

*Original research articles based on limited empirical data*

# Promoting positive parenting: Theoretical foundations and participant evaluation of an online group intervention

Fabiana Pinheiro Ramos<sup>1</sup>, Jorge Luis de Souza Campista<sup>2</sup>, Rosana Suemi Tokumaru<sup>3</sup>, Kely Maria de Sousa Pereira<sup>4</sup>, Carina Nunes Bossardi<sup>5</sup>, Júlia Carvalho Rangel Luchi<sup>6</sup>, Loyane Fassarella Gasparini<sup>7</sup>

<sup>1</sup> Federal University of Espírito Santo, Department of Psychology, Graduate Program in Psychology, Vitória, ES, Brazil

<sup>2</sup> Federal University of Espírito Santo, Graduate Program in Psychology, Vitória, ES, Brazil

<sup>3</sup> Federal University of Espírito Santo, Department of Social and Developmental Psychology, Graduate Program in Psychology, Vitória, ES, Brazil

<sup>4</sup> Federal University of Espírito Santo, Department of Social and Developmental Psychology, Graduate Program in Psychology, Vitória, ES, Brazil

<sup>5</sup> University of Vale do Itajaí, Psychology Program, Graduate Program in Psychology, Itajaí, SC, Brazil

<sup>6</sup> Federal University of Espírito Santo, Psychology Program, Vitória, ES, Brazil

<sup>7</sup> Federal University of Espírito Santo, Graduate Program in Psychology, Vitória, ES, Brazil

**Received:** March 18<sup>th</sup>, 2024.


**Accepted:** January 16<sup>th</sup>, 2025.

**Section editor:** João Rodrigo Maciel Portes.

## Author Note

Fabiana P. Ramos  <https://orcid.org/0000-0002-2233-0305>

Jorge L. S. Campista  <https://orcid.org/0009-0000-5406-6820>

Rosana S. Tokumaru  <https://orcid.org/0000-0003-2859-4114>

Kely M. S. Pereira  <https://orcid.org/0000-0001-9095-6556>

Carina N. Bossardi  <https://orcid.org/0000-0003-3542-501X>

Júlia C. R. Luchi  <https://orcid.org/0009-0006-6192-5842>

Loyane F. Gasparini  <https://orcid.org/0009-0000-8004-246X>

Financial support: This research was supported by an undergraduate research scholarship from the Federal University of Espírito Santo (UFES).

Correspondence concerning this article should be addressed to Fabiana Pinheiro Ramos, Department of Psychology, Federal University of Espírito Santo (UFES), Avenida Fernando Ferrari, No. 514, Goiabeiras, Vitória, ES, Brazil. ZIP Code: 29075910. Email: [fabiana.ramos@ufes.br](mailto:fabiana.ramos@ufes.br)

**Conflict of Interest:** None declared.



### Abstract

In-person interventions addressing parenting practices are well established in psychological literature. However, remote psychological services have become more widely available due to the social distancing measures imposed by the Covid-19 pandemic. This study aimed to report and evaluate an intervention on positive parenting practices, consisting of eight two-hour sessions, each addressing a specific theme. Thirty caregivers, primarily mothers of 3 to 12-year-old children with typical development, participated in an online mediated group intervention. The theoretical foundations of each session are described along with the results obtained on the parenting-related variables (parental investment, coparenting, involvement, family adjustment, conflict resolution) and child behavior problems from the caregivers' perceptions. These variables were measured using six instruments applied before and after participation in the intervention. Differences between the pre- and post-test scores were analyzed using a nonparametric statistical test. Additionally, participants completed a qualitative evaluation form, which was analyzed using Content Analysis. Although caregivers positively evaluated the intervention, the comparison between the pre- and post-test results showed statistically significant differences only in children's emotional problems, which decreased after the intervention. The findings suggest that the intervention did not produce the expected changes in other variables. Possible factors contributing to this outcome are discussed.

**Keywords:** parenting, caregivers, psychosocial intervention, child, child development

### PROMOÇÃO DA PARENTALIDADE POSITIVA: FUNDAMENTOS TEÓRICOS DE UMA INTERVENÇÃO ONLINE EM GRUPO E AVALIAÇÃO DOS PARTICIPANTES

#### Resumo

Propostas de intervenção presenciais em parentalidade são consagradas na literatura psicológica, mas o contexto imposto pela pandemia impulsionou a oferta de serviços psicológicos remotos para a população. Objetivou-se descrever e avaliar uma intervenção em parentalidade positiva elaborada para este estudo, com 8 sessões de 2 horas, cada uma com temática específica. A intervenção, da qual participaram 30 cuidadores, em sua maioria mães de crianças (3 a 12 anos) com desenvolvimento típico foi realizada de forma online, em grupo, e com mediação. Os fundamentos teóricos de cada sessão são descritos, bem como são apresentados os resultados da avaliação de diversas variáveis ligadas à parentalidade (investimento parental, coparentalidade, envolvimento, ajustamento familiar, táticas de resolução de conflitos), e dos problemas de comportamento infantil na percepção dos cuidadores. Tais variáveis foram comparadas por meio da aplicação de 6 instrumentos, antes e após a participação dos pais na intervenção. As diferenças entre pré e pós-teste foram comparadas por meio de um teste estatístico não-paramétrico. Os participantes também responderam a um questionário qualitativo de avaliação da intervenção, analisado por meio de Análise de Conteúdo. Embora os cuidadores tenham avaliado positivamente a intervenção, os resultados da comparação dos instrumentos mostraram diferenças estatisticamente significativas apenas na dimensão problemas emocionais da criança (redução após a intervenção). Conclui-se que a intervenção não alcançou os efeitos esperados em termos de mudanças nas variáveis analisadas, e são discutidos os fatores que podem ter contribuído para estes resultados.

**Palavras-chave:** parentalidade, cuidadores, intervenção psicossocial, criança, desenvolvimento infantil

### PROMOCIÓN DE LA PARENTALIDAD POSITIVA: FUNDAMENTOS TEÓRICOS DE UNA INTERVENCIÓN GRUPAL EN LÍNEA Y EVALUACIÓN DE LOS PARTICIPANTES

#### Resumen

Las propuestas de intervención presencial en crianza de los hijos están asentadas en la literatura psicológica, pero el contexto impuesto por la pandemia ha impulsado la oferta de servicios psicológicos remotos a la población. El objetivo fue describir y evaluar una intervención en parentalidad diseñada para este estudio, con 8 sesiones de 2 horas, cada una con un tema específico. La intervención, en la que participaron 30 cuidadores, en su mayoría madres de niños (3 a 12 años) con desarrollo típico, se realizó de forma online, grupal y con mediación. Se describen los fundamentos teóricos de cada sesión, así como los resultados de la evaluación de variables vinculadas a parentalidad (inversión parental, coparentalidad, implicación, adaptación familiar, tácticas de resolución de conflictos) y problemas de conducta infantil en la percepción

de los cuidadores. Estas variables se compararon mediante la aplicación de 6 instrumentos, antes y después de la participación de los padres en la intervención. Las diferencias entre la prueba previa y posterior se compararon mediante estadística no paramétrica. Los participantes también respondieron a un cuestionario de evaluación de intervención cualitativa, analizado mediante Análisis de Contenido. Aunque los cuidadores evaluaron positivamente la intervención, los resultados de la comparación de los instrumentos mostraron diferencias estadísticamente significativas solo en la dimensión problemas emocionales del niño (reducción después de la intervención). Se concluye que la intervención no logró los efectos esperados con respecto a los cambios en las variables analizadas, y se discuten los factores que pueden haber contribuido a estos resultados.

*Palabras-clave:* parentalidad, cuidadores, intervención psicosocial, niño, desarrollo infantil

Parenting practices encompass activities parents and caregivers undertake to ensure children and adolescents' survival and overall development (Barroso & Machado, 2010). These practices influence various aspects of their lives, including physical and mental health, as well as motor, affective, cognitive, and linguistic development (Pires et al., 2018). In this context, parenting-focused interventions are crucial in fostering positive changes in parenting practices and preventing child behavior problems (Bochi et al., 2016).

