

Group Positive Parenting Program (Triple-P) and the Relationships of Mother-Child with Intellectual Disability

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ABSTRACT

Objective: The present study aimed to determine the effectiveness of group Triple-P on the relationships of mother-child with ID (Intellectual Disability).

Methods: In this semi-experimental study with pretest and posttest design by control group, Parent-Child Relationship Scale (PCRS) was determined in 40 random clustering selected mothers of children with ID before and after the intervention. The aim of the scale was to obtain information with regard to emotional aspects such as conflict, closeness, dependency, and positive relationship. The mothers were randomly assigned in experimental and control group with equal numbers. Experimental group participated in 8 sessions (each session lasts for 60 minutes; twice a week) and were trained by Triple-P, but control group did not. Multivariate analysis of covariance (MANCOVA) was used for analyzing the data by using SPSS software (version 16, SPSS Inc., Chicago, IL).

Results: There were significant differences between experimental and control group with respect to emotional aspects such as conflict, closeness, dependency, and positive relationship as a whole after participation in intervention sessions ($P < 0.001$).

Conclusion: There was a significant decrease in conflict and increase in closeness, dependency, and positive relationship in experimental group. Our findings showed that group Triple-P has led to promotion of relationships of mother-child with ID.

1. Introduction

The concept of Intellectual Disability (ID) represents a contemporary change from mental retardation, initially coined as an option to feeblemindedness (Polloway et al., 2010). The intellectual disability term has become the preferred referent for individuals across their lifespan. At the same time, as mental retardation is well-entrenched within our bureaucracy (such as in official reports), we continue to use the term in this research as applicable. Since 2002, the shift to intellectual disabilities has clearly increased (Kauffman & Hallahan, 2011).

Both researchers and lay people use a variety of terms to refer to intellectual disability (Tsakanikos & McCarthy, 2014). This change is reflected in organizational names (e.g., American Association of Intellectual and Developmental Disabilities; AAIDD), journals, and professional text titles. Although some governmental agencies are changing more slowly, the professional community has embraced intellectual disability (Kauffman & Hallahan, 2011). The most commonly used definitions of intellectual disability have been promulgated by AAIDD. The most recent version stated that it is a disability "characterized by significant limitations both in intellectual functioning and adaptive behavior as expressed in con-

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ceptual, social, and practical adaptive skills. This disability originates before the age of 18 years" (Schalock et al., 2010).

The quality of family life is fundamental to the well-being of children. Family relationships in general and the parent-child relationship in particular have a pervasive influence on the psychological, physical, social, and economic well-being of children. Many significant mental health, social, and economic problems are linked to disturbances in family functioning and the breakdown of family relationships (Sanders & Duncan, 1995; Sanders et al., 2003). Epidemiological studies indicate that family risk factors such as poor parenting, family conflict, and marriage breakdown strongly influence children's development (Sanders et al., 2003; Cummings & Davies, 1994). In particular, lack of a warm and positive relationship with parents; insecure attachment; harsh, inflexible, rigid, or inconsistent discipline practices; inadequate supervision of and involvement with children; marital conflict and breakdown; and parental psychopathology (particularly maternal depression) increase the risk of children's developing major behavioral and emotional problems (Coie, 1996: 1-18; Loeber & Farrington, 1998). This paper describes the program's comprehensive model of parenting and family support, named group Positive Parenting Program (Triple-P), which aims to better equip parents in their child rearing role.

Group Triple-P is designed for parents who want training in positive parenting skills, usually parents of children with minor to moderate behavior problems. Triple-P in group mode (hereafter, Group Triple P) is one of the most extensively researched and widely used mainstream parenting training programmes (Glazemakers & Deboutte, 2012). The efficacy of group Triple-P has been demonstrated in multiple studies and with multiple groups, including culturally diverse groups (Turner & Sanders, 2007; Nowak & Heinrichs, 2008; Graaf, 2008). Massive researches have been done about the effect of group Triple-P on relationships of mother-child in different age and groups. Salari et al. (2014) investigated the effectiveness of group Triple P in reducing adolescent problem behaviors by reducing parents' use of ineffective parenting strategies. Parents in the group Triple-P reported lower teen disruptive problem behaviors, reduction in the negative impacts associated with teen difficulties, and greater improvement in parent-child relationships. Fujiwara et al. (2011) investigated the effectiveness of group Triple-P in reducing behavioral problems in children, changing dysfunctional parenting practices, and influencing parenting adjustment among families in Japan. Leung et al. (2003) investigated the

