

Investigation of The Effectiveness of Positive Psychotherapy-Based 0-6 Age Family Education Program

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Abstract

In this study, the effect of the 0-6 Age Family Education Program based on Positive Psychotherapy, which was developed for parents with children between the ages of 0-6, knowledge and awareness levels, parent competencies, parental stress and parental attitudes were examined. The sample of the study consisted of 34 parents with children between the ages of 0-6 who participated from various provinces of Turkey. Data collection was carried out in the spring semester of the 2020-2021 academic year. Positive Psychotherapy Based 0-6 Age Family Education Program consisting of 4 sessions was applied online to the participants. Before training, the Parental Competence Scale, The Mother-Father Stress Scale, the Parental Attitude Scale, the Personal Information Form created by the researcher to collect the demographic information of the participants, and the Program Evaluation Questionnaire created by the researcher to determine the knowledge and awareness levels of the participants have been applied. After the training, in addition to the forms and scales applied before the training, the End of Program Evaluation Form created by the researcher was applied in order to get the subjective opinions of the participants about the training and the research data were obtained. In data analysis studies, t test for the analysis of quantitative data, frequency and percentage analysis, content analysis for qualitative data were used. As a result of all these analyzes, it was determined that the Positive Psychotherapy Based 0-6 Age Family Education Program applied to the participants positively increased the knowledge and awareness levels and parental competencies of the participants, and reduced parental stress, authoritarian and protective parental attitudes. It was observed that there was no significant difference on democratic and permissive parental attitudes.

Keywords: Positive Psychotherapy, family education, educational effectiveness

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Introduction

Human beings continue their lives as they complete the developmental periods that are considered turning points for them (Levinson, 1986). Parenting is also among the developmental tasks within the developmental periods of a person. According to Erikson (1993), a person wishes to fulfill the psychosocial developmental task of reproduction in adulthood, which continues from the end of young adulthood until the sixties. In this context, reproduction, which is the psychosexual adaptation mode of adulthood, is defined as the creation of the next generation, becoming a parent, and guiding the next generation. Individuals choose to become parents to complete their developmental tasks on their way to self-realization and not to face stagnation, which is the psychosocial complexity of this period (Yazgan İnanç & Yerlikaya, 2012).

Parents take responsibility for their children's survival and development by being attached to them with love (Erikson, 1993; as cited in Yazgan İnanç & Yerlikaya, 2012). Therefore, parents have a great influence on children's social, mental, emotional, and physical development. As the first social environment in which the child finds himself/herself after birth, the family has an important task such as meeting the child's main needs as well as ensuring that the developmental stages are accomplished in a healthy way. Every behavior and attitude towards the child is of great importance for the formation of the child's personality in the first years of his/her life. The child's bond and communication with family members constitute the foundation of the behaviors and attitudes that the child adopts towards his or her whole life (Yavuzer, 1996).

The importance of parents' attitudes and behaviors in raising children has been demonstrated by many studies (Grusec & Davidov, 2007). The child-rearing behaviors of parents are closely related to not only their own experiences but also the upbringing behaviors applied to parents in their childhood (Yavuzer, 1996). While fulfilling this crucial task, parents model their parents' behaviors while raising their children and exhibit the behaviors they observe from their parents as they raise their children (Grusec & Davidov, 2007). However, the accumulation of behaviors that individuals bring with their life cycle may not always yield positive results. The approaches followed by parents for raising their children, their methods of punishments and rewards, their teaching procedures, and the values they try to convey to the child may cause negative consequences in the child's life (Olcay, 2008).

In our rapidly developing and changing world, societies' views on family and children are differentiating with advances in science and technology. There is a consensus that parents should abandon traditional behaviors in child rearing (Duruhan & Şad, 2008; Nelsen, Lott, & Glenn, 1993). In addition, parents need help with getting to know their children, helping them in their development, and developing positive feelings about parenting (Tezel Şahin & Cevher Kalburan, 2007). In line with the contemporary requirements, education programs that only focus on changing the unwanted behaviors of the child are insufficient in understanding the child and establishing healthy relationships with him/her. Traditional methods and behavioral approaches based on reward and punishment can even be harmful to the child (Miller, 1996).

Positive psychotherapy, one of the most recent approaches, is a school of psychotherapy that focuses on positive emotion, cooperation with people in solving problems, and the hope that problems can be solved. It utilizes the principle of balance when evaluating the solution to the negativities in which individuals find themselves. It focuses on the reactions of individuals to negative situations and the functions of these reactions. Positive psychotherapy emphasizes that behavioral patterns that individuals describe as negative have in fact a function in their lives. Thus, the individual is expected to create a balanced life and future by helping the individual to interpret these functions positively (Peseschkian, 2009). Positive psychotherapy is a multicultural psychotherapy with applicability in different cultures. Positive psychotherapy aims to increase awareness and application of the field and to contribute to the well-being of society and the field of psychological assistance (Henrichs, 2012). This objective is made possible through the flexible and adaptable structure of positive psychotherapy, which is designed to increase its prevalence. In this context, it is used in many different fields from industry to education, from medicine to mental health. Although it is primarily used in individual therapy, it can also be used in group counseling, family therapy, family training, and group guidance. As a result of the teaching, awareness, and healing functions of therapy, it is appropriate for use in family education and group

