positive Parenting Program determines a significant improvement of the parental style on the scale of neglect and exaggerated reaction.

IS₂ - Parental participation in the Triple-P educational program, Positive Parenting Program determines the development of parents' competence to use clear and firm rules.

IS₃ - Parental participation in the Triple-P educational program, Positive Parenting Program leads to the development of parents' competence to combat, explain and eliminate the maladaptive behaviors of children.

IS₄ - Parental participation in the Triple-P educational program, Positive Parenting Program leads to increased satisfaction of parents' lives, in terms of free time, the relationship with their own children and the relationship with their own person.

Current research aims to approach the concept of Triple-P, Positive Parenting Program, in a way that has never been done before. Thus, for this research, I decided to apply in the preventive and rehabilitation clinic type "Mother-Father and Child" the Triple-P program, Positive Parenting Program, level 4 approach, in an adjusted version, which was no longer applied in this form in such clinics, while maintaining fidelity to the basic concept of the program. We thus changed the application time of the Triple-P program, Positive Parenting Program, and this means that for the experimental research phase (the actual application time of the program) the participants had a number of 21 days.

The independent variable of the present research consisted in the application of the Triple-P program, Positive Parenting Program, level 4 intervention, Group training, to parents who have children aged 7-12 years in a preventive and rehabilitation clinic of "Mother-Father and Child" type from Germany.

Level 4 intervention of the Triple-P educational program, Positive Parenting Program, Group training is considered both a preventive intervention level and an early intervention threshold and is recommended to all parents who report maladaptive behavior disorders of their children, behavior which did not turn into a clinical behavioral disorder.

In order to quantify the results obtained from the parents' participation in the Triple-P educational training, Positive Parenting Program, we formulated, followed and measured the following dependent variables:

VD₁ - parental style appreciated on the scale of neglect and exaggerated reaction in parenting;

VD₂ - parents' competence to use clear and firm rules;

VD₃ - the competence of parents to explain and eliminate the maladaptive behaviors of children;

VD₄ - the satisfaction of the parents' life, in terms of free time, the relationship with their own children and the relationship with their own person.

A total of 150 people participated in the research, of which 141 women and 9 men. As can be seen in the graphs below, the number of women participating in the educational program is clearly higher than the number of men. The entire research spanned a period of six months.

All participants in the research were throughout the educational training, in the clinic, accompanied by their children, away from home and daily problems and without help from other family members such as, for example, grandmother, grandfather or life partner. . We divided

the research participants into 2 groups: an experimental group of 80 participants and a control group of 70 participants.

In the present research we used as the main method the experiment, in which two groups of subjects participated: one experimental and one control. The experiment took place in three stages: the pre-experimental stage, the experimental stage, the post-experimental stage and the retesting stage. We used this method in order to analyze the independent variable on the dependent variables, in a controlled environment, namely in the clinic, in order to verify the research hypotheses.

For the preparation of the research we used the anamnesis, inspired by an anamnesis model, a professional data collection survey relevant to the study. This form of investigation as a method of research, consists in collecting and processing the information gathered, information that refers to the family, medical and social history of each individual participating in the research.

The following investigative tools were used in this research, as follows:

The PS questionnaire, Parenting Scale, (Arnold, O'Leary, Wolff & Acker, 1993), which I used in short form, modified in the implementation of the Triple-P program on German territory, implementation made at the Technical University of Braunschweig, in short: EFB-K, "Ein Fragebogen zur Erfassung elterlicher Erziehungstendenzen in schwierigen Erziehungssituationen" (Naumann, Bertrann, Kuschel, Heinrichs, 2010).

The POSC questionnaire, Parenting Sence of Competency Scale, also known as Being a Parent Scale (Gildaub-Wallston & Wandersmann, 1978). The questionnaire contains 16 items and is used to assess parents' competences regarding parental role in the form of two dimensions: satisfaction with the parental role (reflecting the degree of frustration with the child's education, fear, fear or motivation) and efficiency (reflecting parental competencies , the ability to solve problems or the ability in a parenting role).

SDQ Questionnaire, Strenght and Difficulties Questionnaire, (Goodman, 1997). Applying the SDQ questionnaire, originally in English under the name Strenghts and Difficulties Questionnaire (Goodmann, 1997), we find information on children's behavior.

The SDQ questionnaire is a tool for investigating children's characteristics, where parents detect the frequency of adaptive and maladaptive behavior of children.

CSQ Questionnaire, Client Satisfaction Questionnaire (Eyberg, 1993), a questionnaire that monitors parents' satisfaction with the Triple-P parental program, Positive Parenting Program; satisfaction with the quality of the program, how well the parents' requirements for forming an effective parenting style were met, whether the parents' skills increased as a result of participating in this educational program and whether the children's maladaptive behaviors decreased in intensity and adaptive behaviors, positives increased in intensity. At the same time, this questionnaire shows us whether or not parents, in turn, recommend this type of program.

The FLZ questionnaire, Fragebogen zur Lebenszufriedenheit (J. Fahrenberg, M. Myrtek, J. Schumacher & E. Brähler, 2000), a questionnaire that measures the quality of life in adults. FLZ aims to capture relevant aspects of life satisfaction in 10 areas of life: "health", "profession", "financial situation", "leisure", "marriage / partnership", "relationship with one's own children", "Relationship with oneself", "sexuality", "friends / acquaintances / relatives", "domicile". Each of the ten scales contains seven elements that must be answered on a seven-level answer scale, from "very dissatisfied" to "very satisfied".

In addition to the registration in the specific area, the questionnaire allows to estimate the satisfaction of life in general, which is calculated as the value of 7, out of the 10 scales, without taking into account the dimension "work and profession", "marriage and partnership" and "Relationship with their own children." The authors of the FLZ questionnaire say that participating in a preventive or recovery treatment, in various medical interventions, increases the quality of life, which after a period of time decreases in intensity.

For this research, given the purpose of this research, we decided to use the following aspects of the FLZ questionnaire, because they are best suited: "free time", "relationship with their own children", "relationship with their own person".

The research was structured in four stages: the pre-experimental stage, the experimental stage, the post-experimental stage and the retesting stage.

We started in this research from the idea of structuring, modeling and applying the positive educational program Triple-P, Positive Parenting Program, in the clinic type "Mother-

Father and Child", a rehabilitation and recovery clinic for parents and children, from Germany, Baden-Württemberg.