Even though these interventions are built considering different perspectives and methodologies, they usually share the same objectives: to improve parenting practices by raising awareness, providing training on the specific aspects of child development, improving parental investment, and establishing a support network for parenting (Martins et al., 2022; Schmidt et al., 2016). Such interventions are intended to expand the behavioral repertoire of parents and other caregivers, enhancing their abilities to address children's different needs according to their development stage (Bochi et al., 2016).

Intervention programs that promote positive parenting practices often result in favorable outcomes across multiple dimensions of child development, as they help parents manage challenging situations more effectively (Beagle & Dumas, 2011). Additionally, these interventions improve the overall family environment, lead to significant changes in parenting practices, and reduce child behavior problems (Altafim & Linhares, 2020). Although such interventions are designed for all caregivers, in practice, mothers and female caregivers tend to participate more frequently (Finan et al., 2018), as male involvement in child-rearing remains secondary to that of mothers (Borsa & Nunes, 2011).

In this context, several literature reviews on the effects of face-to-face parenting interventions (called parental guidance or parental training) highlight a range of positive repercussions, with considerable improvements in parenting practices, the quality of family relationships, the parent-child bonding, as well as reduced child behavior problems, in addition to reduced abusive parenting practices (Altafim & Linhares, 2016; Batista & Weber, 2014; Benedetti et al., 2020; Bochi et al., 2016; Knerr et al., 2013; Menting et al., 2013; Sanders et al., 2014; Schmidt et al., 2016; Wright, & Edington, 2016). Despite the positive results, dropout rates are high, estimated between 40% and 80% (Marin et al., 2019). According to the literature, the factors facilitating adherence include the programs' characteristics, such as the role of mediators, the group's experience, and how well the intervention proposal meets the participants' needs. In turn, the factors hindering adherence include didactic approaches based on mere knowledge transmission and lack of focus (Mytton et al., 2014).

Furthermore, these intervention programs benefit participating caregivers, especially their mental health. The acquisition of parenting skills and group support has been associated with reduced feelings of parental guilt and isolation and increased perceptions of self-efficacy (Enebrink et al., 2014; Irurita-Ballesteros et al., 2019). Positive impacts among participant caregivers include enhanced conflict resolution skills, reduced parental stress (Vasquez et al.,

2016), and improved positive mental health indicators (Barlow et al., 2012). These indicators show the social relevance of such programs, especially in developing countries.

Some in-person parenting interventions have already been validated in Brazil, with scientific evidence showing their effectiveness and outcomes for its population. For example, the Adults and Children Together (ACT) Raising Safe Kids program (Altafim & Linhares, 2020) was implemented as a public policy in the state of Ceará (Altafim & Linhares, 2022), and the Positive Parenting Program (Triple P), which the World Health Organization recognized as a program with strong evidence of effectiveness (Sanders, 2023), was also evaluated in Brazil by Schulz et al. (2021).

Thus, these interventions designed to promote parenting are recognized as essential tools to support the complex task of raising a healthy child with emotional and behavioral self-regulation skills (Souza et al., 2021). The social isolation imposed by the Covid-19 pandemic, coupled with the more frequent use of digital devices after this period, required psychological interventions to adapt to the digital model; hence, online networks and platforms were adopted to ensure the continuity of these interventions (Santana et al., 2020).

One of the advantages of the remote model in this context is that it potentially increases accessibility to group interventions and training, enabling more people to benefit by removing geographical restrictions and travel costs (Baumel et al., 2016). The literature lists some limitations of such a format, including poor adherence levels. Even though remote interventions remove the distance commuting time, managing an appropriate room and time to participate in a remote intervention may be challenging for caregivers, considering they will probably participate from home (Aléssio et al., 2022). Additionally, not having a good Internet connection or devices with video and audio output (mobile phones or computers) limits access to remote interventions for those in the most economically vulnerable segments of the population.

Although the international literature points out the positive effects of parenting interventions in the online format (Baumel & Faber, 2018; Baumel et al., 2016; Breitenstein et al., 2016; Florean et al., 2020; Nieuwboer et al., 2013; Novianti et al., 2023; Sourander et al., 2022; Thongseiratch et al., 2020) both for specific problems and more general programs, most of these interventions are of the self-instructional type. In this modality, the participant watches videos, listens to podcasts, and completes tasks associated with the content learned on websites or applications. However, Borloti et al. (2020) note that remote psychological interventions are seldom evaluated in the Brazilian context.

Based on the previous discussion, this paper outlines the theoretical foundations of a “Positive Parenting Workshop” and evaluates its outcomes by comparing various parenting variables before and after participation. Additionally, it presents caregivers’ perspectives on the intervention. Accordingly, the study explores the following research question: “What aspects of parenting and child behavior will change after caregivers participate in an online intervention focused on positive parenting, and how will the caregivers evaluate the intervention?” The guiding hypothesis is that the intervention will lead to changes in multiple variables among

participants, who will also provide a positive assessment of the program. This study's originality lies in its evaluation of a nationally implemented, remotely mediated parenting intervention in Brazil.

### Method

This is a quantitative study with a subject-as-own-control design, comparing pre- and post-intervention measures (Cozby, 2003). Additionally, qualitative measures were used to evaluate the intervention. The independent variable was participation in the intervention, while the dependent variables encompassed aspects of parenting and child behavior assessed by the instruments.

This study is part of a larger research project in which a positive parenting workshop program was applied to families with children and adolescents with typical and atypical development. The Institutional Review Board approved the study project under protocol n.º 5.965.681, CAAE: 50637321.1.1001.5542. Only the results of the intervention conducted with the caregivers of children with typical development are presented in this study.

### Participants

The inclusion criteria for the sample, recruited through convenience sampling, were: 1) being 18 years old or older; 2) being a caregiver of a child aged 3 to 12 years old with typical development; and 3) having access to a device with a camera, audio, and internet connection to participate in the intervention. There were no exclusion criteria; however, only caregivers who completed the pre- and post-tests and attended all but two workshop sessions were included in the sample. The participants were drawn from six workshops conducted between August 2021 and August 2023, facilitated by different pairs of mediators.

### Instruments

The pre-test asked the participants to answer questions about their sociodemographic profile (e.g., per capita income, number of children under their care, level of education, age, marital status) and that of their child who motivated them to participate in the workshop (e.g., age, gender). Additionally, the instruments below were applied in the pre- and post-tests in the following order:

- 1) Strengths and Difficulties Questionnaire - SDQ (Fleitch et al., 2000). It allows screening children's mental health, according to five scales: prosocial behavior (e.g., "Considerate of other people's feelings"), hyperactivity (e.g., "Restless, overactive, cannot stay still for long"), emotional problems (e.g., "Many fears, easily scared"), conduct problems (e.g., "Sometimes mischievous") and peer relationship problems (e.g., "Generally liked by other children"). The statements are rated on a 3-point Likert scale, whose score ranges from 0 to 10 for each scale; the higher the score, the higher the indicator measured by the factors.

2) Parenting and Family Adjustment Scale (PAFAS). Its Brazilian version, validated by Santana (2018), was used. This instrument analyzes potential functional or dysfunctional practices in family relationships according to five factors: dysfunctional parenting practices (e.g., “If my child doesn’t do what they’re told to do, I give in and do it myself”); parents’ emotional maladjustment (e.g., “I feel stressed or worried”); conflicting family relationships (e.g., “Our family members criticize or put each other down”); problems in parental teamwork (e.g., “I disagree with my partner about parenting”); and quality of the parent–child relationship (e.g., “I chat/talk to my child”). Unlike the previous factors, the higher the score obtained in this factor, the more positive the relationship. The statements are rated on a 4–point Likert scale, and each factor has a specific maximum score that will be explained in the results section.

3) *Questionnaire d’Engagement Paternel (QEP)*. Its Brazilian version, validated by Bossardi et al., 2019, was adopted. It measures parental engagement through five factors, rated on a 7–point Likert scale: direct and indirect caregiving (e.g., “Giving your child food or drink”); emotional support (e.g., “Reassuring your child when he/she is afraid”); evocations (e.g., “Telling your coworkers or friends about funny things your child has done or said”); play and openness (e.g., “Teaching your child sports – swimming, skating, riding a bike, playing ball, etc.”); and discipline (e.g., “Scolding your child when he/she disobeys”). These factors assess the intensity and quality of parental or caregiver engagement, as well as their presence in their children’s lives (free translation).

