

Effectiveness of Gestalt-Oriented Positive Parenting Support Program

Gestalt Odaklı Pozitif Ebeveynlik Destekleme Programının Etkililiği

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ABSTRACT

The purpose of this research was to evaluate the effectiveness of the Gestalt Oriented Positive Parenting Support Program. The study sample consisted of 36 parents (33 mothers and 3 fathers) who were selected through purposeful sampling. There were 13 participants in the experimental group, 12 participants in the placebo group, and 11 participants in the control group. The research utilized various measurement tools, such as the Demographic Information Form (DIF), Multidimensional Parental Perfectionism Questionnaire (MPPQ), Parent-Child Relationship Scale (PCRS), Me as a Parent Scale (MPS), and Alabama Parenting Questionnaire (APQ). The experimental group's pre-test and post-test scores showed significant differences for all dimensions, indicating that the program was an effective intervention. When comparing the experimental, placebo, and control group post-test scores, significant differences were found in three sub-dimensions of parental perfectionism, all dimensions of parent-child relationship, and positive parenting score. Further analysis revealed that all significant differences favored the experimental group. This finding shows that the program is an effective application for parents with children between the ages of 2-9. Finally, the post-test scores of the positive parenting dimension also differed significantly according to the experimental group pre-test scores and the control group post-test scores, confirming the hypothesis of the study and highlighting the effectiveness of the program in developing positive parenting practices.

Keywords: Positive parenting program, Gestalt therapy, parent-child relationship

ÖZ

Bu araştırmanın amacı, Gestalt Odaklı Olumlu Ebeveynlik Destek Programının etkililiğini değerlendirmektir. Araştırmanın örneklemini, amaçlı örnekleme yoluyla seçilen 36 ebeveyn (33 anne ve 3 baba) oluşturmaktadır. Deney grubunda 13 katılımcı, plasebo grubunda 12 katılımcı ve kontrol grubunda 11 katılımcı yer almıştır. Araştırmada Demografik Bilgi Formu (DBF), Çok Boyutlu Ebeveyn Mükemmeliyetçiliği Ölçeği (ÇBEMÖ), Ebeveyn Çocuk İlişkisi Ölçeği (EÇİÖ), Ebeveyn Olarak Ben Ölçeği (EOB) ve Alabama Çocuk Yetiştirme Anketi (AÇYA) ölçüm araçları kullanılmıştır. Deney grubunun ön test ve son test puanları tüm boyutlar için anlamlı farklılıklar göstererek programın etkili bir müdahale olduğunu göstermiştir. Deney, plasebo ve kontrol grubu son test puanları karşılaştırıldığında, ebeveyn mükemmeliyetçiliğinin üç alt boyutunda, ebeveyn-çocuk ilişkisinin tüm boyutlarında ve olumlu ebeveynlik puanında anlamlı farklılıklar bulunmuştur. İleri analizler, tüm anlamlı farklılıkların deney grubu lehine olduğunu ortaya koymuştur. Bu bulgu, programın 2-9 yaş arası çocuğu olan ebeveynler için etkili bir uygulama olduğunu göstermektedir. Son olarak, olumlu ebeveynlik boyutunun son test puanları da deney grubu ön test puanları ve kontrol grubu son test puanlarına göre anlamlı bir şekilde farklılaşarak çalışmanın hipotezini doğrulamış ve programın olumlu ebeveynlik uygulamaları geliştirmedeki etkililiğini vurgulamıştır.

Anahtar sözcükler: Pozitif/olumlu ebeveynlik programı, Gestalt terapi, ebeveyn çocuk ilişkisi

Introduction

The Gestalt therapy approach, developed by Fritz Perls, is one of the humanistic and existential psychotherapy approaches. Gestalt therapy embraces a positive outlook on human nature, focusing on growth and development, and emphasizes concepts such as personal choices and responsibility (Erden 2018). The approach views individuals as integrated wholes, including their minds, bodies, and environments, and posits that growth and development can only occur through contact with others.

In the early years of his career, Fritz Perls received training in psychoanalysis. In his first book, he integrated Freud's oral metaphors with his own ideas and defined these views in Gestalt therapy as assimilation, introjection, projection, and retrojection (Murdock 2018). Later on, he distanced himself from Freud's mechanistic view of human beings and opposed Freud's psychoanalytic theory by emphasizing the "here and

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Received: 31.05.2023 | **Accepted:** 30.07.2023

now" over early childhood repressed internal conflicts, and focusing on process rather than content (Corey 2015). Perls' shift away from psychoanalysis was influenced by the analyses he conducted with William Reich upon Karen Horney's suggestion (Smith 1975). Perls, inspired by Reich's therapeutic approach, adopted the interpretation of a person's behaviors, personality, and communication components like facial expressions and body language in the context of their environment. He also shifted the focus in Gestalt therapy processes from "why" to "how" questions (Wulf 1996, Atılgan 2020). The main goal in Gestalt therapy is to help clients gain awareness of how they do what they do and bring about change through this awareness (Corey 2015).