guidance (Cope, 2014). It can be said that this type of therapy is suitable for family education, especially when considering the view that conflicts in interpersonal relationships in positive psychotherapy is a result of the individuals' own family history, socialization process, and culture, and that the main causes of the conflicts experienced by individuals in life occur in childhood based on their relationships with their parents or caregivers. In addition, the self-help principle of positive psychotherapy, which includes teaching the therapy method to individuals during therapy, facilitates the use of positive psychotherapy in the family education process as well. After the therapy process is complete, the individual will continue to use these methods for himself and his family (Peseschkian, 2000). In reviewing the literature, it is apparent that positive psychotherapy is used with students in the context of group guidance, but there are no programs for parents (Eryılmaz; 2012; Eryılmaz, 2015). It is more important for group guidance activities to focus on the individual, including group activities that assist individuals in becoming more aware of themselves, realizing their environment and the possibilities that surround them, and directing themselves by making realistic and appropriate plans for themselves (Özgüven, 1999). A family education program, on the other hand, provides training for parents and helps to raise healthy individuals by enhancing the relationship between children, mother, and father (Eryorulmaz, 1993). As a result, it has been of interest to study the use of positive psychotherapy in family education, which advocates that the individual who evaluates the client as a whole along with his family and culture should both integrate with his family as well as become independent of his family in a healthy manner.

In the related literature review, it was observed that there are no parent education programs that are free from traditional methods and are suitable for the needs and existence of the child, that the healing effect of positive psychotherapy, which is an effective method in group guidance, has not been used in parent education programs before, and that parents who try to raise children with their personal experiences by modeling their parents are forced to apply intervention methods that are considered ineffective today (Grusec & Davidov, 2007). Thus, it was a matter of interest to examine the effectiveness of a parent education program based on positive psychotherapy and it was decided to investigate the effectiveness of the Positive Psychotherapy-Based 0-6 Age Family Education Program.

The Aim of the Study

This study aims to examine the effectiveness of positive psychotherapy-based parent education program in depth. In this respect, the following questions will be addressed.

1. Is there a significant difference between the Perceived Parenting Self-Efficacy Scale pre-test and post-test scores of the parents who participated in the Positive Psychotherapy-Based 0-6 Age Parent Education Program?
2. Is there a significant difference between the pre-test and post-test scores of the Parental Attitude Scale's subscales and the total score's pre-test and post-test scores of the parents who participated and did not participate in the Positive Psychotherapy-Based 0-6 Age Parent Education Program?
3. Is there a significant difference between the Parent Stress Scale's pre-test and post-test scores of the parents who participated in the Positive Psychotherapy-Based 0-6 Age Parent Education Program?
4. What are the pre- and post-education scores of the Program Evaluation Questionnaire of the parents who participated in the Positive Psychotherapy-Based 0-6 Age Parent Education Program?
5. What are their views on the Positive Psychotherapy-Based 0-6 Age Family Education Program?

Method

In the study, a mixed method was utilized that combines quantitative and qualitative methods. Among the mixed method types, the validating quantitative data model was used, which is one of the triangulation designs. Triangulation Design is the most common and best-known among mixed methods (Tashakkori & Teddlie, 2003). This design is a single-stage design in which researchers apply qualitative and quantitative methods at the same time and with equal importance. Researchers collect and analyze qualitative and quantitative data separately to better understand a research problem. Separately collected data are then combined by interpreting or by transforming qualitative data into quantitative data (Creswell & Plano Clark, 2007). The validating quantitative data model is made use of in cases where researchers wish to extend or validate the quantitative results from a questionnaire by including a few

open-ended qualitative questions. In this model, the researcher collects both quantitative and qualitative data with a questionnaire. To analyze the quantitative data, a quasi-experimental design was utilized since the study aimed to test the effectiveness of a family education program based on positive psychotherapy. A quasi-experimental design with a pre-test-post-test model was used in the study (Büyüköztürk, 2010). In classical experimental designs, some participants are subjected to interventions throughout the research, evaluations are made before and after these interventions, and participants are randomly selected. In cases where participants are not randomly selected, quasi-experimental designs can be chosen as an alternative to the classical experimental design (Greeno, 2002). Regarding the detailed information provided in the population and sampling section, the quasi-experimental design was preferred as there would be no randomization when selecting the groups.

The participants in the experimental group were first administered a pre-test. Afterwards, they were asked to participate in the Positive Psychotherapy-Based 0-6 Age Family Education Program. They were also requested to fill in the scales included in the post-test at the end of the program.

Participants

When creating the study group, convenient sampling method was made use of, which is one of the non-random sampling methods. Accordingly, the voluntary, easily accessible participants were selected considering various factors such as time, cost, and labor.

In this regard, 40 parents who responded to the program application announcement and volunteered to participate in the program took part in the education program. However, six parents could not continue the education program for various reasons and were therefore not included in the sample.

Regarding the research sample, Table 1 presents information on gender, age, marital status, employment status, education level, number of children, and their ages.