4) Parent–Child Conflict Tactics Scales (CTSPC), also adapted for the Brazilian context by Reichenheim and Moraes (2003), assesses how caregivers deal with conflicts with children and what behavior correction practices they adopt. The items are rated on a 7–point Likert scale and are organized into five factors: nonviolent discipline (e.g., “Did you explain to the child why what he/she was doing was wrong?”); psychological aggression (e.g., “Did you shout, yell, or scream at the child?”); corporal punishment (e.g., “Did you hit the child on the bottom?”); physical maltreatment (e.g., “Did you throw or knock the child down?”); and severe physical maltreatment (e.g., “Did you threaten the child with a knife or gun?”).

5) *Escala de Investimento Parental (EIP)* [Parental Investment Scale]. Developed by Silva (2015), this scale assesses how caregivers invest in their children. It comprises three factors: care and affection (e.g., “Making sure the child sleeps and rests”); coexistence (e.g., “Celebrating the child’s birthday with the family”); and discipline and values (e.g., “Teaching about moral values”) (free translation). Each item is rated on a 5–point Likert scale, with 0 (zero) assigned when the item “does not apply.”

6) Coparenting Relationships Scale (CRS). Carvalho et al. (2018) adapted it to the Brazilian context and it assesses the quality of coparental relationship through seven subscales: endorsement (e.g., “I believe my partner is a good parent”); closeness (e.g., “I feel close to my partner when I see him or her playing with our child”); support

(e.g., “When I’m at my wits end as a parent, my partner gives me the extra support I need”); undermining (e.g., “My partner sometimes makes jokes or sarcastic comments about the way I am as a parent”); division of labor (e.g., “My partner does not carry his or her fair share of the parenting work”); agreement (e.g., “My partner and I have different ideas about how to raise our child”); and exposure to conflict (e.g., “Do you argue with your partner about your child in the child’s presence?”). The items in each factor are rated on a 7-point Likert scale.

These quantitative instruments were chosen because, together, they encompass the fundamental elements related to the various dimensions of parenting according to the literature in the field (Barroso & Machado, 2010). The SDQ was used as a child behavior measure and it was included to evaluate, even if indirectly (via caregivers’ reports), since directly evaluating the children would be unfeasible in a remote intervention.

In addition to these instruments, which were applied in the post-test, the participants answered an Intervention Evaluation Questionnaire adapted from Eyberg (1993), including quantitative and qualitative questions. The questionnaire addressed the parents’ perceptions of various aspects of the workshop, such as mediators’ performance and suggestions for improving the intervention, among others.

### ***Description of the intervention***

The intervention was developed in 2021 and was based on the principles outlined in the literature for the effectiveness of parenting programs (Alvarez et al., 2016). It was conducted in a group format, synchronously and online, with mediators to discuss the topics relevant to promoting positive parenting with the caregivers of children with typical development. It was developed to be administered remotely due to the COVID-19 pandemic, but remained in this format even after social isolation ended.

As Hoghughi (2004) points out, parenting is multifaceted and comprises numerous aspects involving children’s physical, emotional, and social care; limit setting and rule establishment; the resources parents have available and their motivation; and parenting styles, among other elements. These dimensions show that many personal and contextual factors shape parenting (Kotchick & Forehand, 2002), meaning interventions must cover several topics to address different determinants, aspects, and dimensions of parenting (Barroso & Machado, 2010).

Thus, each workshop session presented specific themes, objectives, and methodology. Each session lasted one hour and half, totaling 12 hours of intervention. The sessions were structured according to following: 1) Positive parenting: expectations and reality; 2) Self-care and parental mental health; 3) Marital and Coparenting relationships; 4) Child development: milestones and expectations; 5) Parenting influences and styles; 6) Positive educational practices: rules and limits; 7) Positive educational practices: affection and social skills; and 8) Workshop conclusion. As recommended by the literature, the workshop was designed to be comprehensive



to achieve the expected outcomes while maintaining a limited number of sessions (8 meetings) (Enumo et al., 2020).

The first session aimed to explain the group's objectives and assess caregivers' expectations; welcome and introduce the participants and facilitators; and establish the group contract. This session also introduced and discussed the concept of positive parenting, which includes:

[...] Parental behavior based on the best interests of the child that is nurturing, empowering, nonviolent and provides recognition and guidance which involves setting of boundaries to enable the full development of the child (Quintana & Lopez, 2013, pg. 79, free translation).

This definition highlights pursuing the child's best interests, emotional involvement, avoiding coercive practices, and establishing limits. The six principles of positive parenting include solving problems together, developing routines, allowing the child to enjoy free time, listening to and calmly instructing the child, and building skills (Kadzin, 2009). This section also emphasizes that parenting is a function, meaning that the biological bond between the caregiver and the child is not what matters, but rather the caregiver's willingness and commitment to participating in the child's upbringing (Federación Española de Municipios y Provincias, 2015).

Parental self-care and mental health are the focus of the second session. This topic was not initially included in the pilot workshop (conducted before finalizing the intervention model); however, feedback from participating caregivers highlighted its need. Hence, it was incorporated to reflect on the importance of parental self-care and encourage participants to care for their well-being, considering it benefits both parents and children. Additionally, this session addresses the importance of a support network (instrumental/material and emotional/affective) (Álvarez et al., 2018) for preventing caregiver overload, which can negatively impact parenting practices (Coltro et al., 2020).

Marital and coparenting relationships are discussed in the third session, highlighting their importance and differences. Practices for fostering positive coparenting relationships are also introduced. Coparenting refers to how a caregiver (mother or father) shares leadership (or undermines it) and supports the other caregiver in their parental role, as well as how they manage conflicts related to child rearing (Böing & Crepaldi, 2016). The coparenting relationship functions as an autonomous family subsystem, independent of a marital bond between the couple, and emerges from the interaction between two adults in guiding and meeting the needs of their children (Feinberg et al., 2012).

Some studies emphasize the importance of caregivers understanding specific aspects of child development to align their expectations with the realistic capabilities of children at different ages (Bochi et al., 2016; Peña et al., 2014; Schmidt et al., 2016). This is the focus of the fourth session, which aims to enhance caregivers' awareness of children's developmental needs and help them adjust their expectations regarding their children's abilities at different stages. The

specific content of this session and the examples used in other sessions are tailored to the age group of the children for whom the participating caregivers are responsible in each workshop.

The fifth session introduces the concept of parenting styles, encouraging parents to reflect on areas for improvement within two key dimensions: responsiveness (affection) and demandingness (discipline). Parenting styles are based on the idea that parent-child interactions follow specific patterns, encompassing the affective bond, communication, and approaches to discipline (Oliveira et al., 2018). Since the late 1970s, psychological research has explored various parenting styles, as conceptualized by Maccoby and Martin (1983): authoritative (also known as democratic or participatory), authoritarian (in which the establishment of limits in a coercive manner predominates), indulgent, and neglectful (the latter two often grouped under permissive parenting), as well as their impact on child development (Pinquart, 2016).

The sixth session explores the role of rules and limits in child rearing, examining the conflict resolution strategies used by caregivers and discussing key elements for setting boundaries. Sebre et al. (2015) highlight that harmful parenting practices, such as coercive discipline and punishment, are associated with more significant child problems, while positive practices are linked to lower rates of behavioral problems. Additionally, harmful practices correlate with higher levels of anxiety and depression in children. Extensive research has shown that coercive practices can be detrimental to child development (Bolsoni-Silva & Loureiro, 2021). Often, the use of such practices stems from a lack of awareness of alternative educational strategies (Barros et al., 2015), which are introduced and discussed in this session.

The seventh session explores the importance of the affective dimension in child development, helping caregivers identify and enhance affective exchanges with their children. Additionally, this session highlights the role of parental social skills (Bolsoni-Silva & Borelli, 2012), which are essential for managing interpersonal relationships, particularly in supporting children's learning and development. Finally, the last session is dedicated to synthesizing and reflecting on the lessons learned and experiences gained throughout the workshop and allowing participating caregivers to evaluate the intervention.