According to Perls, Gestalt Therapy not only addresses an individual's symptoms or character but also concerns itself with their holistic existence (Nelson-Jones 2000). Gestalt therapy approaches the individual as an inseparable whole, including their mind, body, action, and internal observation (Clarkson 1994). This holistic approach distinguishes Gestalt therapy's views and goals about human nature from other psychotherapy approaches. In Gestalt therapy, emotions, thoughts, and bodily experiences, which are often evaluated separately or even at times as contradictory dimensions in other approaches, are seen as interrelated aspects of the self (Clark as cited in Kynaston 1982, Güney-Yılmaz 2022). Gestalt therapy contends that not considering a person as a whole in terms of their bodily, emotional, and mental aspects will reinforce neuroses rather than healing them (Daş 2020). The primary aim of Gestalt therapy, with its focus on embracing all aspects of a person, is to facilitate the integration of different aspects of the individual's personality (Daş 2020).

When examining the characteristics and fundamental concepts of Gestalt therapy, it is evident that the interaction between the individual and their environment is crucial. When a child is born, their parents constitute their closest environment with whom they have the most contact for many years. As a result, the child's character traits and habits are influenced by parental attitudes and the parent-child relationship. In recent times, the increasing awareness of this influence has led researchers to focus on studying this aspect. There are many studies in Turkey and around the world that aim to change parenting approaches in a positive manner and, indirectly, to enhance positive effects on children. The positive effects of these studies on parents and children have been proven numerous times (Atmaca-Koçak 2004, Bodenman Cina Ledenman 2008, Gross Garvey Julion Fogg Tucker and Mocros 2008, Sanders 2008, Thorell 2009, Konuk-Şener 2011, Bağatarhan and Nazlı 2013, Kaymak-Özmen 2013, Özel and Zelyurt 2016, Arıcı-Özcan Arslan 2018, Sarıot-Ertürk 2019, Sümer Metin-Orta Alsancak-Akbulut Salman-Engin İliden-Koçkar Şahin-Acar et al. 2020, Şimşek and Atak 2021). Although the variables targeted in these studies to develop, change, and enhance (in terms of functionality rather than transforming unhealthy to healthy) may vary, the general aim appears to be strengthening parent-child interactions, reducing behavioral problems, enhancing parenting skills and resources, and improving discipline methods.

Despite the positive effects of parent education programs, it is believed that they may lead parents to perceive the parenting process more as an educational and transmission process rather than a natural one. During these programs, it is possible for parents to exert pressure on their children due to perfectionism-related high expectations, become insensitive to their own and their children's needs, lose awareness of their child's developmental characteristics, and experience anxieties about their child's development based on generalized information. Affrunti and Woodruff Borden (2015) conducted a study examining the role of parental perfectionism and excessive parental control in the parent-child anxiety relationship. The study found that high levels of parental perfectionism were associated with controlling behaviors, and increased excessive parental control led to an increase in children's anxiety levels. To bring these anxieties and excessive perfectionistic attitudes in the parent-child relationship to a normal level, it is important to raise parents' awareness and help them focus on their own resources and their children's resources, rather than relying on external sources, and to live the process in the most authentic and natural way possible. This can contribute to the field, science, practitioners, and parents.

Considering parent programs conducted in Turkey, no other program was found that comprehensively addresses these needs. In this context, it was deemed necessary to develop a Gestalt-Focused Positive Parenting Support Program that addresses these needs; focusing on parent-child needs, awareness, positive discipline, contact, and communication. The main objectives of the program are to help parents trust their own children as a resource in child rearing and support them in realizing the uniqueness of the parenting process by experiencing it in its most natural form. The primary benefit and importance of this program will be its positive contributions to parent-child communication, helping parents become more sensitive to their children, and adopting positive discipline methods. Secondly, it will contribute a new perspective and theoretically-based program to the literature. The program is entirely original and prepared by researchers, drawing from the perspectives of positive parenting, attachment-focused parenting, and good enough parenting. The mentioned needs,

awareness, contact, and communication concepts are thoroughly explained, and the theoretical basis of the study is grounded in the Gestalt therapy approach.

Method

In this study, a controlled pretest-posttest design with experimental, control, and placebo groups was conducted to evaluate the effectiveness of the Gestalt-Focused Positive Parenting Support Program.