In the experimental stage, the 80 participants from the experimental group took part in the Triple-P parent training, Positive Parenting Program, level 4 intervention in an adjusted and modified form, for a period of three weeks, from October 2018-November 2018. At the end of the research stage, the participants in the Triple-P training, Positive Parenting Program, received for completion the CSQ questionnaire, a questionnaire that monitors customer satisfaction with the educational program.

The post-experimental stage was performed after the completion of the Triple-P educational program, Positive Parenting Program and aimed to verify the achievement of research objectives and certification or not of hypotheses. Comparisons are made between the data obtained.

The retesting phase aimed to measure the effects of the Triple-P educational program, applied in the long-term "Mother-Father and Child" preventive and recovery clinic, respectively six months after the end of the research, in March 2019. I received back completed questionnaires during 2 months from shipment.

Chapter VI RESEARCH RESULTS focuses our attention on the results obtained from the evaluation of all values obtained during the research, by applying the questionnaires listed above.

Taking a retrospective of all the values obtained, our hypotheses supported and followed throughout the research period lead us to the formation of the following findings:

Following the percentage results obtained from the application of the EFB-K questionnaire, on both samples (experimental group and control group) presented in the form of diagrams and tables during the 3 research stages, we can argue that the IS₁ hypothesis, according to which parental participation at the Triple-P educational program, Positive Parenting Program, determines a significant improvement of the parental style on the scale of neglect and exaggerated reaction, it is confirmed (see fig. 1. and fig. 2.).

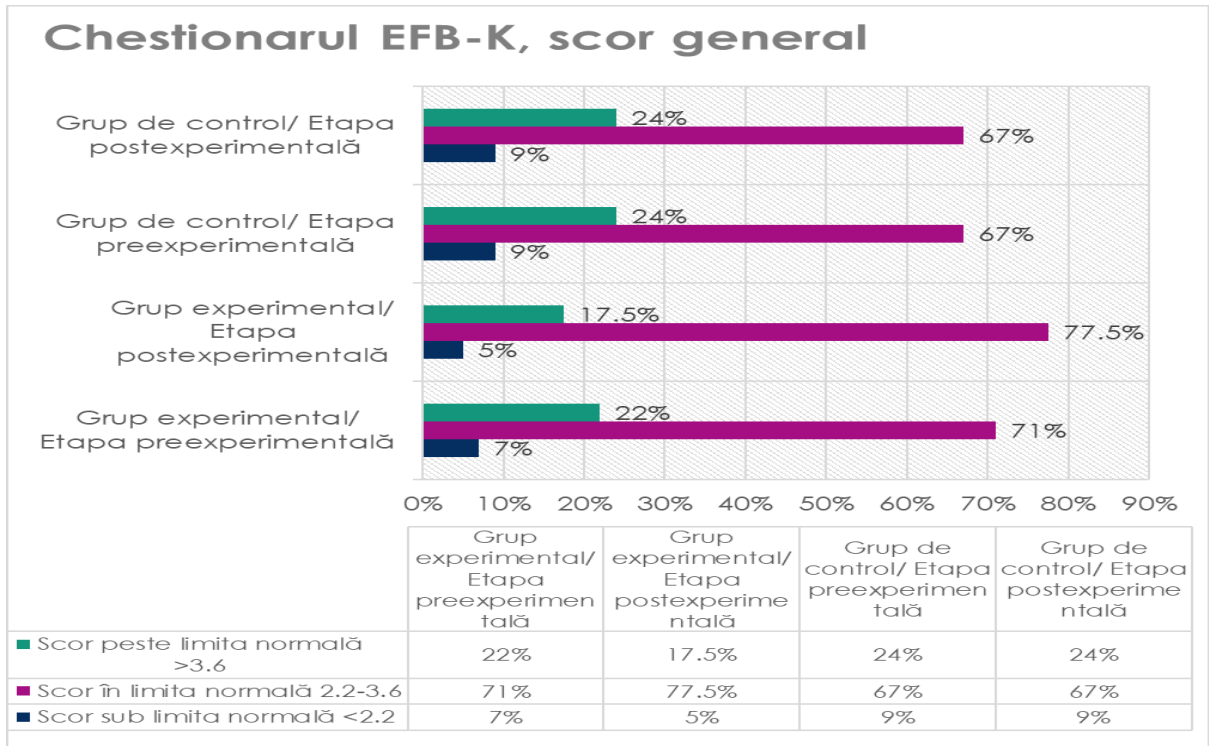


FIG. 1. EFB-K questionnaire values (overall score) applied to both groups, pre-experimental and post-experimental