Thus, the workshop sessions' thematic progression begins with parenting and the importance of a parental support network, followed by the specific aspects of child development and positive and negative child-rearing practices. Each session includes various activities, such as group dynamics and the presentation and discussion of short videos, among other tools. Since this study focuses on describing the foundations of the intervention, the details of each session's activities will not be presented due to space limitations.

Each workshop session includes homework related to the session's theme, which caregivers are encouraged to complete. In addition, additional readings and videos on the topic are suggested. These materials are shared as images via a WhatsApp group created after the first session with the participants' consent.

Each workshop accommodates up to 15 caregivers and is facilitated by a pair of trained and supervised undergraduate psychology students. Before joining the group, caregivers participate in

an individual interview where they are informed about the intervention's objectives and the workshop structure. During this interview, they are encouraged to keep their device's camera and audio enabled during sessions to enhance participant interaction.

### **Data collection procedures and data analysis**

Participants were recruited through social media, where flyers were posted, resulting in a convenience sample. After registering and signing an informed consent form online, caregivers were invited to an individual remote interview, during which the intervention and study objectives were explained. Those who agreed to participate received a link to complete the pre-test questionnaires and attended the eight workshop sessions. In the final session, they received a new link to complete the post-test data collection.

Quantitative data obtained from the instruments were analyzed following the guidelines provided by their respective authors. After calculating individual scores, data distribution was assessed using the Shapiro-Wilk test. As most variables did not follow a normal distribution, nonparametric Wilcoxon tests were applied to compare pre- and post-intervention scores, with significance set at  $p < 0.05$ .

The quantitative data from the Intervention Evaluation Questionnaire were subjected to descriptive statistical analysis. The qualitative data from the same instrument were analyzed using Content Analysis, as proposed by Bardin (2016). This process involves the following steps: 1) pre-analysis, where a preliminary reading of the material determines what will be analyzed and enables the development of hypotheses; 2) data coding, in which data are broken down into smaller units to facilitate systematic organization and interpretation; 3) results interpretation, when patterns and relationships between responses are identified by creating categories; and 4) quantification of categories by analyzing the frequency of the categories that emerged from the previous steps. Through this process, deeper insights were gained into caregivers' perceptions of various aspects of the intervention.

## **Results**

The sample included 30 participants, and there was no sample calculation. This number represents 27.8% of the 108 caregivers registered for the six workshops. There was the loss of participants in several steps of the study: some failed to attend the first workshop session after registration, others dropped out throughout the sessions, and some individuals participated in all sessions but failed to complete both the pre- and post-tests.

Of the 30 participants, 28 (93.33%) were women (all mothers), and two (6.66%) were men (both fathers). The participants' ages ranged from 26 to 72 years old, with a median of 40.5 years old. Most were married (83.33%), while 10 participants (6.67%) were divorced. Regarding education, 66.67% had completed graduate studies, 13.33% had an undergraduate degree, and 20.00% had finished high school. The per capita income of the sample ranged from R\$660.00 to R\$10,000.00, with a median of R\$2,666.66.

The age of the focus child—the child who motivated the parents to seek the workshop—ranged from 3 to 12 years old, with a median of 7 years old. On average, participants reported caring for 1.5 children in their daily lives.

The scores obtained on the PAFAS, which assesses parenting and family adjustment, indicated that participants exhibited a low frequency of dysfunctional parenting practices and emotional maladjustment, experienced minimal conflict in family relationships, and faced few challenges in parental teamwork. Additionally, they maintained healthy parent-child bonds before and after the intervention (Table 1). Consequently, no significant differences were found in the scores between the pre- and post-intervention assessments.

Regarding parental involvement, the QEP scores indicated that participants were highly engaged in providing direct and indirect care, emotional support, evocations, play and openness, and discipline. Similarly, the EIP scores reflected a high level of investment in care and affection, coexistence, discipline, and values. The comparison between pre- and post-intervention scores did not reveal significant differences in this instrument (Table 1).

The CRS scores indicate that the participants presented a good coparental relationship with high scores in the endorsement, closeness, support, division of labor, and agreement subscales and low scores in the conflict and undermining subscales, both before and after the intervention. Thus, no significant difference was found in the scores between the instrument applications (Table 1).

The low scores obtained in the CTSPC indicated that the participants seldom used violent discipline, psychological aggression, corporal punishment, physical maltreatment, or severe physical maltreatment, both before and after the intervention. Therefore, the pre- and post-test comparisons did not show significant differences (Table 1).

Regarding children's strengths and difficulties (SDQ), participants rated their children high in prosocial behaviors and low in social problems (Table 1). Moderate scores were assigned to emotional, conduct, and hyperactivity problems, indicating that participants perceived some difficulties in these areas. Most scores remained stable between the pre- and post-intervention assessments, except for emotional problems, which significantly decreased from pre- to post-intervention (Table 1).

**Table 1**  
*Comparison of instrument factors between pre- and post-tests*

Instruments (n)	Factors (score)	Pre intervention		Post intervention		Z (Wilcoxon)
		Median	Min-Max	Median	Min-Max	
PAFAS (30)	Dysfunctional parental practices (0-51)	24		22	14 - 28	-1.739
	Parent-child bond quality (0-33)	26	15 - 30	25	11 - 31	-1.203
	Parents' emotional maladjustment (0-15)	6	2 - 9	5.5	1 - 11	-0.945
	Difficulties in family relationship (0-12)	3.5	0 - 8	3	0 - 9	-0.041
	Problems in parental teamwork (0-9)	2	0 - 7	3	0 - 7	-1.145
SDQ (30)	Emotional problems (0-10)	4	0 - 10	2.5	0 - 7	-2.081*
	Conduct problems (0-10)	3.5	0 - 8	3	0 - 8	-0.639
	Hyperactivity (0-10)	4	0 - 9	4	0 - 9	-0.498
	Social problems (0-10)	1	0 - 9	2	0 - 6	-0.42
	Pro-social behavior (0-10)	9	4 - 10	9	6 - 10	-0.469
QEP (15)	Direct and indirect care (0-6)	4.18	1.9 - 6	4.09	1.63 - 5.18	-0.533
	Emotional support (0-6)	5.55	2.11 - 6	5.77	3.88 - 6	-1.071
	Evocations (0-6)	5.4	3 - 6	5.4	3.4 - 6	-0.848
	Play and openness (0-6)	3.5	2 - 5.5	3.5	2.16 - 5.33	-0.14
	Discipline (0-6)	3.66	0.66 - 6	4	0.33 - 6	-0.059
EIP (29)	Care and affection (1-5)	4.8	4.3 - 5	4.92	4.08 - 5	-1.144
	Coexistence (1-5)	4.44	2.22 - 4.89	4.52	3 - 4.94	-0.394
	Values (1-5)	4.68	3.78 - 5	4.76	3.7 - 5	-1.202
CRS (25)	Endorsement (0-6)	4.85	2.14 - 5.86	4.28	1.85 - 6	-0.07
	Closeness (0-6)	4	1.2 - 6	4.6	0.4 - 6	-1.532
	Support (0-6)	3.5	0.33 - 6	3.33	0 - 6	-0.302
	Undermining (0-6)	0.66	0 - 3.83	1.16	0 - 5.5	-0.605
	Division (0-6)	3	1 - 6	4	1 - 6	-1.475
	Agreement (0-6)	4.5	1.5	4.25	1.25 - 6	-0.181
CTSPC (29)	Conflict (0-6)	0.9	0 - 4.2	0.8	0 - 3	-1.851
	Non-violent discipline (0-6)	2.45	0 - 5	3	0.75 - 5.25	-1.48
	Psychological aggression (0-6)	1	0 - 2.5	1	0 - 3.2	-0.036
	Physical punishment (0-6)	0.4	0 - 3.6	0.5	0 - 3.5	-0.286
	Physical maltreatment (0-6)	0	0 - 2	0	0 - 1	-0.406
	Severe physical maltreatment (0-6)	0	0 - 0.25	0	0 - 0.25	0

Note: p < 0.05.