Table 1.
Demographic Characteristics of the Participants in the Sample

Demographic Characteristics of the Participants	Participant Group (N = 34)	
	n	%
Gender	Female	31 91.2
	Male	3 8.8
Age Group	24-30 years	9 26.5
	31-35 years	13 38.2
	36-40 years	8 23.5
	41-45 years	3 8.8
	46 years and older	1 2.9
Marital Status	Married	32 94.1
	Divorced	2 5.9
Employment Status	Employed	30 88.2
	Unemployed	4 11.8
Education Level		5.9
	High School	2

Table 1 continuing

	Associate Degree	4	11.8
	Bachelor's Degree	19	55.9
	Master's Degree	5	14.7
	Doctorate Degree	4	11.8
Number of Children	One Child	31	91.2
	Two Children	3	8.8
Age of Children	0-24 Months	9	24.3
	25-48 Months	18	48.7
	49-72 Months	10	27

Data Collection Tools

Personal Information Form: The researcher prepared a “Personal Information Form” to find out the demographic characteristics of the participants who participated in the study. Introductory information was collected from the participants with the prepared form. This included age, gender, educational status, marital status, occupation, number of children, and their ages. The personal information form was filled out by the participants before the education program.

Perceived Parenting Self-Efficacy Scale (PPSE): The Perceived Parenting Self-Efficacy Scale was developed by Caprara, Regalia, Scabini, Barbanelli, and Bandura in 2004 (Caprara et al., 2004). In 2014, Demir and Gündüz completed the Turkish adaptation study and introduced it to Turkish literature. Turkish version of the scale is a 7-point Likert-type scale consisting of 11 items. Participants are required to respond to the 11 items in the scale based on the question “How adequately do you exhibit the following behaviors in your relationships with your son or daughter?” on a scale from “I am quite inadequate (1)” to “I am quite adequate (7)”. The lowest score that can be received from the scale is 11, whereas the highest score is 77 (Demir & Gündüz, 2014).

The item pool consists of 15 items. As a result of the factor analysis, items with factor loadings lower than .40 were not included in the scale and a finalized form was re-arranged into 12 items. The reliability of the scale was measured by the test-retest method. In the measurements conducted at 2-week intervals, the reliability coefficients were .99, .98, .96, and the internal consistency coefficient was between .92 and .94. In addition, the construct validity showed that a single-factor significant structure was obtained (Caprara et al., 2004).

When adaptation study processes were investigated, it was observed that Turkish translation was conducted first and then the translation validity was examined. A Turkish translation was created by taking 16 expert opinions. To achieve translation validity, the original form and the translated form were administered to 18 English teachers. After the Turkish translation procedure, 510 parents were contacted in the factor analysis and the KMO value was found .91. The 7th item in the scale was removed because it did not work since it was not compatible with Turkish culture, and a single-factor structure was obtained. To assess the criterion-related validity study, General Self-efficacy Scale developed by Çelikkaleli and Çapri (2008) and Parenting Self-efficacy Scale were randomly administered to 115 parents and a correlation of .78 was found. To achieve test-retest reliability, 104 parents were tested at 3-week intervals and the correlation between them was observed as .94. All these analyses concluded that the Turkish form of the scale is valid and reliable (Demir & Gündüz, 2014).

Parent Stress Scale (PSS): The Parent Stress Scale was developed by Kaymak Özmen and Özmen in 2012. With the aid of this scale, it was intended to determine the parental stress regarding the bond between them and their children in daily life. It is a 4-point Likert-type scale consisting of 16 items. Participants are asked to select one of the following options for each item: “Always”, “Frequently”, “Sometimes”, and “Never”. When evaluating the answers, “Always” is considered as 4 points, “Frequently” as 3 points, “Sometimes” as 2 points, and “Never” as 1 point. Getting a high score on the scale is considered a high level of parental stress (Kaymak Özmen & Özmen, 2012).

When developing the scale, a literature review was first conducted and then an item pool was created with 68 items. The item pool was inspected by 5 experts and 16 items were removed. As a result, a pre-test form was prepared with 52 items. The form was given to 35 parents to assess the comprehensibility of the items as well as the duration of administration. Afterwards, feedback was received and necessary adjustments were made. The prepared form was applied to 438 parents for psychometric analysis and its validity and reliability were determined. When the construct validity of the parent stress scale was analyzed, it was observed that it had a single-factor structure that was composed of 16 items as a result of the exploratory factor analysis. The results of the confirmatory factor analysis of the finalized scale were $X^2=252.98$ ($N=438$, $sd=104$, $p=.000$), $X^2/sd=252.98/104=2.43$, $RMSEA=0.05$, $RMR=0.03$, $RMS=0.04$, $GFI=0.93$, $AGFI=0.91$ and $CFI=0.91$. When the internal consistency reliability of the scale was evaluated, Cronbach’s alpha value was found to be .85 and Spearman-Brown Split-Half Test reliability .82. When these values are taken into consideration, it can be argued that the scale has valid and reliable psychometric properties (Kaymak Özmen & Özmen, 2012).

Parental Attitude Scale (PAS): The Parental Attitude Scale was developed by Karabulut Demir and Şendil in 2008. The developed scale aims to determine parents’ parenting attitudes. It is a 5-point Likert-type scale consisting of 46 items. For each item, the participants were asked to select one of the following options according to their frequency: “Always like this”, “Mostly like this”, “Sometimes like this”, “Rarely like this”, and “Never like this”. In the evaluation process, the option “Always like this” is rated as 5 points, “Mostly like this” as 4 points, “Sometimes like this” as 3 points, “Rarely like this” as two points, and “Never like this” as one point. It is considered that whichever aspect the participant gets a higher score from, he/she shows more attitudinal behaviors belonging to that aspect (Karabulut Demir & Şendil, 2008).