effectiveness of group Triple-P on families living in Hong Kong and found that it reduced parental reports of conduct problems in children. Matsumoto et al. (2007) reported the effectiveness of group Triple-P for Japanese families living in Australia, and its acceptability in Japanese society. Reportedly, there is a significant and positive relationship between group Triple-P and relationships of mother-child as well as reduction of behavior problems (Graaf, 2008a; Graaf, 2008b). Many studies have indicated that group Triple-P is effective in reducing conflicts, increasing closeness and dependency, and improving on the relationship of mother-child with AD/HD (Pisterman et al., 1992; Roushanbin et al., 2007; Hajebi et al., 2005; Barkley, 1994; Dore & Lee, 1999; Gorji, 2004; Ercan et al., 2005; Abedi-Shapourabadi, 2012). Several researches have been conducted on the effect of group Triple-P in changing child behavior, parenting style, parental adjustment (Fujiwara et al., 2013), maternal self-efficacy (Sanders & Woolley, 2005), mother-child interaction, parental self-efficacy, relationship between mother and child (Abarashi et al., 2009), and reducing children behavioral problem (Jalali et al., 2012; Pour-Ahmadi et al., 2007).

Group Triple-P is likely robust across different cultures, despite their differences. Group Triple-P emphasizes self-regulation, which is taught by Western ideas about raising children. Therefore, it is likely that Iranian individuals do not incorporate the Western ideas in their parenting practice, to improve relationships of mother-child. Likewise, literature review showed that group Triple-P has a great effect on relationships of mother-child. This program incorporates many of the strategies that have been found to be successful for parents with normal children; however, the program is still unproven for the relationships of mother-child with ID. Children with ID have exceptional needs in this field.

Furthermore, ID can have adverse effects on the relationships of mother-child. It seems that the relationships of mother-child with ID can be affected by group Triple-P. However, few studies have focused on ID population. Therefore, group Triple-p training has particular importance in this group of children and the differences of this research with other studies are clear. It is essential to provide comprehensive educational and rehabilitation programs for ID children to promote interaction of mother-child. Consequently, they can cope with serious problems in their daily life. The purpose of this study was to determine the effectiveness of group Triple-P on the relationships of mother-child with ID in Tehran Province.

2. Methods

The present research was a semi-experimental study with pretest and posttest design and a control group. Statistical population includes all mothers of ID students in elementary school of Tehran provinces. Participants were selected from two exceptional schools from two provinces of Tehran through random cluster sampling method. Participants were randomly divided into two groups (experimental and control group), each of them consisted of 20 individuals. Sample size was determined with considering mortality rate of the subjects and this formula.

$$n = \frac{\sigma^2(z_{1-\alpha/2})^2}{d^2} = (23.44)^2 \times (1.96)^2 / (11)^2 = 17.43$$

Inclusion criteria consisted of mothers aged between 25 and 50 years, married, and their target child was aged between 7 and 10 years of age (first to third grade). Participants were excluded from the research if the target child did not live with the parent; there was evidence of a developmental disorders or significant health impairment except ID in the target child, and the parent does not currently have similar training program. The Ethics Committee of Exceptional Education Organization in Iran approved this study. The importance of research was explained to the principals, counselors, and participants, ensuring that all participants would be protected against any probable harm. Informed consent was also obtained from participants. To measure relationships of mother-child, both groups completed parent-child relationship scale (PCRS) of Piyanta.

Measures

Parent-child relationship scale (PCRS): This is a 33-item self-report instrument rated on a 5-point rating scale ranging from 1 (definitely does not apply) to 5 (definitely applies) to assess the parent's perception of his or her relationship with a target child (Abarashi et al., 2009). The scale consists of three subscales: closeness (10 items), conflict (17 items), and dependence (6 items). The closeness subscale measures the level of warmth and open communication within the relationship; the conflict subscale reports the negative aspects of the relationship; and the dependency subscale measures the degree to which a child is overly dependent on the parent. The current study used 33 items, which measured closeness, conflict, and dependence aspects of the parent-child relationship. The conflict subscale was reverse-coded and the conflict, closeness, dependency subscales were combined to yield a total mean of score for each participant. Higher scores indicate warmer parental relationships. Internal consistencies for the total scale were 0.62. Cronbach's coefficients were 0.84, 0.69, 0.46, and 0.80 with respect to the conflict, closeness, dependency and total positive relationship, respectively. Also, Cronbach's coefficients reported at 0.84, 0.70, 0.61 and 0.86, respectively for subscales in Iran (Abarashi et al., 2009).