Sample

The study was conducted with a purposive sampling method, and 36 parents who participated in the 8-week program and measurements with full attendance were included. Parents with children aged between 2 and 9 years were accepted into the program based on content suitability. The ages of the 36 children whose parents participated in the program ranged from 2 years 1 month to 8 years 1 month (mean = 5 years 3 months). The program was designed to include separate content and activities for three different age groups. Therefore, parents in the experimental group joined the application with their own children's age-appropriate group starting from the fourth session. Two parents were included in the experimental group with content for 2-3 years, two parents with content for 4-5 years, and nine parents with content for 6-9 years. In total, the study included 13 parents in the experimental group, 12 parents in the placebo group, and 11 parents in the control group. These parents were randomly assigned to the groups after the pretest. When examining the demographic information form completed by the participant parents, it was observed that their ages ranged from 28 to 43 (mean = 35.28; $df = 4.64$). Among the 36 parents, 91.7% were mothers ($N = 33$), and 8.3% were fathers ($N = 3$).

Procedure

The data collection process was initiated with the approval of the Kırıkkale University Social and Human Sciences Research Ethics Committee under decision number 11/17 dated 18/11/2021. Informed consent forms were obtained from all participants. Before starting the intervention sessions, a pre-test was administered to the parents in the experimental, placebo, and control groups. Subsequently, an eight-week intervention was conducted with the parents in the experimental group. During this period, the placebo group received a digital parenting guide covering the same topics as the intervention sessions, while no intervention was applied to the control group. After the eight-week intervention, a post-test was administered to all participant parents in each group.

Gestalt-Focused Positive Parenting Support Program

The program was developed by Atak and Rayana. The implementation within the scope of the research was conducted through online video conferencing format under the guidance of Rayana as the practitioner. The program consists of eight sessions, and completing the sessions took eight weeks. The completion of pretest measurements before the sessions and post-test measurements after the sessions also took approximately two weeks each. The entire application was completed in a total of twelve weeks. The sessions were conducted as online video meetings. The researcher conveyed the program content prepared according to the learning objectives to the participants, and the participants were actively involved in the sessions interactively. The first three sessions were conducted with all participants in the same group. Sessions 4 to 8 were arranged and applied to groups based on the age groups of the participants' children. It was decided to carry out the application in this way to ensure that the content addressed the developmental levels of the children and to have more interactive sessions. These sessions were prepared according to the age groups of children in the ranges of 2-3 years, 4-5 years, and 6-9 years. Each of the physical, cognitive, and socio-emotional development dimensions was addressed specifically for each age group and presented to the participants with examples specific to each age group. The duration of each session was approximately 90 minutes. The session names and content are as follows:

1st Session: Getting Started with the Program

In the first session, the practitioner introduced themselves, and then a getting-to-know-you activity was conducted to guide the participants to introduce themselves. After the introduction, the program was introduced, and information was provided about the duration of the sessions and the attendance status of the participants. Explanations were given about the frequently used concepts in the program, such as positive parenting, attachment-focused parenting, and good enough parenting. Finally, participants were asked to express their expectations for the eight-week sessions, both verbally and by writing those on papers provided in

advance, which they were asked to keep throughout the eight weeks. The aim of this session was to increase the participants' awareness of the process by allowing them to express their expectations verbally and in writing and to support them in taking responsibility.

2nd Session: Parenting and Awareness

The main theme of the second session is awareness. In this session, first, a discussion was held about what awareness is, and a short awareness exercise was conducted to help participants bring their awareness to the present moment. Then, examples were given about moments in the parenting process when awareness is lost and the reasons behind them, aiming to concretize the participants' views on the subject. Afterwards, the practitioner introduced parent attitudes to the participants and discussed parenting patterns inherited from the family of origin and transmitted across generations, conducting activities. At the end of the session, emphasis was placed on parent's inner resources, empowering parents despite their fears and anxieties. Additionally, the experiment of the lower voice and upper voice, one of the basic concepts of the Gestalt therapy approach, was conducted, and the session was concluded. The aim of this session was to help participants gain awareness that they are individuals before being parents, make their needs visible, and become aware of their inner resources.

3rd Session: Not Perfect, Good Enough

The third session focused on the concept of good enough parenting. In this session, the participants were emphasized on desires, needs, and boundaries to bring their perfectionistic aspects and high expectations to a more functional and realistic level. Another important topic addressed in this session is the child's self-formation and self-development. The parents were informed about the possible consequences of the child's differentiation or lack of differentiation and engaged in practical activities regarding what behaviors they can exhibit for healthier self-development. The purpose of this session was to assist parents in reorganizing their perception of perfectionism, help parents be sensitive to their own and the child's boundaries, and support them in internalizing unconditional positive acceptance in their experiences.