When developing the scale, a draft form with 62 items was formed to measure “permissive”, “democratic”, “authoritarian”, and “protective” parental attitudes, which are acknowledged in the literature. The validity and reliability studies were conducted on 420 parents from different socio-economic levels with children between the ages of 2 and 6, while the construct validity was tested with 56 parents. As a result of the analyses conducted within the scope of construct validity, 16 items were removed from the scale and the finalized form of the scale was created with 46 items and 4 aspects. The Cronbach’s alpha reliability coefficient of the “permissive” subscale was .74, the Cronbach’s alpha reliability coefficient of the “democratic” subscale was .83, the Cronbach’s alpha reliability coefficient of the “authoritarian” subscale was .76, and the Cronbach’s alpha reliability coefficient of the “protective” subscale was .75 (Karabulut Demir & Şendil, 2008).

Program Evaluation Questionnaire :The researcher developed a “Program Evaluation Questionnaire” to measure the awareness and knowledge levels of the participants about the education content. The content of the questionnaire included items that contained information about the topics to be presented by the researcher in the 4 sessions of the program. A total of 19 5-point Likert-type items make up the questionnaire; four are devoted to bonding with your child, four are devoted to understanding and expressing emotions, four are devoted to cooperating with your child, and six are devoted to bonding with yourself.

Participants are required to answer the 19 items provided according to their level of knowledge and awareness by choosing one of the following options: “Strongly disagree”, “Disagree”, “Neutral”, “Undecided”, “Agree”, and “Strongly agree”. Getting a low score on the questionnaire suggests a low level of knowledge and awareness, while a high score indicates a high level of knowledge and awareness.

End-of-Program Evaluation Form: The End-of-Program Evaluation Form was created by the researcher in an effort to find out the participants' opinions about the education program. By using the form, it was aimed to identify the strengths and weaknesses of the program that need to be developed. There are 5 open-ended questions in the form.

Data Collection

Data collection was carried out in the spring semester of the 2020-2021 academic year. After the experimental group was identified, the participants first signed the Consent Form indicating their willingness to participate in the program. Personal Information Form, Perceived Parenting Self-Efficacy Scale, Parent Stress Scale, Parental Attitude Scale, and Program Evaluation Questionnaire were applied. Upon administering the tests and forms, the Positive Psychotherapy-Based 0-6 Age Family Education Program was applied to the experimental group. After completing the program, in addition to the scales administered as a pre-test at the beginning of the research, the End-of-Program Evaluation Form was also applied to the participants. Then, the effectiveness of the education was evaluated by investigating whether there was a significant difference between the pre-test and post-test. The implementation stages of the data collection tools are presented in Figure 1.

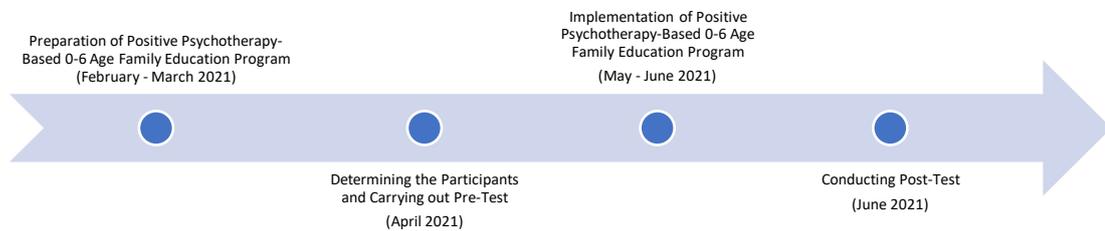


Figure 1. Flow diagram of the data collection process of the Positive Psychotherapy-Based 0-6 Age Family Education Program

Data Analysis

The quantitative data in the research were analyzed with SPSS 22.0 statistical package software. The data from the personal information form and program evaluation questionnaire created by the researcher were analyzed and presented using frequency and percentage measurements. The normality analyses were carried out by examining skewness and kurtosis coefficients for the data obtained from the scales such as the Perceived Parenting Self-Efficacy Scale, the Parent Stress Scale, and the Parental Attitude Scale, for which validity and reliability studies were conducted. For the data to be normally distributed, skewness and kurtosis values should be between -2 and +2 according to some authors, and between -3 and +3 to others (Kalaycı, 2014). In line with these facts, skewness and kurtosis analyses were performed to uncover whether the scales and subscales were normally distributed.

Table 2.
Analysis Results for the Assumption of Normality

		N	\bar{x}	Median	Skewness	Kurtosis
Perceived Parenting Self-Efficacy Scale	Pre-Test	34	56.76	58.50	-.798	.122
	Post-Test	34	62.05	63.00	.312	-.043
Parent Stress Scale	Pre-Test	34	33.14	33.00	.376	-.631
	Post-Test	34	30.17	30.00	.394	.108
	Post-Test	34	25.08	24.50	.412	.173

Table 2 continuing

Parental Attitude Scale	Permissive	Pre-Test	34	24.88	25.00	.530	.439
		Post-Test	34	25.08	24.50	.412	.1,73
	Democratic	Pre-Test	34	73.73	74.00	-.823	.868
		Post-Test	34	74.52	74.50	-.017	-.356
	Authoritarian	Pre-Test	34	19.58	20.00	-.199	.539
		Post-Test	34	17.55	17.50	.145	-.410
	Protective	Pre-Test	34	27.79	27.00	.332	.1,34
		Post-Test	34	25.14	24.50	.094	.127

Skewness and kurtosis analyses revealed that the data in all scales and subscales were normally distributed. Consequently, parametric techniques were chosen for comparing the groups.