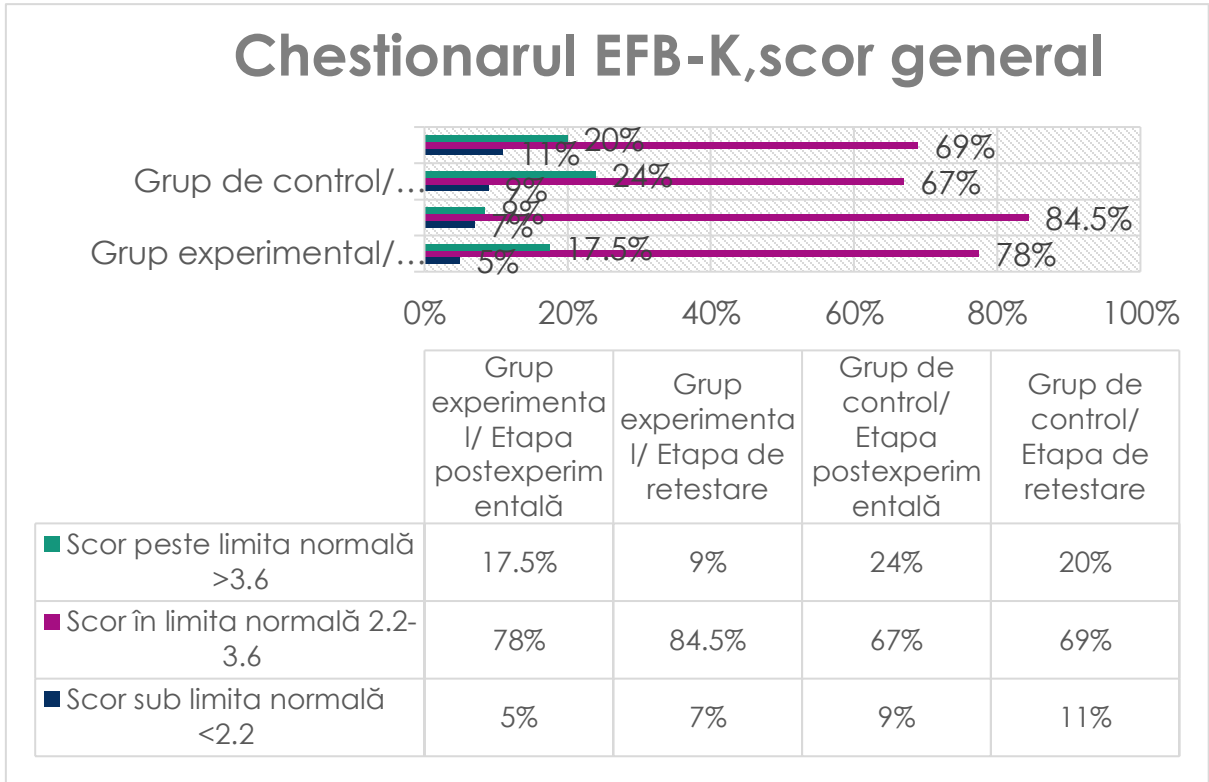


FIG. 2. EFB-K questionnaire values (overall score) applied to both groups, in the post-experimental stage and in the retesting stage

From the analysis of the data obtained from the application of the POSC questionnaire (on the experimental group and on the control group) an indicator in this direction, we observed an increase in parental skills to use clear and firm rules during the three research stages. We deduce that the uncertainty regarding the parental role decreases and the parental competencies increase. This confirms the IS₂ hypothesis, according to which the participation of parents in the Triple-P educational program, Positive Parenting Program, determines the development of parents' competence to use clear and firm rules, the percentage differences between the three stages of research being minor. Looking at these data, however, we can say that the IS₂ hypothesis is confirmed (see fig. 3. and fig.4.).

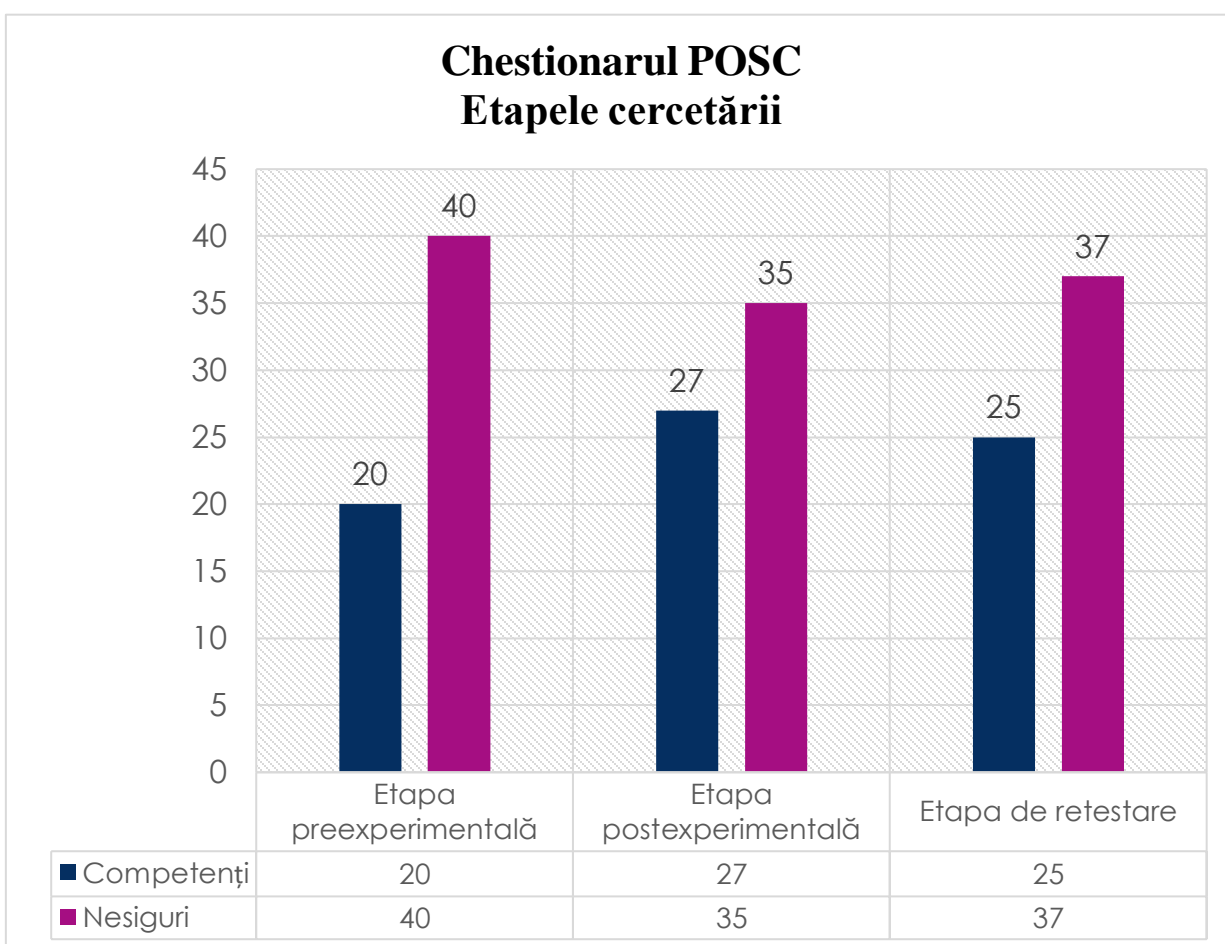


FIG. 3. The values of the POSC questionnaire obtained by the experimental group in all three stages of the research