4th Session: The Best Resource: The Child

The main theme of the fourth session is the developmental characteristics and critical periods of the child. The first competency that parents need to have in order to make appropriate interventions and approaches to children is to be familiar with their developmental stages and needs during these stages. In this session, to work on developmental stages in more detail, participants were divided into three different age groups according to the ages of the children: 2-3 years, 4-5 years, and 6-9 years. Developmental characteristics, growth spurts, and critical periods were taken into account. Another topic covered in this session is support and withdrawal. The goal is to help parents provide appropriate support and withdrawal according to the child's developmental level, based on Vygotsky's concept of scaffolding.

5th Session: Effective Communication

In this session, effective communication methods were discussed through the parent-child relationship. Throughout the session, various activities were conducted to raise awareness among the participants about communication barriers such as using "I" language, "we" language, and double messages. Additionally, alternative effective communication methods were practiced through activities. Another topic covered in this session is the importance of using a consistent and shared language between the two parents. Throughout all the activities in this session, the aim was to provide parents with positive and accurate communication skills, foster collaboration between parents regarding conflicting attitudes, and emphasize the importance of the relationship between the child and the third parent, i.e., the relationship between mother and father.

6th Session: Positive Discipline

The sixth session aimed to introduce parents to positive discipline methods and encourage them to use these methods when dealing with crisis moments. Initially, positive discipline was introduced, and then the harmful effects of rewards and punishments were discussed to create awareness on the subject. The main objective of this session was to make the harmful aspects of rewards and punishments that parents frequently resort to visible, encouraging the use of positive discipline methods. This encouragement was demonstrated through examples related to commonly encountered crisis moments such as school refusal, insistence, sibling fights, and anger. Moreover, in this session, the correct application of timeouts and what an ideal timeout should be were discussed.

7th Session: Contact

The seventh session started with brainstorming to answer questions such as what contact is, why people contact each other, and whether there are right or wrong ways of contact. Then, the practitioner provided information to the participant parents about contact, the situations that hinder contact, and the rhythm of contact withdrawal. The parts that were too abstract were concretized through metaphors to make them memorable. In the following, the importance of identifying contact in the parent-child relationship and the need that contact may stem from were emphasized, enriched with content examples. Lastly, misconceptions about contact were discussed, and alternative ways to establish functional contact were emphasized. The main purpose of this session was to correct parents' misconceptions about contact, shed light on the points they should pay attention to for a good contact, and emphasize the importance of the concept of boundaries.

8th Session: Review and Sharing

In the eighth and final session, a general summary of all the sessions was made, and the parents' expectations written on paper during the first session were reviewed. One purpose of this session was to provide insight to make the gains lasting, while another purpose was to provide a space for parents to share their experiences within the group, thus gaining awareness that they are not alone and that every parent experiences similar processes. In the final session, the participant parents were asked to share their personal questions related to the subject, and questions that could be answered within the group and did not require private counseling were addressed. These question-answer sessions were considered highly functional and beneficial for the parents to see how the gains from this program can be adapted to other situations and events.

Data Collection Tools

Demographic Information Form

This form prepared by the researchers is in questionnaire format and includes basic demographic information such as gender, age, and age of their children. The form also includes the following questions considered useful for the study:

1. Do you read books or follow social media accounts about parenting and child development topics?
2. How many books on child development and education or parenting have you read on average?
3. How functional do you find the information you obtained from these sources?
4. Have you changed your behaviors based on this information?
5. Have you attempted or do you plan to attempt to provide your child with training in areas such as sleep, toilet, etc., solely based on this information?
6. Have you researched or tried to research the education level and expertise of the people who created this content?

Multidimensional Parental Perfectionism Scale (MPPS-B)

The Turkish adaptation of the Multidimensional Parental Perfectionism Scale (MPPS-B) developed by Snell et al. and adapted by Taluy and Maraş (2021) was used in the study. The scale consists of five-point Likert scale statements, and high scores from each dimension indicate a high level of perfectionistic parenting tendency. The Cronbach's alpha reliability coefficients of the scale in this study were 0.91 for parental regulation, 0.77 for personal parental standards, 0.66 for parental doubt about adequacy, and 0.85 for the overall scale (excluding 9 items). These results indicate that the scale is a reliable measurement tool.