Median and arithmetic mean values are also important in normality assessment. When the data are normally distributed, the median and arithmetic mean are close to each other (Kalaycı, 2014). Table 2 demonstrates that the median and arithmetic means of the data are close to each other.

Upon discovering that the data were normally distributed and the number of participants was sufficient ($n = 34$), parametric methods were used. Afterwards, the t-test was utilized to investigate whether there was a significant difference between the pre-test and post-test data obtained from the participants.

Content analysis was used for the analysis of qualitative data. Tavşancıl and Aslan (2001) defined content analysis as a research method that enables verbal or written data to be analyzed with regard to meaning, presented message, or linguistics. Systematicity, objectivity, qualitiveness, and clarity are considered indispensable in content analysis. In this regard, content analysis is a scientific method in which the researcher investigates social reality by obtaining certain results. In content analysis, the researcher selects the appropriate content analysis method among different content analysis types in line with the research purpose (Gökçe, 2006). Content analysis types have distinctive characteristics and no one type of content analysis can be used for all research purposes (Krippendorff, 2003). In this study, frequency and categorical analysis were used as content analysis techniques (Tavşancıl & Aslan, 2001). Frequency analysis, which aims to determine the frequency of message elements, is the first technique historically used in content analysis (Bilgin, 2006). In frequency analysis, countable units are collected and the frequency of occurrence of the units is revealed in quantitative terms (percental and proportional) (Tavşancıl & Aslan, 2001). Categorical analysis is one of the most frequently used types of content analysis along with frequency analysis (Bilgin, 2006). It involves dividing a certain content into specific units and then grouping these units into categories according to pre-defined criteria (Tavşancıl & Aslan, 2001). Categories can be created in different forms in accordance with the research purpose. The subject of the message, its tendency (negative or positive), the values it carries, the features used in the description, study themes, etc. can be identified as categorization criteria (Bilgin, 2006). Inter-rater reliability was calculated to measure the reliability of the analysis conducted during the content analysis process. To this end, the reliability formula created by Miles and Huberman (1994) ($\text{Reliability} = \frac{\text{Agreement}}{\text{Agreement} + \text{Disagreement}}$) was used. As a result, the similarity between the researchers was found to be 87.9%.

Findings

Below are the findings on whether there is a significant difference between the pre-test and post-test scores of the participant parents regarding the Perceived Parenting Self-Efficacy Scale.

Table 3.
Paired Samples T-Test Results of Perceived Parenting Self-Efficacy Scale

PPSE	N	\bar{x}	SD	t-test		
				t	SD	p
PPSE Pre-Test	34	56.76	9.55	-2.972	33	.005
PPSE Post-Test	34	62.05	5.36			

The analysis of the pre-test and post-test results of the Perceived Parenting Self-Efficacy Scale in Table 3 shows that there was a significant difference between them ($t=-2.97$, $SD=33$, $p=.005$). This finding indicates that the education given to the parents had an impact on their parenting self-efficacy. Therefore, it can be suggested that the parenting self-efficacy levels of the participants increased upon their participation in the Positive Psychotherapy-Based 0-6 Age Family Education Program.

Below are the findings on whether there is a significant difference between the pre-test and post-test scores of the participant parents concerning the Parent Stress Scale.

Table 4.
Paired Samples T-Test Results of Parent Stress Scale

PSS	N	\bar{x}	SD	t-test		
				t	SD	p
PSS Pre-Test	34	33.14	5.62	3.142	33	.004
PSS Post-Test	34	30.17	4.71			

Table 4 shows that there is a significant difference between the pre-test and post-test data of the Parent Stress Scale ($t=3.14$, $SD=33$, $p=.004$). The arithmetic mean of the pre-test was 33.14 and its standard deviation was 5.62. The arithmetic mean of the post-test was 30.17 and its standard deviation was 4.71. It is seen that there is a decrease in the arithmetic mean scores of the participants based on the post-test data. Thus, it is observed that the participants who took part in the Positive Psychotherapy-Based 0-6 Age Family Education Program had lower levels of parental stress. Both the t-test results and the arithmetic mean value unearthed that the education program had an impact on the participants' parental stress.

Table 5 presents the findings on whether there is a significant difference between the pre-test and post-test scores of the participant parents about the sub-tests of the Parental Attitude Scale.