All participants completed the Intervention Evaluation Questionnaire. It included statements rated on a 5-point Likert scale, and open-ended questions. The close-ended responses indicated that participants gained substantial knowledge from the workshops, had a high level of engagement, felt more confident after participating, and enjoyed the workshop sessions (Table 2).

**Table 2**

*Means and standard deviations of the responses to quantitative statements on the Intervention Evaluation Questionnaire.*

Items	Likert scale (1 to 5 points)	M	SD
When I participated in the Workshop meetings, I think I learned about positive parenting...	Nothing – Many things	4.66	0.60
Regarding my participation in the Workshop, I consider that I...	No benefit at all – Very high benefit	4.40	0.56
Regarding my skills as a father/mother or caregiver, after participating in the Workshop, I feel that I am...	Very insecure – Much more confident	4.16	0.46
My feelings about participating in the Positive Parenting Workshop meetings...	I strongly disliked it – I liked it very much	4.93	0.25

The responses to the three open-ended questions were categorized using Content Analysis. We identified 49 responses to the question: “What activities or discussions did you find most interesting during the workshop meetings?” which were grouped into 12 categories (Table 3). ‘Mental health and self-care’ and ‘limits and discipline’ were the most frequent response categories, in addition to the more general response indicating that all the content was interesting.

**Table 3**

*Frequency of response categories to the question about the activities considered most interesting by workshop participants.*

Categories	N	%
Mental health and self-care	11	22.45
Everything was interesting	9	18.37
Limits and discipline	7	14.29
Homework	3	6.12
Others	3	6.12
Parenting social skills	3	6.12
Exchange of experiences and testimonies with the group participants	3	6.12
Facilitators’ empathy and welcoming	2	4.08
The importance of affection	2	4.08
Coparenting	2	4.08
How the topics were addressed and reflections	2	4.08
Child development, milestones and expectations	2	4.08
<b>Total</b>	<b>49</b>	<b>100</b>

We identified 31 responses to the question requesting suggestions for changes or improvements to the intervention, which were grouped into 12 categories (Table 4). While the most frequent response indicated no suggestions or that everything was positive, a common recommendation was to increase the number of sessions and provide additional study materials.

**Table 4**

*Frequency of response categories to the question about suggestions for changes in the intervention.*

Categories	N	%
No suggestions for change/Everything was positive	7	22.58
More meetings	6	19.35
More study material	4	12.90
New content not covered in the workshop (e.g., food)	3	9.67
Reduce the duration of each meeting	2	6.45
Follow-up with participants after the workshop ends	2	6.45
Problems with internet access/in-person workshop	2	6.45
Increase the duration of each meeting	1	3.23
More in-depth content of the topics already covered	1	3.23
Extensive questionnaire	1	3.23
Maintain the welcoming attitude of the facilitators	1	3.23
More regularity in participant attendance	1	3.23
<b>Total</b>	<b>31</b>	<b>100</b>

When the Intervention Evaluation Questionnaire asked about the facilitators' performance, 58 responses were identified, grouped into five categories: 1) great/excellent (n= 19; 32.76%); 2) confident, prepared and coherent (n= 15; 25.85%); 3) welcoming/empathetic (n= 12; 20.69%); 4) dynamic and enjoyable mediation (n= 8; 13.79%); and 5) committed/responsible (n= 4; 6.9%).

## Discussion

Regarding the participants' sociodemographic profile, mothers predominated. This finding aligns with the literature (Finan et al., 2018), which indicates that even today, the responsibility for child care and upbringing is more strongly associated with the maternal figure, while fathers often take on a supporting role (Borsa & Nunes, 2011). Therefore, strategies are needed to encourage greater paternal engagement in this type of intervention.

Most participants were married, and the sample's high income and educational levels indicate that the caregivers did not face a context of vulnerability. Having a support network and resources are well-established contextual factors that influence parenting (Kotchick & Forehand, 2002). These aspects may have contributed to the high parenting scores obtained even before the intervention (pre-test assessment). Another factor that possibly explains the high scores in parenting obtained in the pre-test is selection bias, given that a convenience sample was adopted, which is one of this study's limitations.

Thus, it is likely that the individuals who sought the workshop were already motivated to learn more about parenting and were already performing positive practices that they wanted to improve. This explanatory hypothesis makes sense if we consider the responses that demonstrate the participants' interest, as well as the suggestions for increasing the number of meetings and providing more study materials.

Various instruments were applied to assess parenting, coparenting, conflict between parents and children, and children's strengths and difficulties before and after the intervention to identify changes in the responses that would indicate the positive effects of the intervention. This study's hypothesis, that there would be significant differences in the parenting-related aspects after the intervention, was rejected. No significant differences were found in these measures after the intervention; however, positive changes were found in the means for each instrument applied.

The Sanders et al. (2014) meta-analysis indicates that positive parenting interventions improve various aspects of parenting practices, parental adjustment, and children's social and emotional behaviors. Regarding children's skills, Baumel and Faber (2018) evaluated an online parenting program designed to foster child development, teach new skills to parents, and help them prevent and manage disobedient behaviors. The program was found to be effective in reducing child behavior problems. In this study, however, the intervention led to a significant reduction only in children's emotional problems, while other indicators remained unchanged, a finding that contrasts with previous literature, even though eight sessions are generally considered sufficient to produce measurable effects (Enumo et al., 2020).

There are two possible explanations for this significant decrease in the SDQ emotional problems factor. First, the skills and knowledge acquired through participation in the intervention may have enabled parents to manage better the care provided to their children, reducing the occurrence of emotional problems. Another explanation is that after acquiring knowledge regarding child development during the intervention, parents began to recognize certain behaviors as expected at a given point in development, seeing them as less problematic.

The absence of significant differences in the other instruments and the other SDQ subscales suggests that the intervention did not modify the constructs assessed by these instruments. It is impossible to state whether such a lack of changes is due to the characteristics of the participants or the intervention itself. Thus, although the workshop was based on the recommendations of the literature (Alvarez et al., 2018) and addressed aspects present in other programs, such as those by Altafim and Linhares (2020), Baumel and Faber (2018), and Kadzin (2009), the proposed sessions and activities of this intervention are unique, as is the characteristic of being online and mediated by undergraduate Psychology students. Such factors may have implications for the results, which are less favorable than expected.

Regarding the participants' characteristics, two factors should be considered. First, the sample initially demonstrated strong positive parenting practices, high parental involvement and investment, and a low frequency of conflict and coercive discipline. This good baseline



performance may have limited the extent to which the learning and experiences gained through the intervention were reflected in higher post-intervention scores. In other words, the absence of significant differences may be attributed to a ceiling effect (Breakwell et al., 2010), given the sample's profile. As previously discussed, participants with high educational and income levels who were already motivated to learn about parenting were included in the study.

Another factor that may have contributed to the lack of differences between the pre- and post-intervention assessments is the small sample size. A smaller number of participants increases the likelihood that individual variations obscure the effects of differences between groups (Sprenst & Smeeton, 2001). Nevertheless, despite the absence of significant changes in most post-intervention scores, participants expressed satisfaction with the intervention in the Evaluation Questionnaire administered at the end.

In the quantitative analysis of this instrument, all evaluated aspects received average scores close to the maximum, indicating that participants felt they had learned a great deal from the intervention and gained confidence in caring for their children. Additionally, they reported making good use of the workshop and enjoying it greatly. As Eyberg (1993) highlighted, satisfaction measures in parenting interventions are important indicators.

The analysis of the discursive questions indicated that the topics that most interested participants were mental health, self-care, limits, and discipline. This finding highlights the importance of addressing mental health in positive parenting interventions, given its benefits for participants (Enebrink et al., 2014; Barlow et al., 2016; Vazquez et al., 2016) and its role as a risk factor for child development (Irujita-Ballesteros et al., 2019). Additionally, it suggests that one of the most significant challenges in caregivers' child-rearing practices is disciplining children without coercion (Barros et al., 2015; Bolsoni-Silva & Loureiro, 2021).