All participants (both groups) completed PCRS. Then, experimental group participated in 8 intervention sessions (twice a week; each lasting for 60 minutes) and trained by group Triple-P, while control group did not (for an overview of session content, see Table 1) engage in any training. All participants completed PCRS after the sessions. The data were analyzed by multivariate analysis of covariance.

Table 1. The content of group Triple-P sessions.

Session	Context of each session
1	Positive parenting (Working as a group, What is positive parenting?, Causes of child behavior problems, Goals for change, Keeping track of children's behaviour)
2	Promoting children's development (Developing positive relationships with your children, Encouraging desirable behavior, Teaching new skills and behaviors)
3	Managing misbehavior (Managing misbehavior, Developing parenting routines, Behavior charts)
4	Planning ahead (Family survival tips, High-risk situations, Planned activity routines, Preparing for telephone sessions)
5	Implementing parenting (Preparing for the session, Update on progress, Other issues)
6	Implementing parenting (Preparing for the session, Update on progress, Other issues)
7	Implementing parenting (Preparing for the session, Update on progress, Other issues)
8	Program close (Phasing out the program, Progress review, Maintenance of change, Problem solving for the future, Future goals)

Table 2. Descriptive indexes of experimental and control groups in pretest and posttest.

Variable	Situation	Experimental group		Control group	
		Mean	SD	Mean	SD
Conflict	Pretest	35.65	1.92	35.45	1.63
	Posttest	46.65	2.01	35.70	2.25
Closeness	Pretest	20.40	1.81	20.55	1.46
	Posttest	26.30	1.34	20.75	1.33
Dependency	Pretest	10.80	1.51	10.35	0.98
	Posttest	15.51	0.82	10.55	0.94
Total positive relationship	Pretest	66.85	2.94	66.10	1.51
	Posttest	88.45	2.64	67.05	2.30

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3. Results

There was difference between experimental and control groups with respect to relationships of mother-child with ID and its components (Table 2). The representative indexes in Table 2, showed that the mean scores of relationships of mother-child and its components have increased in posttest in comparison with pretest.

The assumptions of analysis of covariance (ANCOVA) was tested to determine the effectiveness of group Triple-P on relationships of mother-child with ID. So, the normality of variables and the sameness of variances were tested. The Kolmogorov-Smirnov test showed that all variables were normal ($P>0.05$) and Leven test was not significant ($P>0.725$). In order to compare the mother-child relationships of experimental and control groups in posttest, ANCOVA was used. Its results are presented in Table 3.

As indicated in Table 3, there is a significant difference ($P<0.001$) between experimental and control groups with respect to relationships of mother-child. Also, according to η^2 , 67% of variation of relationships of mother-child can be explained by participating in group Triple-P sessions.

In order to determine the effectiveness of group Triple-P on the components of relationships of mother-child with ID, multivariate analysis of covariance (MANCOVA) was used. Having studied the assumptions of MANCOVA, Leven's test for equality of variance was not significant in all components ($P>0.05$), and M Box's test approved equality of covariance matrices ($P>0.05$). On the whole, Wilk's Lambda was significant ($P<0.001$), indicating that overall predictors can differentiate be-

tween two groups. The results of MANCOVA are shown in Table 4, comparing the components of relationships of mother-child in experimental and control group.

The results of MANCOVA showed that group Triple-P had positive and significant ($P<0.001$) effect on emotional aspects of conflict, closeness, and dependency of experimental group. Also, according to eta quotient (η^2), 0.62%, 0.63% and 0.64% of the variation in aspects of conflict, closeness, and dependency, respectively can be explained by participating in group Triple-P sessions. Accordingly, as far as mothers of children with ID are participating to intervention sessions, their conflict will decrease and their closeness, dependency, and relationships of mother-child will increase.