Parent-Child Relationship Scale (PCRS)

The Parent-Child Relationship Scale (PCRS) developed by Hetherington and Clingempeel and adapted to Turkish by Aytaç et al. (2018) was used in the study. The scale consists of 15 items and two subscales. The scale is a five-point Likert scale. For the reliability of the scale, composite reliability and test-retest analyses were performed. The composite reliability for the PCRS-P subscale was 0.81, and for the PCRS-N subscale was 0.80, indicating good composite reliability. The Cronbach's alpha reliability coefficients for the positive parent-child subscale and the negative parent-child relationship subscale in this study were 0.77 and 0.81, respectively. These results indicate that the scale is a reliable measurement tool.

Me as a Parent Scale (MPS)

The Turkish adaptation and reliability study of the Parent as a Parent Scale (PPS), developed by Hamilton et al., was conducted by Sarıot Ertürk (2019). The scale is a five-point Likert scale. High scores from the subscales indicate an increase in self-regulation skills in the relevant domain. The Cronbach's alpha reliability coefficient for the scale in this study was found to be 0.92, indicating that the scale is a reliable measurement tool.

Alabama Parenting Questionnaire (APQ)

The Alabama Parenting Questionnaire (APQ), developed by Frick and adapted to Turkish by Çekiç et al. (2018), is a five-point Likert-type scale consisting of 35 items. The composite reliability coefficients of the APQ subscales range from 0.46 to 0.77, and the Cronbach's alpha coefficient for the total score is 0.70. The Cronbach's alpha reliability coefficient for the subscale in this study was found to be 0.58, indicating that the scale is a reliable measurement tool.

Table 1. Normality values for variables							
Variable	N	Minimum	Maximum	X	Df	Skewness	Kurtosis
Pretest MPPS-B total score	36	30.00	64.00	48.74	7.41	-.105	.067
Posttest MPPS-B total score	36	30.00	60.00	45.78	6.49	-.247	.028
Pretest MPPS-B competence suspicion	36	3.00	14.00	7.63	2.99	.445	-.647
Posttest MPPS-B competence suspicion	36	3.00	10.00	6.00	2.26	.475	-1.091
Pretest MPPS-B parental regulation	36	14.00	30.00	24.67	4.29	-.636	-.171
Posttest MPPS-B parental regulation	36	17.00	29.00	22.44	3.60	.369	-.853
Pretest MPPS-B personal standards	36	11.00	23.00	17.19	3.23	.213	-.798
Posttest MPPS-B personal standards	36	8.00	23.00	15.53	3.53	-.284	-.180
Pretest PCRS positive parent-child relationship	36	39.00	49.00	44.78	2.93	-.346	-.817
Posttest PCRS positive parent-child relationship	36	38.00	50.00	46.18	3.66	-.693	-.678
Pretest PCRS negative parent-child relationship	36	8.00	23.00	14.47	3.57	.412	-.350
Posttest PCRS negative parent-child relationship	36	5.00	21.00	11.72	3.91	.273	-.248
Pretest MPS total	36	28.00	54.00	42.28	6.72	-.113	-.742
Posttest MPS total	36	26.00	55.00	45.17	6.79	-1.134	1.491
Pretest APQ positive parenting	36	17.00	25.00	21.38	2.57	-.130	-1.355
Posttest APQ positive parenting	36	16.00	25.00	22.64	2.30	-.895	.301

MPPS-B: Multidimensional Parental Perfectionism Scale, PCRS: Parent-Child Relationship Scale, MPS: Me as a Parent Scale, APQ: Alabama Parenting Questionnaire

Statistical Analysis

The data collected at the end of the study were analyzed using the SPSS 26.0 software package. Descriptive statistics, paired and independent sample t-tests, and one-way analysis of variance (ANOVA) were used in the conducted analyses. Before proceeding to the statistical analysis stage, a preliminary analysis was performed to assess normality and missing value assumptions. Participants who left more than 5% of the scale items unanswered were excluded from the analysis. For cases with less than 5% missing data, the missing values were replaced with the mean of the responses. Descriptive statistics such as percentages, frequencies, and means were used in the analysis of participants' demographic characteristics. The normality test was conducted using the reference range of -1.5 / +1.5 for skewness and kurtosis values, as specified by Tabachnick and Fidell (2013). The sub-dimensions and total scores of the scales that constitute the data set exhibited a normal distribution. Therefore, parametric tests were preferred in the analyses. The findings related to the normality test are

presented in Table 1. After ensuring that the assumptions were met, the data collected from 36 participants were analyzed using SPSS 26.0 software. A confidence interval of 95% was used during the analysis.