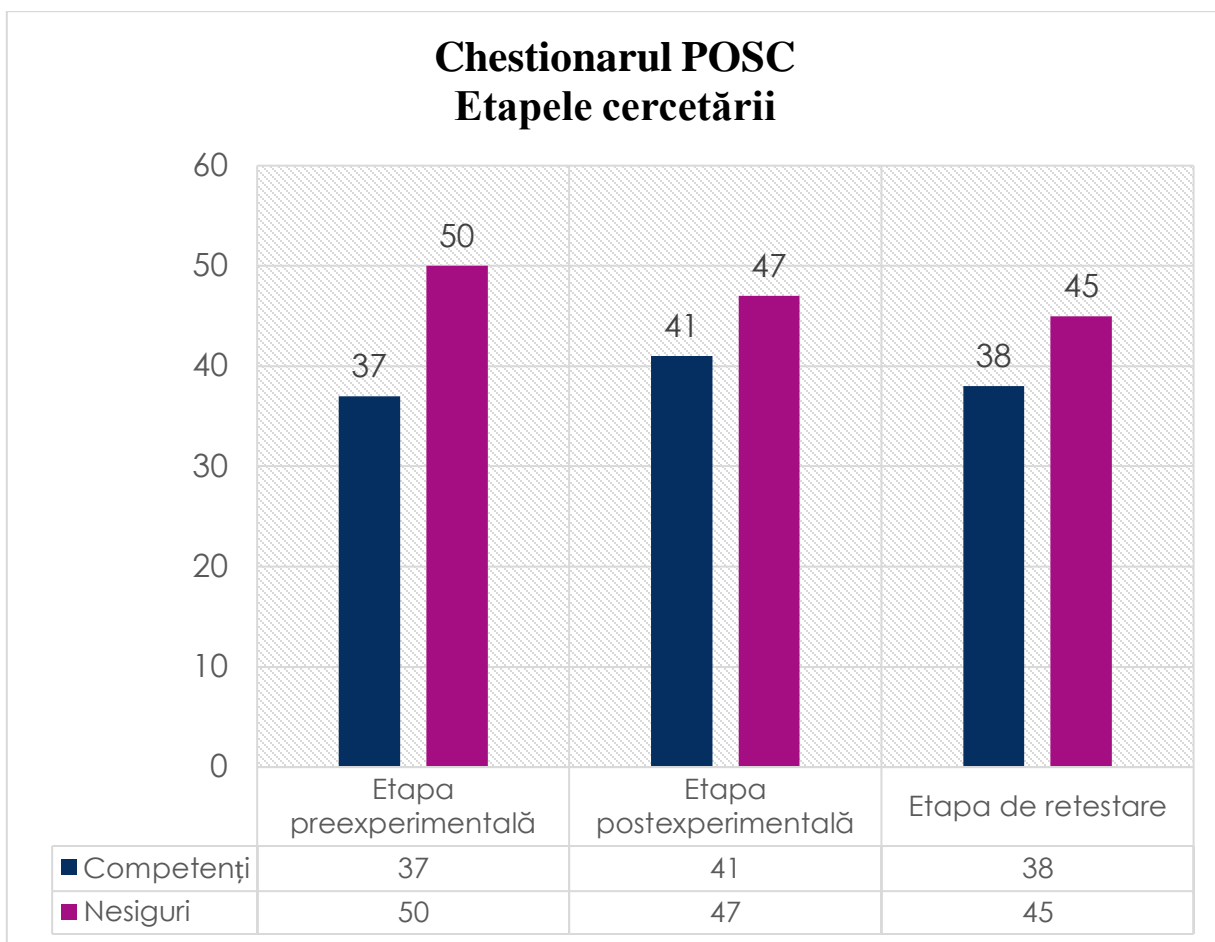


FIG. 4. The values of the POSC questionnaire obtained by the control group in all three stages of the research

Following the data obtained throughout the research, by evaluating the SDQ questionnaire we can say that parents' participation in the Triple-P educational program, Positive Parenting Program, leads to the development of parents' competence to explain and remove children's maladaptive behaviors.

Thus, we can declare that the IS₃ hypothesis is confirmed. Parents' participation in the Triple-P educational program, Positive Parenting Program, leads to the development of parents' competence to combat, explain and eliminate children's maladaptive behaviors (see fig. 5.).

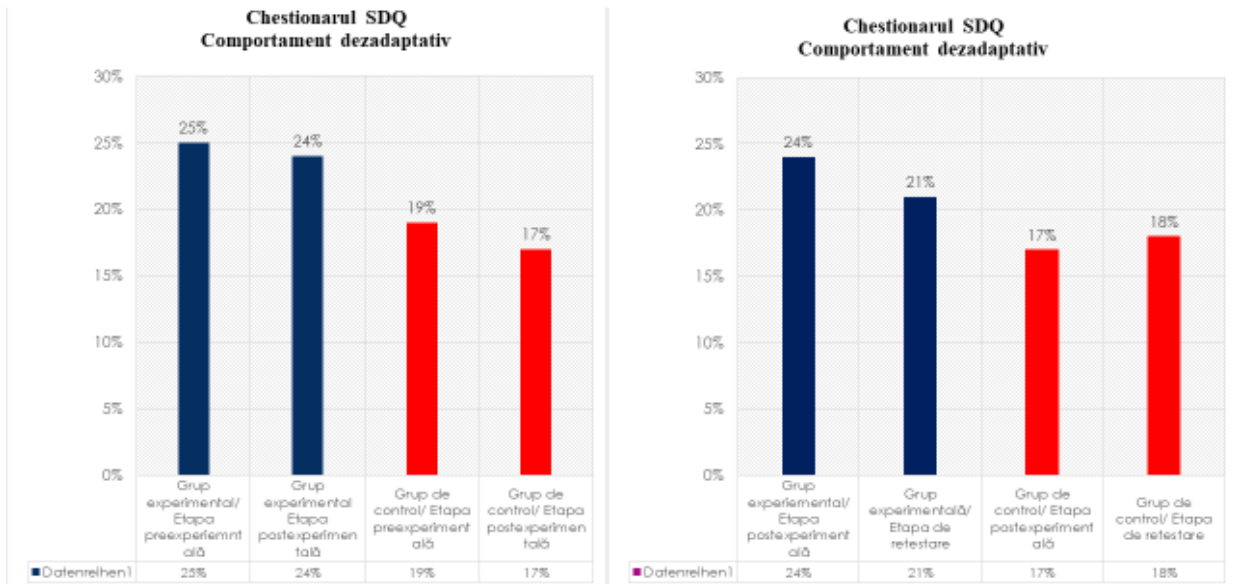


FIG. 5. SDQ questionnaire values obtained by both groups in all three stages of the research

The IS₄ hypothesis refers to the increase of parents' life satisfaction in terms of free time, the relationship with their own children and the relationship with their own person, after the parents' participation in the Triple-P educational program, Positive Parenting Program.