4. Discussion

Findings showed that the group Triple-P had a positive effect on the promotion of closeness, dependency, and relationships of mother-child and decreased conflicts of mother-child with ID. The findings are in agreement with many studies (Salari et al., 2014; Abedi-Shapourabadi, 2012; Fujiwara et al., 2011; Graaf, 2008a; Graaf, 2008b; Roushanbin et al., 2007; Ercan et al., 2005; Hajebe et al., 2005; Gorji, 2004; Dore & Lee, 1999; Barkley, 1994; Pisterman et al., 1992). Several studies showed that there was a positive and significant relationship between group Triple-P and relationships of mother-child (Glazemakers & Deboutte, 2012; Abarashi, 2009). Also, some researches indicated that the group Triple-P had a positive effect on decreasing behavioral problems (Jalali et al., 2012; Pour-Ahmadi et al., 2007) as well as promotion of parenting style, parental adjustment (Fujiwara, 2013), and maternal self-efficacy (Sanders, 2005).

Group Triple-P is a unique parenting and family support strategy designed to reduce the prevalence of behavioral and emotional problems in children and adolescents. The program aims to determine the minimally sufficient intervention a parent requires in order to deflect a child away from a trajectory towards more serious problems. The self-regulation of parental skill is a central construct in the program (Sanders, 2003). On the other hand, relationships of mother-child with ID do not develop like normal peers (because of their communicative and psychological problems) (Afrooz, 2011). Group Triple-P uses flexible delivery modalities (including individual face-to-face, group, telephone-assisted, and self-directed programs) to tailor the strength and format of the intervention to the requirements of individual families. Its multi-disciplinary, preventive, and community-wide focus give the program wide reach, permit the targeting of destigmatised access points through primary care services for families who are reluctant to participate in parenting skills programs. Therefore, mothers of children with ID can promote their relationships (Sanders, 2003).

Findings of this research indicated that group Triple-P has reduced the conflict in mother-child with ID. Group Triple-P contributes on behavior management and control of individual's emotions, consequently set up interpersonal relationship (Schalock, 2010). Participants on group Triple-P cope with problems in a reasonable way and use different resources to identify stressful situations. As a result, they do not engage in insufficient cycle of negative thoughts, which result in conflict (Glazemakers & Deboutte, 2012). Group Triple-P may be a crucial factor to regulate and control emotions as well as forming interpersonal relationships. It seems that group Triple-P contributes on conflict control.

Other findings showed that group Triple-P increased closeness, dependency, and positive relationship of mother-child with ID in experimental group. Triple-P aims to enhance family protective factors and reduce risk factors associated with severe behavioral and emotional problems in children and adolescents. In particular, the program aims to enhance the knowledge, skills, confi-

dence, self-sufficiency, and resourcefulness of parents. It promotes nurturing, safe, engaging, non-violent and low conflict environments for children. This program improves children's social, emotional, language, intellectual, and behavioral competencies through positive parenting practices (Sanders, 2003). Parents of children with ID have described it difficult to engage in parenting training programs (Lennox, 2001; Joyce, 2005), but can attribute the high levels of parent motivation and active participation to 4 key features. Firstly, the group Triple-P is non-stigmatizing: parent participants understood and commented that this program was for every parent, and not merely for those who are deemed bad or unfit. Secondly, the program was group-based: parents realized that they were not the only ones with questions and concerns, and this may have given them confidence to talk about the challenges they were facing. Third, there was time for parents and facilitators to get to know each other, and develop trust and positive relationships. Finally, the program allowed parents to set and work on their own goals: no goals were dictated by an external authority (Glazemakers & Deboutte, 2012). Group Triple-P may be a vital component to closeness and dependency of mother-child with ID and have an important role on relationships of mothers and ID children and lead to promote their interactions.

In conclusion, present research demonstrated that group Triple-P would promote relationships of mother-child with ID. Group Triple-P is a multi-level behavioral family intervention, based on social learning principles, which aims to prevent and treat behavioral, emotional, and developmental problems in children and adolescents by enhancing the knowledge, skills, and confidence of parents. On the other hand, since parenting skills training can lead to enhancement of relationships and interaction of mother-child, planning for Triple-P training based on cultural values to parenting has particular importance. It is suggested that specialists with implementation of Triple-P training promote relationships of mother-child with ID.

Table 3. The results of ANCOVA of relationships of mother-child in two groups.

Source of change	SS	df	MS	F	Sig.	η^2
Pretest	114.198	1	114.198	35.298	0.001>	0.488
Group	4230.811	1	4230.811	1307.743	0.001>	0.672
Error	119.702	37	3.235			
Total	4813.500	39				

Table 4. Results of MANCOVA for comparing the components of relationships of mother-child in two groups.