The questionnaire's second question asked participants to provide suggestions for improving the workshop. The most frequent response indicated that everything was positive or no changes were needed, reinforcing a positive evaluation of the intervention regarding participant satisfaction. The two most frequent categories reflect participants' engagement with the intervention, as they suggested adding more meetings and study materials. However, their feedback also highlighted important areas for improvement in future workshops, such as reducing the number of instruments used in pre- and post-tests and implementing follow-up sessions after the workshop's conclusion.

The participants' evaluation of the facilitators was very positive, an aspect confirmed in all categories in the content analysis. Studies show that the performance of intervention mediators is an important element of an intervention's success (Altafim & Linhares, 2020). Although the participants evaluated the workshop positively, this study presents some limitations.

One limitation concerns participants' profiles, with the majority being mothers with higher income and educational levels. Such a profile impedes the generalization of results to other caregivers with different educational and socioeconomic levels. Other segments of the

population may not have found this type of intervention attractive, as they could not envision the potential benefits associated with their participation. Access to quality Internet and electronic devices with cameras and audio may have been additional factors possibly impeding other segments of the population from accessing the intervention (Santana et al., 2020).

In addition to these limitations, participant adherence also stands out, as there was a significant dropout rate, particularly between registration and attendance at the first workshop session. Many caregivers registered for the intervention but did not attend the initial session, representing a loss unrelated to the characteristics of the intervention itself. Although the overall dropout rate exceeded 70%, it falls within the range reported in the literature (Marin et al., 2019). As highlighted by Aléssio et al. (2022), while remote interventions are likely to remain an important alternative, they require greater flexibility and creative adaptations from both professionals and participants to effectively transition from in-person models.

There is another limitation that future studies could consider and overcome by including a methodology encompassing the management and analysis of a control group and follow-up with participants after the intervention is completed. Therefore, studies including these adaptations to the program to overcome the previously mentioned limitations will indicate whether this remote intervention provides the same benefits as those indicated by the literature for interventions of this modality within the Brazilian context.

Remote learning was widely adopted during the Covid-19 pandemic, as it was the only alternative available (Santana et al., 2020). Nonetheless, this method remains relevant even after the pandemic ended, as the international literature has reported some benefits (Baumel & Faber, 2018; Baumel et al., 2016; Breitenstein et al., 2016; Nieuwboer et al., 2013; Novianti et al., 2023; Sourander et al., 2022; Thongseiratch et al., 2020); however, its effectiveness in promoting parenting practices still lacks evidence in the Brazilian context.

Therefore, contrary to the initial hypothesis, the conclusion is that despite the participants' positive evaluations, the Positive Parenting Workshop yielded few significant changes in the parental variables investigated. Only decreased emotional problems were reported regarding the participants' perception of child behavior. However, the qualitative analysis showed the program's potential to encourage reflection, promote routine adjustments, and enhance family dynamics. Therefore, future studies are suggested to investigate whether the program would yield different impacts on caregivers from other contexts, considering the lack of statistically significant effects in the population addressed in this study.

## References

- Aléssio, R. L. S., Pereira, M. de C., & Sena, M. E. de. (2022). Orientação parental on-line: desafios da articulação teoria e prática. *Revista da SPAGESP*, 23(2), 143–156. <https://dx.doi.org/https://doi.org/10.32467/issn.2175-3628v23n2a10>
- Altafim, E. R., & Linhares, M. B. M. (2016). Universal violence and child maltreatment prevention programs for parents: A systematic review. *Psychosocial Intervention*, 25(1), 27–38. <https://doi.org/10.1016/j.psi.2015.10.003>
- Altafim, E. R., & Linhares, M. B. M. (2020). Intervenção preventiva em práticas parentais utilizando o programa ACT para educar crianças em ambientes seguros. In S. R. F. Enumo, T. L. Dias & F. P. Ramos (Orgs.), *Intervenções psicológicas para promoção de desenvolvimento e saúde na infância e adolescência* (pp. 325–346). Appris.
- Altafim, E. R. P., & Linhares, M. B. M. (2022). Programa de parentalidade: Da evidência científica para a implementação em escala. *Revista Brasileira de Avaliação*, 11(3), e111122. <https://doi.org/10.4322/rbaval202211011>
- Alvarez, M., Rodrigo, M. J., & Byrne, S. (2018). What Implementation Components Predict Positive Outcomes in a Parenting Program? *Research on Social Work Practice*, 28(2), 173–187. <https://doi.org/10.1177/1049731516640903>
- Bardin, L. (2016). *Análise de Conteúdo*. Lisboa, Portugal: Edições 70.
- Barlow, J., Smailagic, N., Huband, N., Roloff, V., & Bennett, C. (2012). Group-based parent training programmes for improving parental psychosocial health. *Cochrane Database of Systematic Reviews*, 13(6), CD002020. <https://doi.org/10.1002/14651858>
- Barros, L., Goes, A. R., & Pereira, A. I. (2015). Parental self-regulation, emotional regulation and temperament: Implications for intervention. *Estudos de Psicologia*, Campinas, 32(2), 295–306. <http://dx.doi.org/10.1590/0103-166X2015000200013>
- Barroso, R. G., & Machado, C. (2010). Definições, dimensões e determinantes da parentalidade. *Psychologica*, (52-1), 211–229. [https://doi.org/10.14195/1647-8606\\_52-1\\_10](https://doi.org/10.14195/1647-8606_52-1_10)
- Batista, A. P., & Weber, L. N. D. (2014). Análise de programas direcionados a comportamentos exteriorizados na infância e adolescência. *Psicologia: Teoria e Pesquisa*, 32(78), 157–168.
- Baumel, A., & Faber, K. (2018). Evaluating Triple P Online: A digital parent training program for child behavior problems [Review of the software Triple p online, by M. Sanders]. *Cognitive and Behavioral Practice*, 25(4), 538–543. <https://doi.org/10.1016/j.cbpra.2017.10.001>
- Baumel, A., Pawar, A., Kane, J. M., & Correll, C. U. (2016). Digital parent training for children with disruptive behaviors: Systematic review and meta-analysis of randomized trials. *Journal of Child and Adolescent Psychopharmacology*, 26(8), 740–749. <https://doi.org/https://doi.org/10.1089/cap.2016.0048>
- Beagle, A. M., & Dumas, J. E. (2011). Child and parental outcomes following involvement in a preventive intervention: Efficacy of the PACE program. *Journal of Primary Prevention*, 32(2), 67–81. <https://doi.org/10.7213/psicol.argum.32.078.a011>
- Benedetti, T. B., Rebessi, I. P., & Neufeld, C. B. (2020). Programas de orientação de pais em grupo: uma revisão sistemática. *Psicologia: Teoria e Prática*, 22(1), 399–430. <https://doi.org/10.5935/1980-6906/psicologia.v22n1p399-430>
- Bochi, A., Friedrich, D., & Pacheco, J. T. B. (2016). Revisão sistemática de estudos sobre programas de treinamento parental. *Temas em Psicologia*, 24(2), 549–563. <https://doi.org/10.9788/tp2016.2-09>
- Böing, E., & Crepaldi, M. A. (2016). Relação pais e filhos: Compreendendo o interjogo das relações parentais e coparentais. *Educar em Revista*, (59), 17–33. <https://doi.org/10.1590/0104-4060.44615>
- Bolsoni-Silva, A. T., & Borelli, L. M. (2012). Treinamento de Habilidades Sociais Educativas Parentais: Comparação de procedimentos a partir do tempo de intervenção. *Estudos e Pesquisas em Psicologia*, 12(1), 36–58. Recuperado em 14 de fevereiro de 2024, de [http://pepsic.bvsalud.org/scielo.php?script=sci\\_arttext&pid=S1808-42812012000100003&lng=pt&tlng=pt](http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1808-42812012000100003&lng=pt&tlng=pt)