Although we obtained positive values, in normal parameters, following the application of the FLZ questionnaire, on both samples, we consider that such an approach of parents' life satisfaction on the measured dimensions was not exactly suitable for this research. Given the values obtained, it can be said that the satisfaction of parents' lives has not undergone major changes, which would help us to confirm the secondary hypothesis IS₄. The secondary hypothesis IS₄ is not confirmed.

Thus, taking into account all the results obtained throughout the research, we considered that the general hypothesis of the research is confirmed, which says that: Parents' participation in the Triple-P educational program, Positive Parenting Program, conducted in a preventive and rehabilitation clinic "Mother-Father and Child" type, determines a significant improvement of both parenting style and parenting skills which contributes to reducing the maladaptive behaviors of their children.

Conclusions

We started to conduct this research on the premise that a world-renowned and recognized educational program, offered to parents, in a preventive and rehabilitation clinic of the type "Mother-Father and Child" has beneficial effects in developing and maintaining a good relationship between parents and children. In the present research we applied the Triple-P educational program, Positive Parenting Program, in a rehabilitation and recovery clinic of the "Mother-Father and Child" type.

Such an approach has not been taken so far. The Triple-P educational program, Positive Parenting Program, is very widespread in Germany, not only in educational counseling centers but also in social assistance centers, in hospitals for children and young people with psychiatric specifics, in private offices with educational and psychological specifics. but especially in "Mother-Father and Child" clinics. We tried, as an element of novelty, the following approach of the Triple-P educational program, Positive Parenting Program.

Limits of research

1. A limitation of the current research was the large number of study participants and the low number of sessions.

2. Another limitation of current research is that research participants underwent this parental training in a rehabilitation course. In addition to the Triple-P seminars, Positive Parenting Program, the experimental group also attended other seminars in the medical, sports, nutrition or psychological fields. The total number of seminars being high.

3. The fact that only one parent participated in the educational training, instead of two, can also be considered a limitation of the present research. In the future we should consider the participation of both parents in the training.

4. The staggering of the data obtained from the questionnaires was done as a percentage, so that we can follow increases or decreases only in percentages.

Future directions of research

The research was attended by 150 parents, women and men, with children aged 7-12 years. The number of mothers being with a percentage of 94% significantly higher. There are studies in the field that show only participating mothers.

The present sociodemographic data coincide with the two studies in the field (Arnhold-Kerri et al. 2003, Meixner et al. 2003). The increased number of mothers in such institutions seems typical.

Taking into account the diversity of nationalities participating in the research, a new research direction may turn its attention to this. In the research we found a percentage of 62% of participants, of German nationality and 38% of Russian, Turkish and Croatian nationality. Another future direction of research in the field may be centered on the effects of the Triple-P Positive Parenting Program on the quality of life of children hospitalized in the Mother-Father and Child clinic. The main focus is on children, possibly with an active control group.

Another line of research could be to make available a "Mother-Father and Child" type clinics, a level of Triple-P intervention, specific, organized and evaluated over the years, a program that can be taken over in the operating schedule of the clinic.

For previous research we want to consider the participation of both parents in the program and reduce the number of participants. This would be a good opportunity to get in touch with both parents, and they can practice the strategies they have learned together.

In the present paper we followed a percentage evolution of the measured dependent variables. Another future direction of research may be to follow the correlations between the dependent variables with statistical evaluation indicators.

Through this research we have not exhausted all possible directions of research. Education is a multidimensional concept. The Triple-P educational program, Positive Parenting Program, is a varied program with a wide range of educational strategies, based on years and years of research.

We hope that through this research we will encourage future pedagogical studies in "Mother-Father and Child" type clinics.

BIBLIOGRAPHY

Alegre, A., 2012. Is there a relationship between mothers' parenting styles and children's trait emotional intelligence? *Electronic Journal of Research in Educational Psychology*, vol. 10, pp. 1696–2095.

Arnhold-Kerri, S., Sperlich, S., & Collatz, J. (2003). Krankheitsprofile und Therapieeffekte von Patientinnen in Mutter-Kind-Einrichtungen. *Die Rehabilitation*, 42(5), pp. 290–300. <https://doi.org/10.1055/s-2003-42858>.

Arnold, D. S., O'Leary, S. G., Wolff, L. S., & Acker, M. M. (1993). The Parenting Scale: A measure of dysfunctional parenting in discipline situations. *Psychological Assessment*, 5, pp. 137–144. doi:10.1037/1040-3590.5.2.137.

Bandura, A. (1986). *Social Foundations of Thought and Action*. Prentice Hall.

Bandura, A. (1994). Regulative function of perceived self-efficacy. In M. G. Rumsey, C. B. Walker J. H. Harris (Eds.), *Personal selection and classification*. pp. 261-71.

Baumrind, D. (1966). Effects of authoritative control on child behavior. *Child Development*. Vol. 37, pp. 887-907. doi:10.2307/1126611.

Bornstein, M.H., Zlotnik, D. (2008). Parenting Styles and their Effects, *Encyclopedia of Infant and Early Childhood Development*, Academic Press, pp. 496-509, <https://doi.org/10.1016/B978-012370877-9.00118-3>.

Bowlby, J. (1958). Über das Wesen der Mutter-Kind-Bindung. *Psyche*, 13, pp. 415-456.

Camp, N.H. (2012). The Influence of Parental Involvement in Single-father, Singlemother and Heterosexual Married Two-parent Family Systems on Adolescent Internalizing and Externalizing Behaviors. *Counseling Psychology*.

Carlo, G., Mestre, M.V., Samper, P., Tur, A., Armenta, B.E., (2010). The longitudinal relations among dimensions of parenting styles, sympathy, prosocial moral reasoning, and prosocial behaviors. *International Journal of Behavioral Development*, vol. 35, pp. 116–124.

Cina, A., Bodenmann, G., Hahlweg, K., Dirscherl, T., & Sanders, M. R. (2006). Triple P (Positive Parenting Program): Theoretischer und empirischer Hintergrund und erste Erfahrungen im deutschsprachigen Raum. *Journal of Family Research*, 18(1), pp. 66-88. <https://doi.org/10.20377/jfr-329>.

Coleman, P. K. Karraker, K. H. (1997). Self-efficacy and parenting quality: findings and future applications. *Developmental Review*, vol. 18, pp. 47-85.