Results

One-way analysis of variance (ANOVA) was conducted to determine whether there were significant differences in pretest scale scores among the experimental, placebo, and control groups. The results of the analysis showed that there were no statistically significant differences in the scores of the MPPS-B total score [$F = 0.354$, $p = 0.704$], MPPS-B parental competence subscale [$F = 2.141$, $p = 0.134$], MPPS-B parenting order subscale [$F = 0.214$, $p = 0.809$], MPPS-B personal standards subscale [$F = 1.920$, $p = 0.163$], PCRS positive parent-child relationship subscale [$F = 0.217$, $p = 0.806$], PCRS negative parent-child relationship subscale [$F = 0.168$, $p = 0.846$], and MPS total score [$F = 1.056$, $p = 0.359$] among the group means. However, there was a significant difference in the APQ positive parenting score among the group means [$F = 9.824$, $p < 0.05$].

Scale (Pre-test)	Group	N	X	Sd	Source of variance	Sum of squares	Df	Mean of Squares	F	p
Pretest MPPS-B total score	Experimental	13	49.31	8.84	Between groups	40.44	2	20.219	.354	.704
	Placebo	12	49.58	7.47	Within groups	1883.53	33	57.077		
	Control	11	47.15	5.78	Total	1923.97	35			
	Total	36	48.74	7.41						
Pretest MPPS-B competence suspicion	Experimental	13	7.62	2.02	Between groups	35.84	2	17.92	2.141	.134
	Placebo	12	8.83	3.71	Within groups	276.26	33	8.371		
	Control	11	6.34	2.74	Total	312.09	35			
	Total	36	7.63	2.99						
Pretest MPPS-B parental regulation	Experimental	13	25.23	3.83	Between groups	8.23	2	4.115	.214	.809
	Placebo	12	24.08	4.74	Within groups	635.77	33	19.266		
	Control	11	24.64	4.61	Total	644.00	35			
	Total	36	24.66	4.29						
Pretest MPPS-B personal standards	Experimental	13	18.54	4.05	Between groups	38.11	2	19.53	1.920	.163
	Placebo	12	16.67	2.90	Within groups	327.534	33	9.925		
	Control	11	16.18	1.94	Total	365.639	35			
	Total	36	17.19	3.23						
Pretest PCRS positive parent-child relationship	Experimental	13	44.54	3.21	Between groups	3.893	2	1.946	.217	.806
	Placebo	12	44.58	3.15	Within groups	296.329	33	8.980		
	Control	11	45.27	2.53	Total	300.222	35			
	Total	36	44.78	2.93						
Pretest PCRS negative parent-child relationship	Experimental	13	14.00	4.041	Between groups	4.490	2	2.245	.168	.846
	Placebo	12	14.75	3.360	Within groups	440.386	33	13.345		
	Control	11	14.72	3.466	Total	444.876	35			
	Total	36	14.47	3.565						
Pretest MPS total	Experimental	13	40.461	6.827	Between groups	95.014	2	47.507	1.056	.359
	Placebo	12	42.250	6.784	Within groups	1484.208	33	44.976		
	Control	11	44.454	4.471	Total	1579.222	35			
	Total	36	42.278	6.717						
Pretest APQ positive parenting	Experimental	13	19.54	2.11	Between groups	85.904	2	42.952	9.824	<.001
	Placebo	12	21.58	2.58	Within groups	144.284	33	4.372		
	Control	11	23.31	1.35	Total	230.187	35			
	Total	36	48.74	2.57						

MPPS-B: Multidimensional Parental Perfectionism Scale, PCRS: Parent-Child Relationship Scale, MPS: Me as a Parent Scale, APQ: Alabama Parenting Questionnaire

To compare the pretest and posttest scores obtained from the scales for the experimental group participants, paired-sample t-tests were conducted. The findings indicate significant differences between pretest and posttest scores in the Experimental Group for the Multidimensional Parental Perfectionism Scale total score [t=6.42, p<0.05], perceived parental competence subscale [t=6.008, p<0.05], parental organization subscale [t=4.907, p<0.05], personal standards subscale [t=4.593, p<0.05], positive parent-child relationship subscale [t=-6.178, p<0.05], negative parent-child relationship subscale [t=6.624, p<0.05], Parent as a Person Scale total score [t=-8.794, p<0.05], and positive parenting subscale [t=-7.709, p<0.05]. The results indicate a significant decrease in parental perfectionism, perceived parental competence, parental organization, personal standards, and negative parent-child relationship subscales after the intervention. On the other hand, a significant increase in positive parent-child relationship, Parent as a Person Scale total score, and positive parenting subscale scores was observed in the posttest compared to the pretest scores in the Experimental Group.

Table 3. Results for pretest-posttest comparisons of MPPS-B, PCRS, MPS, and APQ in the experimental group.