Table 5.
Paired Samples T-Test Results of Permissive Parental Attitude Subtest of Parent Attitude Scale

PAS	N	\bar{x}	SD	t-test		
				t	SD	p
Permissive Subscale Pre-Test	34	24.88	4.07	-.295	33	.770
Permissive Subscale Post-Test	34	25.88	4.76			
Democratic Subscale Pre-Test	34	73.73	6	-.87	33	.386
Democratic Subscale Post-Test	34	74.52	5.65			
Authoritarian Subscale Pre-Test	34	19.58	3.28	3.30	33	.002
Authoritarian Subscale Post-Test	34	17.55	3.71			
Protective Subscale Pre-Test	34	27.79	5.07	3.27	33	.002

Protective Subscale Post-Test	34	25.14	5.10
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Table 5 presents data on the subtests of the Parental Attitude Scale. Accordingly, there is no significant difference between the pre-test and post-test data of Permissive Parental Attitude ($t=-.29$, $SD=33$, $p=.770$) and Democratic Parental Attitude ($t=-.87$, $SD=33$, $p=.386$) subtests. This shows that the education program had no effect on permissive and democratic parental attitudes.

When the pre-test and post-test data of the Authoritarian Parental Attitude subtest are analyzed, it is observed that there is a significant difference between the data ($t=3.30$, $SD=33$, $p=.002$). The arithmetic mean of the pre-test was 19.58 and the standard deviation was 3.28. The arithmetic mean of the post-test was 17.55 and the standard deviation was 3.71. It is observed that there is a decrease in the arithmetic mean scores of the participants according to the post-test data. This finding posits that the participants perceived themselves as less authoritarian after the education. Both the t-test results and the arithmetic mean value suggest that the family education program had an impact on the authoritarian parental attitude.

The analysis of data on the Protective Parental Attitude subtest uncovered that there was a significant difference between the pre-test and post-test data ($t=3.27$, $SD=33$, $p=.002$). The arithmetic mean of the pre-test was 27.79 and the standard deviation was 5.07. The arithmetic mean of the post-test was 25.14 and the standard deviation was 5.10. It can be seen that there is a decrease in the arithmetic mean scores of the participants according to the post-test data. This puts forward that participants perceived themselves as less protective after the education. Not only the t-test results but also the arithmetic mean value point out that the family education program had an impact on protective parental attitude.

The researcher developed the Program Evaluation Questionnaire to assess the change in the participants' knowledge and awareness of the program content before and after the education. The data from the Program Evaluation Questionnaire were analyzed through percentage and frequency values.

When the data of the Program Evaluation Questionnaire are examined, it is seen that the data section with the answers given before the education is distributed among the options, whereas the data section with the answers given after the education focuses more on the "agree" and "strongly agree" options.

The first question in the End-of-Program Evaluation Form is "Did the program meet your expectations?". The analysis of the participants' responses to this question is provided in Table 6.

Table 6.
Frequency and Percentage Values of the Program's Meeting the Participants' Expectations

The status of the program meeting the expectations of the participants	f	%
Yes	34	100
Total	34	100

Table 6 shows that 100% of the participants ($n=34$) answered "yes" to the first question of the End-of-Program Evaluation Form, which is "Did the program meet your expectations?".

The second question of the End-of-Program Evaluation Form is "What are the three concepts you remember from the program? Please specify". In response to this question, 3 concepts emerged from the responses of each participant, and the analysis was conducted over 102 concepts. The results of these analyses as well as the data are presented in Table 8.

Table 7.
Frequency and Percentage Values of the Concepts Remembered at the End of the Program by Themes

Frequency and percentage values of the concepts remembered at the end of the program by themes	f	%
Bonding	16	15.69
Functioning of the brain in the attachment process	14	13.73

Recognizing the needs of the child	18	17.65
Table 7 continuing		
Coping with unwanted behavior	22	21.57
Positive psychotherapy	15	14.71
Good enough parenting	17	16.67
Total	102	100

Table 7 indicates that 15.69% (n=16) of the 102 concepts are about the theme of “bonding”, 13.73% (n=14) “functioning of the brain in the attachment process”, 17.65% (n=18) “recognizing the needs of the child”, 21.57% (n=22) “coping with unwanted behavior”, 14.71% (n=15) “positive psychotherapy”, and 16.67% (n=17) “good enough parenting”.

The responses acquired through the third question in the End-of-Program Evaluation Form were also assessed in terms of which session they belonged to. These responses are shown in Table 8.

Table 8.

Frequency and Percentage Values of the Concepts Remembered at the End of the Program by Sessions

Frequency and percentage values of the concepts remembered at the end of the program by session	f	%
Bonding with the child (First Session)	37	36.27
Understanding and expressing the emotions of the child (Second Session)	17	16.67
Cooperating with the child (Third Session)	19	18.63
Bonding with yourself (Fourth Session)	29	28.43
Total	102	100

The table points out that 36.27% (n=37) of the 102 concepts that emerged from the third question in the End-of-Program Evaluation Form were included in the first session called “bonding with the child”, 16.67% (n=17) in the second session “understanding and expressing the emotions of the child”, 18.63% (n=19) in the third session “cooperating with the child” and 28.43% (n=29) in the fourth session “bonding with yourself”. As a result, it is seen that at the end of the program, most of the concepts were remembered from the first session, whereas the least amount of concepts belongs to the second session. Regarding the program content, this may be because the first session was where the most intensive theoretical knowledge and conceptual content is delivered, whereas the second session focused on sharing participant experiences rather than theoretical knowledge and conceptual content.

Responses to question 4 of the End-of-Program Evaluation Form, “What changes occurred in your life and your relationship with your child at the end of the program?” were first scrutinized as to whether there were changes or not. The relevant data are shown in Table 9.