- Bolsoni-Silva, A. T., & Loureiro, S. R. (2021). Educational practices and child behaviors: Mothers' and teachers' evaluation. *Psicologia: Teoria e Pesquisa*, 37, e372114. <https://doi.org/10.1590/0102.3772e372114>
- Borloti, E., Haydu, V. B., Kienen, N., & Zacarin, M. R. J. (2020). Saúde mental e intervenções psicológicas durante a pandemia de COVID-19: Um panorama. *Revista Brasileira de Análise do Comportamento*, 16(1), 21–30. <http://dx.doi.org/10.18542/rebac.v16i1.8885>
- Borsa, J. C., & Nunes, M. L. T. (2011). Aspectos psicossociais da parentalidade: O papel de homens e mulheres na família nuclear. *Psicologia Argumento*, 29(64), 31–39. <https://doi.org/10.7213/psicologargum.v29i64.19835>
- Bossardi, C. N., Souza, C. D., Gomes, L. B., Bolze, S. D. A., Schimdt, B., Crepaldi, M. A., & Vieira, M. L. (2019). Adaptação transcultural e evidências de validade do Questionário de Engajamento Paterno. *Psicologia: Teoria e Pesquisa*, 34, 1–12. <https://doi.org/10.1590/0102.3772e3439>
- Breakwell, G., Fife-Schaw, C., Hammond, S. & Smith, J. A. (2010). *Método de Pesquisa em Psicologia*. Artmed.
- Breitenstein, S. M., Fogg, L., Ocampo, E. V., Acosta, D. I., & Gross, D. (2016). Parent use and efficacy of a self-administered, tablet-based parent training intervention: A randomized controlled trial. *JMIR Mhealth Uhealth*, 4(2), e36. <https://doi.org/10.2196/mhealth.5202>
- Carvalho, T. R., Barham E. J., Souza, C. D., Böing, E., Crepaldi, M. A., & Vieira, M. L. (2018). Adaptação transcultural de um instrumento para avaliar a coparentalidade: Coparenting Relationship Scale. *PsicoUSF*, 23(2), 215–227. <https://doi.org/10.1590/1413-82712018230203>
- Coltro, B. P., Paraventi, L., & Vieira, M. L. (2020). Relações entre parentalidade e apoio social: Revisão integrativa de literatura. *Contextos Clínicos*, 13(1), 244–269. <https://dx.doi.org/10.4013/ctc.2020.131.12>
- Cozby, P. C. (2003). *Métodos de pesquisa em ciências do comportamento*. São Paulo: Editora Atlas.
- Enebrink, P., Danneman, M., Benvestito Mattsson, V., Ulfssdotter, M., Jalling, C., & Lindberg, L. (2014). ABC for parents: Pilot study of a universal 4-session program shows increased parenting skills, self-efficacy and child well-being. *Journal of Child and Family Studies*, 24(7), 1917–1931. <https://doi.org/10.1007/s10826-014-9992-6>
- Enumo, S. R. F., Dias, L., & Ramos, F. P. (Orgs.). (2020). *Intervenções psicológicas para promoção de desenvolvimento e saúde na infância e adolescência* (pp. 325–346). Appris.
- Eyberg, S. (1993). Medidas de satisfação do consumidor para avaliar programas de formação parental. Em L. Vandecreek, S. Knapp e T. L. Jackson (Eds.), *Inovações na prática clínica: um livro fonte* (vol. 12, pp. 377–382). São Paulo.
- Federación Española de Municipios y Provincias. (2015). *Guía de Buenas Prácticas en Parentalidad Positiva*. Espanha: Ministério de Sanidad, Servicios Sociales e Igualdad. Disponível em: [https://www.observatoriodelainfancia.es/oia/esp/documentos\\_ficha.aspx?id=4795](https://www.observatoriodelainfancia.es/oia/esp/documentos_ficha.aspx?id=4795)
- Feinberg, M. E., Brown, L. D., & Kan, M. L. (2012). A multi-domain self-report measure of coparenting. *Parenting: Science and Practice*, 12(1), 1–21. <https://doi.org/10.1080/15295192.2012.638870>
- Finan, S. J., Swierzbiolek, B., Priest, N., Warren, N., & Yap, M. (2018). Parental engagement in preventive parenting programs for child mental health: A systematic review of predictors and strategies to increase engagement. *PeerJ*, 6, e4676. <https://doi.org/10.7717/peerj.4676>
- Fleitlich, B., Cortázar, P. G., & Goodman, R. (2000). Questionário de capacidades e dificuldades (SDQ). *Infanto-Revista de Neuropsiquiatria da Infância e Adolescência*, 8(1), 44–50.
- Florean, I. S., Dobrean, A., Pásárelu, C. R., Georgescu, R. D., & Milea I. (2020). The efficacy of internet-based parenting programs for children and adolescents with behavior problems: A meta-analysis of randomized clinical trials. *Clinical Child and Family Psychology Review*, 23, 510–528. <https://doi.org/10.1007/s10567-020-00326-0>
- Hoghugh, M. (2004). Parenting: An introduction. In M. Hoghugh & N. Long (Eds.), *Handbook of Parenting: Theory and Research for Practice* (pp. 1–18). London: Sage.
- Irurita-Ballesteros, C., Falcão, D. V. S., Rociñoli, L. F., & Landeira-Fernandez, J. (2019). Saúde mental e apoio social materno: influências no desenvolvimento do bebê nos dois primeiros anos. *Contextos Clínicos*, 12(2), 451–475. <http://dx.doi.org/10.4013/ctc.2019.122.04>

- Kazdin, A. E. (2009). *The Kazdin method for parenting the defiant child*. Mariner Books.
- Knerr, W., Gardner, F., & Cluver, L. (2013). Improving positive parenting skills and reducing harsh and abusive parenting in low- and middle-income countries: A systematic review. *Prevention Science, 14*, 352–363. <https://doi.org/10.1007/s11121-012-0314-1>
- Kotchick, B. A., & Forehand, R. (2002). Putting parenting in perspective: A discussion of the contextual factors that shape parenting practices. *Journal of Child and Family Studies, 11*(3), 255–269. <https://doi.org/10.1023/A:1016863921662>
- Maccoby, E., & Martin, J. (1983). Socialization in the context of the family: Parent-child interaction. In E. M. Hetherington (Ed.), P. H. Mussen (Series Ed.), *Handbook of Child Psychology: Vol. 4. Socialization, Personality, and Social Development* (4th ed., pp. 1–101). Wiley.
- Marin, A. H., Alvarenga, P., Pozzobon, M., Lins, T. C. de S., & Oliveira, J. M. (2019). Evasão em intervenções psicológicas com pais de crianças e adolescentes: Relato de experiência. *Psicologia: Ciência e Profissão, 39*, e187233. <https://doi.org/10.1590/1982-3703003187233>
- Martins, S., Augusto, C., Silva, M. J., Duarte, A., Martins, F., & Rosário, R. (2022). Parentalidade positiva e a sua relação com o desenvolvimento socioemocional em crianças. *Revista de Estudos e Investigación en Psicología y Educación, 9*(0), 118–131. <https://doi.org/10.17979/reipe.2022.9.0.8908>
- Menting, A. T. A., de Castro, B. O., & Matthys, W. (2013). Effectiveness of the Incredible Years parent training to modify disruptive and prosocial child behavior: A meta-analytic review. *Clinical Psychology Review, 33*(8), 901–913. <https://doi.org/10.1016/j.cpr.2013.07.006>
- Mytton, J., Ingram, J., Manns, S., & Thomas, J. (2014). Facilitators and barriers to engagement in parenting programs: A qualitative systematic review. *Health Education & Behavior, 41*(2), 127–137. <https://doi.org/10.1177/1090198113485755>
- Nieuwboer, C. C., Fukkink, R. G., & Hermanns, J. M. A. (2013). Online programs as tools to improve parenting: A meta-analytic review. *Children and Youth Services Review, 35*(11), 1823–1829. <https://doi.org/10.1016/j.chilyouth.2013.08.008>
- Novianti, R., Mahdum, Suarman, Elmustian, Firdaus, Hadriana, Sumarno, M. Arli Rusandi, Dominikus David Biondi Situmorang (2023). Internet-based parenting intervention: A systematic review. *Heliyon, 9*(3). <https://doi.org/10.1016/j.heliyon.2023.e14671>
- Oliveira, T. D., Costa, D. S., Albuquerque, M. R., Malloy-Diniz, L. F., Miranda, D. M., & de Paula, J. J. (2018). Cross-cultural adaptation, validity, and reliability of the Parenting Styles and Dimensions Questionnaire – Short Version (PSDQ) for use in Brazil. *Brazilian Journal of Psychiatry, 40*(4), 410–419. <https://doi.org/10.1590/1516-4446-2017-2314>
- Peña, M., Máiquez, M. L., & Rodrigo, M. J. (2014). Efectos de la inclusión de contenidos de desarrollo personal en un programa de educación parental para familias en riesgo psicosocial. *Anales de Psicología, 30*(1), 201–210. <https://psycnet.apa.org/doi/10.6018/analesps.30.1.152331>
- Pinquart, M. (2016). Associations of parenting dimensions and styles with internalizing symptoms in children and adolescents: A meta-analysis. *Marriage & Family Review, 57*, 613–640. <https://doi.org/10.1080/01494929.2016.1247761>
- Pires, M. F. D. N., Roazzi, A., do Nascimento, A. M., de Souza, B. C., & Mascarenhas, S. A. N. (2018). A influência das práticas parentais no desenvolvimento da criança: Uma revisão de literatura. *Amazônica: Revista de Psicopedagogia, Psicologia Escolar e Educação, 22*(2), 282–309.
- Quintana, J. C. M., & Lopez, M. J. R. (2013). La promoción de la parentalidad positiva. *Revista Educação, Ciência e Cultura, 18*(1), 77–88. Recuperado de <https://www.revista.unilasalle.edu.br/index.php/Educacao>
- Reichenheim, M. E., & Moraes, C. L. (2003). Adaptação transcultural do instrumento Parent-Child Conflict Tactics Scales (CTSPC) utilizado para identificar a violência contra a criança. *Cadernos de Saúde Pública, 19*(6), 1701–1712. <https://doi.org/10.1590/S0102-311X2003000600014>
- Sanders, M. R., Kirby, J. N., Tellegen, C. L., & Day, J. J. (2014). The Triple P—Positive Parenting Program: A systematic review and meta-analysis of a multi-level system of parenting support. *Clinical Psychology Review, 34*, 337–357. <https://doi.org/10.1016/j.cpr.2014.04.003>