- Dalimonte-Merckling, D., Williams, J.M., (2020). Parenting Styles and Their Effects, *Encyclopedia of Infant and Early Childhood Development (Second Edition)*, Elsevier, pp. 470-480, <https://doi.org/10.1016/B978-0-12-809324-5.23611-0>.
- de Graaf, I., Speetjens, P., Smit, F., de Wolff, M., & Tavecchio, L. (2008). Effectiveness of the Triple P Positive Parenting Program on Parenting: A Meta-Analysis. *Family Relations*, pp. 57(5), 553–566. <https://doi.org/10.1111/j.1741-3729.2008.00522.x>.
- Dirscherl, T., Obermann, D., Hahlweg, K.: Liebend gern erziehen-Prävention mit Triple-P, In: Tschöpe-Scheffler, Sigrid (Hrsg.): *Konzepte der Elternbildung-eine kritische Übersicht*, 2. Auflage. Opladen, 2006.
- Dishion, T. J., & McMahon, R. J. (1998). Parental monitoring and the prevention of child and adolescent problem behavior: A conceptual and empirical formulation. *Clinical Child and Family Psychology Review*, 1(1), pp. 61–75. doi:10.1023/A:1021800432380.
- Ellis, L., Farrington, D.P., Hoskin A.W., (2019). Chapter 4 - Familial, Reproductive, and Peer Factors. *Handbook of Crime Correlates (Second Edition)*, Academic Press, pp. 163-203, <https://doi.org/10.1016/B978-0-12-804417-9.00004-1>.
- Ellis, L., Hoskin, A.W., Ratnasingam, M. (2018). Chapter 3 - Familial Factors, *Handbook of Social Status Correlates*, Academic Press, pp. 47-73, <https://doi.org/10.1016/B978-0-12-805371-3.00003-0>.
- Eyberg, S. (1993). Consumer satisfaction measures for assessing parent training programs. In L.Vande Creek, S. Knapp, & T. L. Jackson (Eds.), *Innovations in clinical practice: A source book*, Vol. 12 (pp. 377–382). Professional Resource Press/Professional Resource Exchange.
- Fahrenberg, J., Myrtek, M., Schumacher, J. & Brähler, E. (2000). Fragebogen zur Lebenszufriedenheit (FLZ). Handanweisung. Göttingen: Hogrefe.
- Franz, M., & Lensche, H. (2003). Allein erziehend - allein gelassen? Die psychosoziale Beeinträchtigung allein erziehender Mütter und ihrer Kinder in einer Bevölkerungsstichprobe/ Psychosocial distress and symptoms of single mothers and their children in a large community sample. *Zeitschrift Für Psychosomatische Medizin Und Psychotherapie*, 49(2), pp. 115–138. <https://doi.org/10.13109/zptm.2003.49.2.115>.
- Gildaub-Wallston J. & Wandersmann L. P. (1989). Development and utility of the Parenting Sense of Competency Scale, Paper presented at the 86th Annual Convention of the American Psychology association, Toronto, Ontario, Canada; 1978, varianta în limba română după Johnston și Mash.

- Glăveanu, S.M. (2012). Competența parentală modele de conceptualizare și diagnoză (Parental Competence Questionnaire). București: Editura Universitară.
- Golley, R. K., Hendrie, G. A., Slater, A., & Corsini, N. (2011). Interventions that involve parents to improve children's weight-related nutrition intake and activity patterns - what nutrition and activity targets and behaviour change techniques are associated with intervention effectiveness? *Obesity Reviews*, 12(2), pp. 114–130. <https://doi.org/10.1111/j.1467-789x.2010.00745.x>.
- Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A research note. *Child Psychology & Psychiatry & Allied Disciplines*, 38(5), pp.581–586. doi: 10.1111/j.1469-7610.1997.tb01545.x.
- Gray, S.L., Culpepper, C.L., Welsh, D.P., (2012). Adolescence, *Encyclopedia of Human Behavior (Second Edition)*, Academic Press, pp. 22-29, <https://doi.org/10.1016/B978-0-12-375000-6.00003-3>.
- Grossmann, K., & Grossmann, K. E. (2012). *Bindungen - das Gefüge psychischer Sicherheit 5.*, überarbeitete und erweiterte Aufl. (REV. ed.). Klett-Cotta Verlag.
- Grossmann, K., & Grossmann, K. E. (2015). *Bindung und menschliche Entwicklung*. Klett Cotta.
- Hart, B., & Risley, T. R. (1995). Meaningful differences in the everyday experience of young American children. Paul H Brookes Publishing.
- Heinrichs, N., Hahlweg, K., Bertram, H., Kuschel, A., Naumann, S., & Harstick, S. (2006). Die langfristige Wirksamkeit eines Elterntrainings zur universellen Prävention kindlicher Verhaltensstörungen: *Zeitschrift Für Klinische Psychologie Und Psychotherapie*, 35(2), pp. 82–96. <https://doi.org/10.1026/1616-3443.35.2.82>.
- Heinrichs, N., Krüger, S., & Guse, U. (2006). Der Einfluss von Anreizen auf die Rekrutierung von Eltern und auf die Effektivität eines präventiven Elterntrainings. *Zeitschrift Für Klinische Psychologie Und Psychotherapie*, 35(2), pp. 97–108. <https://doi.org/10.1026/1616-3443.35.2.97>.
- Herrlinger, R. (2017). Anamnese. *Historisches Wörterbuch Der Philosophie Online*, 262. <https://doi.org/10.24894/hwph.138>.
- Herwig, J.E., Meixner, K., Jäckel, W.H. & Bengel, J. (2001). Behandlung im Doppelpack: Mutter-Kind-Maßnahmen als Teil der rehabilitativen Versorgung. *Psychomed*, 13, pp. 209-215.