Table 9.

Frequency and Percentage Values of Participants’ Awareness of Whether They Experienced Change at the End of the Program

Participants’ Awareness of Whether They Experienced Change at the End of the Program	f	%
There has been a change	33	97.06
There has been no change	1	2.94
Total	34	100

Table 9 shows that 97.06% (n=33) of the participants responded, “There has been a change” and 2.94% responded “There has been no change” to question 3 of the End-of-Program Evaluation Form. The participants’ responses about whether there had been a change were also interpreted with regard to the aspect in which the change took place. The results of the evaluation are demonstrated in Table 10.

Table 10.
Frequency and Percentage Values of the Type of Change Experienced by the Participants Who Stated that They Experienced Change at the End of the Program

The Type of Change Experienced by the Participants Who Stated that They Experienced Change at the End of the Program	f	%
There has been an increase in awareness and knowledge	17	51.52
There has been a behavioral change	16	48.48
Total	33	100

Table 10 indicates that of the 33 participants who responded, “There has been a change” to the question “What changes occurred in your life and your relationship with your child at the end of the program?”, 51.52% (n=17) responded “There has been an increase in awareness and knowledge” and 48.48% (n=16) responded “There has been a behavioral change”.

The fourth question in the End-of-Program Evaluation Form is “Did you find the duration of the program sufficient?”. The analysis of the participants’ responses to this question is provided in Table 11.

Table 11.
Frequency and Percentage Values of Participants’ Evaluation of the Duration of the Program

Did you find the duration of the program sufficient?	f	%
Yes	18	52.94
No	16	47.06
Total	34	100

Table 11 reveals that 52.94% (n=18) of the participants answered “Yes” and 47.06% (n=16) answered “No” to the question “Did you find the duration of the program sufficient?”.

Regarding the participants’ suggestions about the program, since one participant made more than one suggestion, the percentage values of the data were not calculated and the evaluation was made based on frequency values. The data concerning the suggestions of the participants about the program are presented in Table 12.

Table 12.
Frequency Values of Participants’ Suggestions About the Program

Participants’ suggestions of about the program	f
Dissemination of the program	7
Extending the duration of the program	8
Conducting the program with fewer participants	5
Holding a supervision meeting at the end of the sessions	3
Increasing the number of daily life examples in the session content	1

Table 12 shows that there are seven suggestions about disseminating the program to reach more parents, eight suggestions about extending the duration, five suggestions about conducting the education program with fewer participants, three suggestions about holding a supervision meeting at the end of

the sessions, and one suggestion about increasing the number of daily life examples in the session content.

Discussion, Conclusion, and Suggestions

This study investigated the effect of the program on both the knowledge and awareness levels of parents with children between the ages of 0-6, as well as the participants' parenting self-efficacy, parental stress, and parental attitudes. In this section, the findings acquired from this study are compared and discussed with the studies in the literature.

As a result of the analyses conducted on the parenting self-efficacy of the parents who participated in the Positive Psychotherapy-Based 0-6 Age Family Education Program, a significant difference was found between the pre-test and post-test total mean scores of the participants. This finding shows that the Positive Psychotherapy-Based 0-6 Age Family Education Program is effective in increasing parents' parenting self-efficacy. It can be argued that the education program, whose effectiveness was investigated within the framework of the concept of parenting self-efficacy, increased the degree to which parents perceived themselves as competent in their parenting roles. Individuals' perceptions of parenting self-efficacy are affected by many factors. According to the literature, one of the most vital factors positively affecting parenting self-efficacy is providing parental education (Barnard, 1994). Likewise, Mindfulness Parent Training Programme implemented by Işık (2020), the mother-child interaction focused early intervention training program implemented by Boyce et al. (2017), and Parent Education Program implemented by Bağartan (2012) also increased the parenting self-efficacy of the participants. Parenting self-efficacy, as previously explained in the literature, can be interpreted as parents' perceptions of their ability to influence their children's development and behavior in a purposeful, useful, and constructive way (Coleman & Karraker, 2003). It is considered that increasing knowledge about parenting is influential in developing an individual's perception of parenting self-efficacy. It can be suggested that parents' acquisition of knowledge and skills that can positively support their children's development also changes their perceptions of parenting self-efficacy in a positive fashion (Benasich & Brooks-Gunn, 1996). The aforementioned studies and these statements show that the literature supports the research data. Parents were educated on parenting skills through the Positive Psychotherapy-Based 0-6 Age Family Education Program, and this training led to an improvement in parental perceptions of self-efficacy.

The research shows that the Positive Psychotherapy-Based 0-6 Age Family Education Program is influential in reducing the parental stress of the participants. One study conducted by Çiftçi (2020) examined the effect of the psychoeducation program developed for parents of gifted children on parental stress and pointed out that there had been a decrease in stress levels. In a study by Löfgren et al. (2017), a parent education program was provided to 83 parents with children between the ages of 1 and 10 with an emphasis on behavioral, cognitive-behavioral, Adlerian, and family systems theories. Consequently, it was observed that there was a decrease in the participants' stress in terms of parental health.