Variable	Measure	N	X	Sd	Se	T test		
						Sd	t	p
MPPS-B total score	Pre-test	13	49.31	8.84	2.45	12	6.42	<.001
	Post-test	13	43.62	6.55	1.82			
MPPS-B competence suspicion	Pre-test	13	7.62	2.02	.56	12	6.008	<.001
	Post-test	13	4.69	1.25	.35			
MPPS-B parental regulation	Pre-test	13	25.23	3.83	1.06	12	4.907	<.001
	Post-test	13	20.23	1.30	.36			
MPPS-B personal standards	Pre-test	13	18.54	4.05	1.12	12	4.593	<.001
	Post-test	13	13.69	3.17	.88			
PCRS positive parent-child relationship	Pre-test	13	44.54	3.21	.89	12	-6.178	<.001
	Post-test	13	49.15	1.14	.32			
PCRS negative parent-child relationship	Pre-test	13	14.00	4.04	1.12	12	6.624	<.001
	Post-test	13	8.62	2.26	.63			
MPS total	Pre-test	13	40.46	6.82	1.89	12	-8.794	<.001
	Post-test	13	46.69	5.53	1.53			
APQ positive parenting	Pre-test	13	19.54	2.11	.58	12	-7.709	<.001
	Post-test	13	23.54	1.27	.35			

MPPS-B: Multidimensional Parental Perfectionism Scale, PCRS: Parent-Child Relationship Scale, MPS: Me as a Parent Scale, APQ: Alabama Parenting Questionnaire

Table 4. Results for pretest-posttest comparisons of MPPS-B, PCRS, MPS, and APQ in the placebo group

Variable	Measure	N	X	Sd	Se	T test		
						Sd	t	p
MPPS-B total score	Pre-test	12	49.58	7.46	2.16	11	.432	.674
	Post-test	12	49.17	5.56	1.60			
MPPS-B competence suspicion	Pre-test	12	8.83	3.71	1.07	11	3.251	.008
	Post-test	12	7.08	2.47	.71			
MPPS-B parental regulation	Pre-test	12	24.08	4.74	1.37	11	-.810	.435
	Post-test	12	24.50	3.68	1.06			
MPPS-B personal standard	Pre-test	12	16.67	2.90	.84	11	-1.143	.277
	Post-test	12	17.58	2.81	.81			
PCRS positive parent-child relationship	Pre-test	12	44.58	3.15	.91	11	-7.786	.449
	Post-test	12	45.29	3.46	1.00			
PCRS negative parent-child relationship	Pre-test	12	14.75	3.36	.97	11	.928	.374
	Post-test	12	13.83	2.89	.83			
MPS total score	Pre-test	12	42.25	6.78	1.96	11	-.816	.432
	Post-test	12	43.25	7.30	2.11			
APQ positive parenting	Pre-test	12	21.58	2.57	.74	11	.376	.714
	Post-test	12	21.33	2.81	.81			

MPPS-B: Multidimensional Parental Perfectionism Scale, PCRS: Parent-Child Relationship Scale, MPS: Me as a Parent Scale, APQ: Alabama Parenting Questionnaire

To compare the pretest and posttest scores obtained from the scales for the placebo group participants, paired-sample t-tests were conducted. The findings indicate that there is a significant difference only in the perceived parental competence subscale [t=3.251, p<0.05] for the placebo group. The scores of perceived parental

competence were found to be significantly lower in the posttest measurement compared to the pretest measurement in the placebo group. There were no significant differences in the Multidimensional Parental Perfectionism Scale total score [$t=0.432$, $p=0.674$], parental organization subscale [$t=-0.810$, $p=0.435$], personal standards subscale [$t=-1.143$, $p=0.277$], positive parent-child relationship subscale [$t=-0.786$, $p=0.449$], negative parent-child relationship subscale [$t=0.928$, $p=0.374$], Parent as a Person Scale total score [$t=-0.816$, $p=0.432$], and positive parenting subscale [$t=0.376$, $p=0.714$] between the pretest and posttest measurements in this group.

Paired-sample t-tests were conducted to compare the pretest and posttest scores obtained from the scales for the control group participants. The findings indicate that there is a significant difference only in the negative parent-child relationship subscale [$t=2.520$, $p<0.05$] for the control group. The scores of negative parent-child relationship were found to be significantly lower in the posttest measurement compared to the pretest measurement in the control group. When other findings for the control group were examined, there were no significant differences in the Multidimensional Parental Perfectionism Scale total score [$t=1.873$, $p=0.091$], perceived parental competence subscale [$t=-0.060$, $p=0.953$], parental organization subscale [$t=1.559$, $p=0.150$], personal standards subscale [$t=0.803$, $p=0.441$], positive parent-child relationship subscale [$t=1.230$, $p=0.247$], Parent as a Person Scale total score [$t=-0.524$, $p=0.611$], and positive parenting subscale [$t=0.520$, $p=0.614$] between the pretest and posttest measurements.