- Kleefman M., Jansen, D.E., Stewart, R.E. (2014). The effectiveness of Stepping Stones Triple P parenting support in parents of children with borderline to mild intellectual disability and psychosocial problems: a randomized controlled trial. *BMC Med* 12, 191 (2014). <https://doi.org/10.1186/s12916-014-0191-5>.
- Küchler, T. & Bullinger, M. (2000). Onkologie. In U. Ravens-Sieberer & A. Cieza (Hrsg.), *Lebensqualität und Gesundheitsökonomie in der Medizin. Konzepte – Methoden - Anwendungen*. Landsberg: Ecomed.
- Kühn, A. (2007). *Albert Bandura und seine soziale Lerntheorie - Die Abkehr vom orthodoxen Behaviorismus*. Beltz Verlag.
- Lam Chun Bun, Chung Kevin Kien Hoa, Li Xiaomin. (2018). Parental Warmth and Hostility and Child Executive Function Problems: A Longitudinal Study of Chinese Families, *Frontiers in Psychology*, vol. 9, <https://www.frontiersin.org/article/10.3389/fpsyg.2018.01063>.
- Markie-Dadds, C., Sanders, M. R. & Turner K.M.T. (2003). *Das Triple P Elternarbeitsbuch. Der Ratgeber zur positiven Erziehung mit praktischen Übungen*. (PAG Institut für Psychologie AG, Übers.) Münster: Verlag für Psychotherapie.
- Martin, J. L. (2001). The authoritarian personality, 50 years later: What questions are there for political psychology? *Political Psychology*, vol. 22, nr.1, pp. 1-26.
- Meixner K., Glattacker M., Engel EM., Gerds N., Bengel J., Jäckel WH. (2003) Frauen in Mutter-Kind und Mutter-Einrichtungen: Eingangsbelastungen, Therapieziele, Patientinnenzufriedenheit und Behandlungseffekte. *Zeitschrift für Klinische Psychologie, Psychiatrie und Psychotherapie*, 51(4), pp. 319-332.
- Moran, P., Ghate, D., & van der Merwe, A. (2004). *What Works in Parenting Support? A Review of the International Evidence*. Queen's Printer and Controller of HMSO.
- Naumann, S., Bertram, H., Kuschel, A., Heinrichs, N., Hahlweg, K., & Döpfner, M. (2010). Der Erziehungsfragebogen (EFB). Ein fragebogen zur erfassung elterlicher verhaltenstendenzen in schwierigen erziehungssituationen. *Diagnostica*, 56(3), pp. 144-157. doi: 10.1026/0012-1924/a000018
- Nanu, D. E., Nijloveanu. D.M, (2015). Attachment and parenting styles. *Procedia-Social and Behavioral Sciences*, vol. 203, pp. 199-204,
- Nicholson, J. M., & Sanders, M. R. (1999). Randomized controlled trial of behavioral family intervention for the treatment of child behavior problems in stepfamilies. *Journal of Divorce & Remarriage*, 30(3-4), pp. 1–23. https://doi.org/10.1300/J087v30n03_01.

- Papalia, D. E., Olds, S. W., & Feldman, R. D. (2010). *Dezvoltarea umană*. Editura Trei.
- Perrez, M. (2005). Stressoren in der Familie und Familie als Stressor im Vorfeld der Entwicklung von Störungen bei Kindern und Jugendlichen. In P.F. Schlottke, R.K. Silbereisen, S. Schneider & G.W. Lauth (Eds.), *Enzyklopädie der Psychologie*, Bd. 5 Störungen im Kindes- und Jugendalter –Grundlagen und Störungen im Entwicklungsverlauf (pp. 193-246). Göttingen: Hogrefe.
- Petermann, F. & Wiedebusch, S. (1999). Aggression und Delinquenz. In H.C. Steinhausen & M. von Aster (Hrsg.), *Verhaltenstherapie und Verhaltensmedizin bei Kindern und Jugendlichen*, 2. überarbeitete und erweiterte Auflage (pp. 327-358). Weinheim: Beltz/Psychologie Verlags Union.
- Peterson, L., & Saldana, L. (1996). Accelerating children's risk for injury: Mothers' decisions regarding common safety rules. *Journal of Behavioral Medicine*, 19(4), pp. 317–331. doi:10.1007/BF01904759.
- Popescu-Noveanu, P. (1976). *Curs de psihologie generala* (Vol. 1). Editura Universitară București.
- Power, T. G. (2013). Childhood Obesity. Vol. 9, nr. s1, <http://doi.org/10.1089/chi.2013.0034>.
- Risley, T. R., Clark, H.B., & Cataldo, M.F. (1976). Behavioural technology for the normal middle class family. In E. J. Mash, L. A. Hamerlynck, & L. C. Handy. (Eds.), *Behaviour modification and families* (pp. 34-60). New York: Brunner/Mazel.
- Sanders, M. R. (1999). 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*, 2(2), pp. 71–90. <https://doi.org/10.1023/a:1021843613840>.
- Sanders, M. R. (2008). Triple P-Positive Parenting Program as a public health approach to strengthening parenting. *Journal of Family Psychology*, 22(4), pp. 506–517. <https://doi.org/10.1037/0893-3200.22.3.506>.
- Sanders, M. R., & McFarland, M. (2000). Treatment of depressed mothers with disruptive children: A controlled evaluation of cognitive behavioral family intervention. *Behavior Therapy*, 31(1), pp. 89–112. [https://doi.org/10.1016/s0005-7894\(00\)80006-4](https://doi.org/10.1016/s0005-7894(00)80006-4).