The current study investigated the parental attitudes of the Positive Psychotherapy-Based 0-6 Age Family Education Program under 4 main aspects: democratic, permissive, authoritarian, and protective parental attitudes. As a result, the analyses unearthed that there was no significant difference between the pre-test and post-test total mean scores of the participants' permissive and democratic parental attitudes, whereas there was a significant difference between the pre-test and post-test total mean scores of authoritarian and protective parental attitudes. In the study conducted by Tönbül (2019), a family education program was administered to 15 parents over the course of 10 weeks and the results posited that the family education program was useful in reducing authoritarian parental attitudes, but no significant difference was found in democratic attitude. Moreover, the data acquired from the study by Alkan Ersoy, Kurtulmuş, and Çürük Tekin (2014) suggested that there was a decrease in protective and authoritarian parental attitudes and an increase in democratic parental attitudes. Demircioğlu (2012) investigated the effect of a family education program on parental attitudes. The parental attitude analysis was scrutinized with the Family Attitude Scale and the findings demonstrated that there was a significant difference in the pre-test and post-test results for democratic and authoritarian parental attitudes in all three education groups. Parental attitudes point out that the democratic parental attitude is characterized

as balanced, compatible with the child, and healthy in the literature. It was uncovered that the democratic parental attitude, which has its foundation in empathy, unconditional love, and sincerity, is the desired and expected parental attitude to be adopted by parents. Psychological interventions, psychoeducation programs, and parent education programs are anticipated to change parents' parental attitudes towards democratic parental attitudes (Aksoy, 2015; Tuzcuoğlu, 2003; Çağdaş, 2003; Yavuzer, 1999). When the findings in the present study and the ones in similar studies in the literature are compared, it is considered an expected result that there was no change in the democratic parenting practices of parents who have already adopted democratic parenting attitudes as a result of the parent education. In relation to the findings on permissive parental attitudes, it is understood that they contradict other studies in the literature. Concerning the findings related to authoritarian and protective parental attitudes, it can be argued that similar results were received compared to other studies in the literature.

In this study, the Program Evaluation Questionnaire was used to assess the changes in the knowledge and awareness levels of parents who participated in the Positive Psychotherapy-Based 0-6 Age Family Education Program. In the analyses, the responses given to the Program Evaluation Questionnaire before and after the education were compared by considering frequency and percentage values. As a result, it can be stated that there is a positive change in the knowledge and awareness levels of the parents in terms of percentage and frequency values after the Positive Psychotherapy-Based 0-6 Age Family Education Program. Sahillioğlu (2016) found that the parent education program for the prevention of child neglect and abuse applied to parents with children between the ages of 0-12 created an effective and permanent change in the knowledge and awareness levels of the participants. Üstündağ, Şenol, and Mağden (2015) conducted a study to identify the knowledge levels of parents about child abuse. They aimed to raise the awareness level of parents by organizing education programs to eliminate the lack of knowledge. Consequently, they reported that the education program applied in their study created a positive increase in the knowledge levels of the participants. Aksoy (2015) found that the "Mother-Child Education Program" applied to mothers with children between the ages of 0-4 increased the knowledge levels of the participating mothers about child development and education.

At the end of the study, the perceptions of the parents who participated in the Positive Psychotherapy-Based 0-6 Age Family Education Program were assessed with the End-of-Program Evaluation Form. Based on these analyses, it can be argued that the program met the expectations of the participants, that the participants experienced positive changes in terms of knowledge, awareness, and behavior at the end of the program, that they found the duration of the program sufficient, and that they left the program with positive feelings and were satisfied. In a study conducted by Yılmaz (2019), as a result of the school-based psychoeducation program for protection from sexual abuse, it was revealed that all parents who participated in the study made positive comments about the program. A study conducted by Şeker (2013) that investigates the effectiveness of family education activities organized for parents who have children with special needs uncovered that while the participating parents had difficulty in responding to the needs of their children before the educational activities, they were able to solve the problems they experienced with their children thanks to the information they acquired after the educational program. Gardner, Burton, and Klimes (2006) applied the Incredible Years program to the parents of children diagnosed with conduct disorder and examined its effects. The findings indicated that parents who participated in the program had high levels of satisfaction with the program.

Based on the findings of this study, the following recommendations can be made for researchers and practitioners: other researchers can apply the Positive Psychotherapy-Based 0-6 Age Family Education Program to a larger sample group; the research can be repeated by selecting a more specific sample group such as only mothers, only fathers or only parents who have children with special needs; the education program can be provided to parents who have adopted a child or foster parents and then its effect on bonding processes can be investigated; since the education program was prepared for parents with children aged 0-6 years, it can be expanded to include 7-12 and 13-18 years of age. A suggestion for the education program implementers is that just as the education program can be delivered in 4 sessions, the sessions can also be held individually or grouped according to the needs. Although the education program in this study was conducted online, it can also be provided face-to-face. By cooperating with non-governmental organizations and local governments, the education program can

reach out to more parents. Parenting support groups can be founded with the parents who participate in the education program to increase the effectiveness of the process and ensure its sustainability.

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Ethic statement: In this study, we declare that the rules stated in the "Higher Education Institutions Scientific Research and Publication Ethics Directive" are complied with and that we do not take any of the actions based on "Actions Against Scientific Research and Publication Ethics". At the same time, we declare that there is no conflict of interest between the authors, which all authors contribute to the study and that all the responsibility belongs to the article authors in case of all ethical violations.

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