Source of change	Dependent variable	SS	df	MS	F	Sig.	η^2
Pretest	Conflict	16.906	1	16.906	7.208	0.011>	0.175
	Closeness	14.843	1	14.843	25.344	0.001>	0.427
	Dependency	4.419	1	4.419	12.077	0.001>	0.262
Group	Conflict	1040.891	1	1040.891	443.771	0.001>	0.629
	Closeness	296.668	1	296.668	506.545	0.001>	0.637
	Dependency	209.423	1	209.423	572.352	0.001>	0.644

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It is important to mention several limitations of the study. The relatively small sample sizes for groups, lack of intervention program specified for mothers and ID children, absence of tools for assessing relationships of them, and no opportunity for follow-up study were the most important limitations of the present study.

Further research is recommended to study effectiveness of group Triple-P and other parenting program on the mental health, quality of life, and marital satisfaction of parent with ID children with larger sample size and establishing the long-term efficacy of the intervention. It is recommended that paying attention to parents and ID children, personality characteristics, age, gender, and ID level of the children can provide more detailed results, which are beneficial for the promotion of relationships of the mothers with ID children. Also, it is better to plan the programs such as group Triple-P for parents with ID children in order to increase or promote parent-child relationships and positive parenting.

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References

Abarashi, Z., Tahmasian, K., Mazaheri, M. A., Panaghi, L. (2009). The impact of psychosocial child development training program, done through improvement of mother-child interaction, on parental self-efficacy and relationship between mother and child under three. *Journal of Research in Psychological Health*, 3(3),49-57.

Abedi-Shapourabadi, A., Pourmohamadreza-Tajrishi, M., Mo-hamadkhani, P., Farzi, M. (2012). Effectiveness of group training positive parenting program (Triple-P) on parent-child relationship in children with attention deficit/ hyperactivity disorders. *Journal of Clinical Psychology*, 3(15),63-75.

Afroz, G. H. A. (2011). [Introduction to the psychology and exceptional children education (Persian)]. 28th ed. Tehran, Iran: Tehran University Publications.

Barkley, R. A. (1994). *Impair delayed responding: A unified theory of Attention Deficit Hyperactivity Disorder*, in D. Routh (Ed.). *Disruptive behavior disorder in childhood: Essays honoring Herbert C. Quay*. New York: Plenum.

Coie, J. D. (1996). Prevention of violence and antisocial behavior. In R.D. Peters, & R.J. McMahon (Eds.), *Preventing childhood disorders, substance abuse, and delinquency*. Thousand Oaks, CA: Sage.

Cummings, E. M., Davies, P. (1994). *Children and marital conflict: The impact of family dispute and resolution*. New York: Guildford Press.

Dore, M., Lee, J. M. (1999). The role of parent training with abusive and neglectful parents. *Family Relations*, 48(3),313-25.

Ercan, E. S., Varan, A., Deniz, U. (2005). Effects of combined treatment on Turkish children diagnosed with Attention-Deficit/Hyperactivity Disorder: A preliminary report. *Child Adolescent Psychopharmacology*, 15(2),203-19.

Fujiwara, T., Kato, N., & Sanders, M. R. (2011). Effectiveness of group positive parenting program (Triple P) in changing child behavior, parenting style, and parental adjustment: An intervention study in Japan. *Journal of Child and Family Studies*, 20(6), 804-813.

Fujiwara, T., Kato, N., & Sanders, M. R. (2011). Effectiveness of group positive parenting program (Triple P) in changing child behavior, parenting style, and parental adjustment: An intervention study in Japan. *Journal of Child and Family Studies*, 20(6), 804-813.

Glazemakers, I., Deboutte, D. (2012). Modifying the positive parenting program for parents with intellectual disabilities. *Journal of Intellectual Disability Research*, 57(7),616-26.

Gorji, Y. (2004). [Examination and comparison the effectiveness of using behavior modification techniques by mothers, teachers and combined the two on reducing the symptoms of attention deficit and hyperactivity in elementary school students (Persian)]. (PhD Dissertation in Psychology). Tehran, Iran: Allameh Tabatabai University.

Graaf, I., Speetjens, P., Smit, F., Tavecchio, L. (2008). Effectiveness of the Triple-P positive parenting program on behavioural problems in children. A meta-analysis. *Behavior Modification*, 32(5),714-35.