- Sanders, M. R., & Turner, K. M. T. (2005). Reflections on the Challenges of Effective Dissemination of Behavioural Family Intervention: Our Experience with the Triple P - Positive Parenting Program. *Child and Adolescent Mental Health*, 10(4), pp. 158–169. <https://doi.org/10.1111/j.1475-3588.2005.00367.x>.
- Sanders, M. R., Markie-Dadds, C. Turner, K. M. T. (2003). Theoretical, scientific and clinical foundations of the Triple P - Positive Parenting Program: a population approach to the promotion of parenting competence. *Parenting Research and Practice Monograph*, vol. 1, pp. 1-21.
- Sanders, M. R., Markie-Dadds, C., & Turner, K. M. T. (2006). *Trainermanual für das Triple P Einzeltraining* (1st ed.). PAG Inst. für Psychologie.
- Sanders, M. R., Markie-Dadds, C., Tully, L. A., & Bor, W. (2000). The Triple P-Positive Parenting Program: A comparison of enhanced, standard, and self-directed behavioral family intervention for parents of children with early onset conduct problems. *Journal of Consulting and Clinical Psychology*, 68(4), pp. 624–640. <https://doi.org/10.1037/0022-006x.68.4.624>.
- Sanders, M. R., Markie-Dadds, C., Turner, K. M. T (2006). Positive Erziehung für Eltern von Kindern bis 12 Jahre. Triple P Deutschland.
- Sanders, M. R., Turner, K. M. T., & Markie-Dadds, C. (2002). The development and dissemination of the Triple P—Positive Parenting Program: A multilevel, evidence-based system of parenting and family support. *Prevention Science*, 3(3), pp. 173–189. <https://doi.org/10.1023/a:1019942516231>.
- Sanders, M.R. & Markie-Dadds, C. (1996). Triple P: A multi-level family intervention program for children with disruptive behaviour disorders. In P. Cotton & H. Jackson (Hg.), *Early intervention and prevention in mental health* (pp. 59-85). Melbourne: Australian Psychological Society Ltd.
- Santa Barbara, J. 2008. Childrearing, Violent and Nonviolent. *Encyclopedia of Violence, Peace, & Conflict (Second Edition)*, Academic Press, pp. 211-228, <https://doi.org/10.1016/B978-012373985-8.00019-2>.
- Sieverding, M. (2000). Die Gesundheit von Müttern – Ein Forschungsüberblick. *Verhaltenstherapie und psychosoziale Praxis*, 32, pp. 577-591.
- Smolka, A. (2002). Beratungsbedarf und Informationsstrategien im Erziehungsalltag. Ergebnisse einer Elternbefragung in Nürnberg zum Thema Familienbildung und Elterninformation. Nürnberg: Jugendamt Stadt Nürnberg (2002), 20 Bl.

- Sorensen, G., Emmons, K., Hunt, M. K., & Johnston, D. (1998). Implications of the results of community intervention trials. *Annual Review of Public Health*, 19(1), pp. 379–416. <https://doi.org/10.1146/annurev.publhealth.19.1.379>.
- Schülein, J. A. (1990). *Die Geburt der Eltern: Über die Entstehung der modernen Elternposition und den Prozeß ihrer Aneignung und Vermittlung (German Edition)* (1990th ed.). VS Verlag für Sozialwissenschaften.
- Tinoca, L., Pereira, A., Oliveira, I. (2014). A Conceptual Framework for E-Assessment in Higher Education: Authenticity, Consistency, Transparency, and Practicability. In Mukerji, S., & Tripathi, P. (Ed.), *Handbook of Research on Transnational Higher Education*. pp. 652-673. IGI Global. <http://doi:10.4018/978-1-4666-4458-8.ch033>.
- Thomson, P., Jaque, S.V. (2017). 11 - Attachment, parenting, and childhood adversity, in *Explorations in Creativity Research, Creativity and the Performing Artist*, Academic Press, pp. 167-186, <https://doi.org/10.1016/B978-0-12-804051-5.00011-1>.
- Turner, K. M. T., & Sanders, M. R. (2006). Dissemination of evidence-based parenting and family support strategies: Learning from the Triple P—Positive Parenting Program system approach. *Aggression and Violent Behavior*, 11(2), pp. 176–193. <https://doi.org/10.1016/j.avb.2005.07.005>.
- Turner, K.M.T., Sanders, M. R. & Markie-Dadds, C. (2006). *Beratermanual für die Triple PKurzberatung*. PAG Institut für Psychologie AG (Hrsg. dt. Aufl., 2. überarb. Aufl.). Münster: Verlag für Psychotherapie.
- Turner, Karen & Richards, Mary & Sanders, Matthew. (2007). A randomised clinical trial of a group parent education program for Australian Indigenous Families. *Journal of paediatrics and child health*. 43. pp. 429-37. <https://doi.org/10.1111/j.1440-1754.2007.01053.x>.
- Varela, A. V., Barbosa, M. L., Farias, M. G. (2015). Outlining the Value of Cognitive Studies in Increasing the Strategic Management within Organizations. In Jamil, G. L., Lopes, S. M., Malheiro da Silva, A., Ribeiro, F. (Ed.), *Handbook of Research on Effective Project Management through the Integration of Knowledge and Innovation*. pp. 137-158. IGI Global. <http://doi:10.4018/978-1-4666-7536-0.ch008>.
- Weber, E. (1974b). *Erziehungsstile*. Auer.
- Weitoft, G. R., Haglund, B., & Rosén, M. (2000). Mortality among lone mothers in Sweden: a population study. *The Lancet*, 355(9211), pp. 1215–1219. [https://doi.org/10.1016/s0140-6736\(00\)02087-0](https://doi.org/10.1016/s0140-6736(00)02087-0).

Winnicott, D. (2016). The Theory of the Parent-Infant Relationship. *The Collected Works of D. W. Winnicott*, pp.141–158. <https://doi.org/10.1093/med:psych/9780190271381.003.0022>.

World Health Organization. (2013). *Preventing violence electronic resource: evaluating outcomes of parenting programmes*.

Zubrick SR, Ward KA, Silburn SR, Lawrence D, Williams AA, Blair E, Robertson D, Sanders MR. (2005). Prevention of child behavior problems through universal implementation of a group behavioral family intervention. *Prevention Science*, 6(4): pp. 287-304. <https://doi.org/10.1007/s11121-005-0013-2>.

Sursele Web:

Deine Kur. Deine Stärke. (n.d.).Müttergenesungswerk. <https://www.muettergenesungswerk.de/> (consultat în februarie 2021)

DER SPIEGEL. (2005, July 18). *d-41106209*. DER SPIEGEL, Hamburg, Germany. <https://www.spiegel.de/spiegel/print/d-41106209.html>. (consultat în aprilie 2019)

https://www.destatis.de/DE/Presse/Pressemitteilungen/2020/07/PD20_279_12511.html. (consultat în martie 2020)

Gemeinsamer Bundesausschusses. (2020). *Rehabilitations-Richtlinie*. https://www.g-ba.de/downloads/62-492-2068/RL-Reha_2019-12-19_iK-2020-03-18.pdf. (consultat în octombrie 2020).

Stangl, W. (2021). Stichwort: *'Triple P-Konzept – Positive Parenting Program – Online Lexikon für Psychologie und Pädagogik'*. Online Lexikon für Psychologie und Pädagogik. [www: https://lexikon.stangl.eu/14540/triple-p-konzept-positive-parenting-program](http://www.lexikon.stangl.eu/14540/triple-p-konzept-positive-parenting-program). (consultat în martie 2021).

What is the SDQ? (n.d.) Sdqinfo. <https://www.sdqinfo.org/a0.html>. (consultat în octombrie 2018)