- Sanders, M. R. (2023). The Triple P System of evidence-based parenting support: Past, present, and future directions. *Clinical Child and Family Psychology Review*, 26(4), 880–903. <https://doi.org/10.1007/s10567-023-00441-8>
- Santana, L. R. (2018). *Adaptação transcultural e validação da Parenting and Family Adjustment Scales (PAFAS)*. Dissertação de mestrado não publicada. Universidade Federal da Grande Dourados.
- Santana, S. R., Girard, C. D. T., Costa, L. C. A., Girard, C. M. T., Costa, D. J. E. (2020). Os desafios dos serviços psicológicos mediados pelas TIC no contexto da Pandemia do Coronavírus 2019–2020. *Folha de Rostov: Revista de Biblioteconomia e Ciência da Informação*, 6(1), 59–71. <https://doi.org/10.46902/2020n1p59-71>
- Schmidt, B., Staudt, A. C. P., & Wagner, A. (2016). Intervenções para promoção de práticas parentais positivas: uma revisão integrativa. *Contextos Clínicos*, 9(1), 01–18. <http://dx.doi.org/10.4013/ctc.2016.9.101>
- Schulz, M. L. C., Haslam, D. M., Morawska, A., & Kish, A. (2021). The acceptability of group Triple P with Brazilian parents. *Journal of Child and Family Studies*, 30, 1950–1964. <https://dx.doi.org/10.1007/s10826-021-01998-0>
- Sebre, S. B., Jusiene, R., Dapkevics, E., Skreitule-Pikse, I., & Bieliauskaite, R. (2015). Parenting dimensions in relation to pre-schoolers' behaviour problems in Latvia and Lithuania. *International Journal of Behavioral Development*, 39(5), 458–466. <https://doi.org/10.1177/0165025414548774>
- Silva, C. G. (2015). Imprevisibilidade ambiental na infância e investimento parental. *Relatório técnico de Iniciação Científica*. Universidade Federal do Espírito Santo.
- Sourander, A., Ristkari, T., Kurki, M., Gilbert, S., Hinkka-Yli-Salomäki, S., Kinnunen, M., Pulkki-Råback, L., & McGrath, P. (2022). Effectiveness of an internet-based and telephone-assisted training for parents of 4-year-old children with disruptive behavior: Implementation research. *Journal of Medical Internet Research*, 24(4), e27900. <https://doi.org/10.2196/27900>
- Souza, A. B. M., Mendes, D. M. L. F., & Kappler, S. R. (2021). Estratégias de regulação emocional maternas e de crianças: Revisão da literatura. *Gerai: Revista Interinstitucional de Psicologia*, 14(spe), 1–22. <https://dx.doi.org/10.36298/gerai202114e17001>
- Sprent, P., & Smeeton, N. C. (2001). *Applied nonparametric statistical methods*. Chapman & Hall/CRC.
- Thongseiratch, T., Leijten, P., & Melendez-Torres, G. J. (2020). Online parent programs for children's behavioral problems: A meta-analytic review. *European Child and Adolescent Psychiatry*, 29, 1555–1568. <https://doi.org/10.1007/s00787-020-01472-0>
- Vazquez, N., Ramos, P., Molina, M. C., & Artazcoz, L. (2016). Efecto de una intervención de promoción de la parentalidad positiva sobre el estrés parental. *Aquichan*, 16(2), 137–147. <https://doi.org/10.5294/aqui.2016.16.2.2>
- Wright, B., & Edginton, E. (2016). Evidence-based parenting interventions to promote secure attachment: Findings from a systematic review and meta-analysis. *Global Pediatric Health*, 3, 2333794X16661888. <https://doi.org/10.1177/2333794X16661888>

### Contribution of each author to the work:

**Fabiana Pinheiro Ramos:** Research design, data collection and analysis, manuscript writing.

**Jorge Luis de Souza Campista:** Data collection and analysis, manuscript writing.

**Rosana Suemi Tokumaru:** Research design, data analysis, manuscript writing.

**Kely Maria de Sousa Pereira:** Research design, data analysis, manuscript writing.

**Carina Nunes Bossardi:** Research design, data analysis, manuscript writing.

**Júlia Carvalho Rangel Luchi:** Data collection and analysis, manuscript writing.

**Loyane Fassarella Gasparini:** Data analysis, manuscript writing.

**EDITORIAL BOARD****Editor-in-chief**

Alexandre Luiz de Oliveira Serpa

**Associated editors**

Alessandra Gotuzo Seabra  
Ana Alexandra Caldas Osório  
Cristiane Silvestre de Paula  
Luiz Renato Rodrigues Carreiro  
Maria Cristina Triguero Veloz Teixeira

**Section editors****"Psychological Assessment"**

André Luiz de Carvalho Braule Pinto  
Juliana Burges Sbicigo  
Natália Becker  
Lisandra Borges Vieira Lima  
Luiz Renato Rodrigues Carreiro

**"Psychology and Education"**

Alessandra Gotuzo Seabra  
Carlo Schmidt  
Regina Basso Zanon

**"Social Psychology and  
Population's Health"**

Fernanda Maria Munhoz Salgado  
João Gabriel Maracci Cardoso  
Marina Xavier Carpena

**"Clinical Psychology"**

Cândida Helena Lopes Alves  
Carolina Andrea Ziebold Jorquera  
Julia Garcia Durand  
Vinicius Pereira de Sousa

**"Human Development"**

Ana Alexandra Caldas Osório  
Cristiane Silvestre de Paula  
João Rodrigo Maciel Portes

**Review Articles**

Jessica Mayumi Maruyama

**Technical support**

Maria Gabriela Maglió  
Davi Mendes

**EDITORIAL PRODUCTION****Publishing coordination**

Surane Chilian Vellenich

**Editorial intern**

Isabelle Callegari Lopes

**Language editor**

Daniel Leão

**Layout designer**

Acqua Estúdio Gráfico