- Graaf, I., Speetjens, P., Smit, F., Wolff, M., Tavecchio, L. (2008). Effectiveness of the Triple-P positive parenting program on parenting: a meta-analysis. *Family Relations*, 57(5),553-66.
- Hajebi, A., Hakim-Shoshtari, M., Khajeddin, N. (2005). The effect of behavioral management training to parents who have preschool children with ADHD. *Thought and Behavior Journal in Clinical Psychology*, 4,435-40
- Jalali, M., Pour-Ahmadi, E., Babapour, K. H., Shaeeri, M. R. (2007). [The effect of positive parenting training program in reducing symptoms in children with externalizing disorders (Persian)]. *Tabriz University Psychology Quarterly*, 13,15-36.
- Joyce, T., Ditchfield, H., Harris, P. (2001). Challenging behaviour in community services. *Journal of Intellectual Disability Research*, 45(Pt. 2), 130-8.
- Kauffman, J.M., Hallahan, D.P. (2011). *Handbook of special education*. 1st ed. Routledge.
- Lennox, N., Taylor, M., Rey-Conde, T., Bain, C., Purdie, D. M., Boyle, F. (2005). Beating the barriers: Recruitment of people with intellectual disabilities to participate in research. *Journal of Intellectual Disability Research*, 49(Pt. 4),296-305.
- Leung, C., Sanders, M. R., Leung, S., Mark, R., Lau, J. (2003). An outcome evaluation of the implementation of the Triple-P positive parenting program in Hong Kong. *Family Process*, 42(2),531-44.
- Loeber, R., Farrington, D. P. (1998). Never too early, never too late: Risk factors and successful interventions for serious and violent juvenile offenders. *Studies on Crime and Crime Prevention*, 7(1),7-30.
- Matsumoto, Y., Sofronoff, K., Sanders, M. R. (2007). The efficacy and acceptability of the Triple-P positive parenting program with Japanese parents. *Behaviour Change*, 24(4),205-218.
- Nowak, C., Heinrichs, N. (2008). A comprehensive meta-analysis of Triple-P positive parenting program using hierarchical linear modeling: Effectiveness and moderating variables. *Clinical Child and Family Psychology Review*, 11(3),114-44.
- Pisterman, S., Firestone, P., McGrath, P. (1992). The role of parenting training in treatment of preschool with ADHD. *American Journal of Psychiatry*, 62(3),397-408.
- Polloway, E. A., Lubin, J., Smith, J. D., Patton, J. R. (2010). Mild intellectual disabilities: Legacies and trends in concepts and educational practices. *Education and Training in Developmental Disabilities*, 45(1),54-68.
- Pour-Ahmadi, E., Jalali, M., Roshan, R., Abedin, A. (2012). [The effect of positive parenting training program in reducing children somatoform disorders (Persian)]. *Journal of Babol University of Medical Sciences*, 11(2),74-49.
- Roushanbin, M., Pouretamad, H. R., Khoushabi, K. (2007). The effect of group positive parenting program training on parenting stress in mothers of ADHD children aged 4-10 years old. *Family Research Quarterly*, 3(10),555-572.
- Salari, R., Ralph, A., Sanders, M. R. (2014). An efficacy trial: Positive parenting program for parents of teenagers. *Behaviour Change*, 31(1),34-52.
- Sanders, M. R., Duncan, S. B. (1995). Empowering families: Policy, training, and research issues in promoting family mental health in Australia. *Behaviour Change*, 12(2),109-21.
- 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. Brisbane, Qld. Australia: *Parenting Research and Practice Monograph*.
- Sanders, M. R., Woolley, M. L. (2005). The relationship between maternal self-efficacy and parenting practices: implications for parent training. *Child: Care, Health and Development*, 31(1),65-73.
- Schalock, R. L., Borthwick-Duffy, S. A., Bradley, V. M., Buntinx, W. H. E., Coulter, D. L., Craig, E. M., et al. (2010). *Intellectual disability: Definition, classification, and systems of supports*. Washington, DC: American Association on Intellectual and Developmental Disabilities.
- Tsakanikos, E., McCarthy, J. (2014). *Handbook of psychopathology in intellectual disability: Research, practice, and policy*. Springer New York Heidelberg Dordrecht London.
- Turner, K., Sanders, M. R. (2007). Family intervention in indigenous communities: emergent issues in conducting outcome research. *Australasian Psychiatry*, 15(1),39-43.
- Zhang, X. (2013). Bidirectional longitudinal relations between father-child relationships and Chinese children's social competence during early childhood. *Early Childhood Research Quarterly*, 28(1),83-93.