Variable	Measure	N	X	Sd	Se	T test		
						Sd	t	p
MPPS-B total score	Pre-test	11	47.15	5.78	1.74	10	1.873	.091
	Post-test	11	44.64	6.36	1.92			
MPPS-B competence suspicion	Pre-test	11	6.34	2.75	.83	10	-.060	.953
	Post-test	11	6.36	2.34	.70			
MPPS-B parental regulation	Pre-test	11	24.64	4.61	1.39	10	1.559	.150
	Post-test	11	22.82	4.09	1.23			
MPPS-B personal standard	Pre-test	11	16.18	1.94	.59	10	.803	.441
	Post-test	11	15.45	3.64	1.10			
PCRS positive parent-child relationship	Pre-test	11	45.27	2.53	.76	10	1.230	.247
	Post-test	11	43.64	3.53	1.06			
PCRS negative parent-child relationship	Pre-test	11	14.72	3.47	1.05	10	2.520	.030
	Post-test	11	13.09	4.28	1.29			
MPS total score	Pre-test	11	44.46	6.47	1.95	10	-.524	.611
	Post-test	11	45.46	7.66	2.31			
APQ positive parenting	Pre-test	11	32.32	1.35	.41	10	.520	.614
	Post-test	11	23.00	2.15	.65			

MPPS-B: Multidimensional Parental Perfectionism Scale, PCRS: Parent-Child Relationship Scale, MPS: Me as a Parent Scale, APQ: Alabama Parenting Questionnaire

One-Way Analysis of Variance (ANOVA) was conducted to determine whether there are significant differences in the scores obtained from the scales based on the group variable. For the scales with significant differences, complementary post-hoc techniques were used to identify the source of the significant differences. The homogeneity of variance in group distributions was examined using the Levene test, and it was found that the variances of perceived parental competence [$L=4.884$, $p<0.05$], parental organization [$L=7.922$, $p<0.05$], positive parent-child relationship [$L=5.442$, $p<0.05$], and positive parenting [$L=4.846$, $p<0.05$] scores were not equal. However, the variances of personal standards [$L=0.251$, $p>0.05$] and negative parent-child relationship [$L=1.764$, $p>0.05$] scores were found to be homogeneous. For the scores with variance homogeneity, the Bonferroni multiple comparison test was applied (Miller, 1969) as it does not require equal sample sizes. For the scores that did not meet the variance homogeneity requirement, the Games-Howell test was used as the appropriate post-hoc technique.

According to the results of the Bonferroni multiple comparison test, there are significant differences in the personal standards scores between the experimental and placebo groups in favor of the experimental group. The personal standards scores of the parents in the placebo group [$M=17.58$] were significantly higher than those of the parents in the experimental group [$M=13.69$] ($p<0.05$). When examining the scores of negative parent-child relationship, again, there is a significant difference in favor of the experimental group compared to the other two groups. The negative parent-child relationship score of the experimental group [$M=8.62$] is significantly

lower than both the placebo group [M=13.83] and the control group [M=13.09] ($p < 0.05$). The findings related to the last included score, positive parenting, indicate a significant difference in favor of the experimental group compared to the placebo group. The positive parenting score of the experimental group [M=23.54] is significantly higher than that of the placebo group [M=21.33] ($p < 0.05$). The results of the Games-Howell test show a significant difference in favor of the experimental group in the perceived parental competence score compared to the placebo group. The perceived parental competence score of the experimental group participants [M=4.69] is significantly lower than that of the placebo group [M=7.08] ($p < 0.05$).

Table 6. Results for posttest comparisons of MPPS-B, PCRS, MPS, and APQ in the experimental, placebo, and control groups

Scale (Post-test)	Group	N	X	Sd	Source of variance	Sum of squares	Df	Mean of Squares	F	p
Post-test MPPS-B total score	Experimental	13	43.62	6.55	Between groups	212.93	2	16.467	2.790	.076
	Placebo	12	49.17	5.56	Within groups	1259.29	33	38.160		
	Control	11	44.64	6.36	Total	1472.22	35			
	Total	36	45.78	6.49						
Post-test MPPS-B competence suspicion	Experimental	13	4.69	1.25	Between groups	37.77	2	18.88	4.444	.020
	Placebo	12	7.08	2.47	Within groups	140.23	33	4.25		
	Control	11	6.36	2.34	Total	178.00	35			
	Total	36	6.00	2.26						
Post-test MPPS-B parental regulation	Experimental	13	20.23	1.30	Between groups	115.95	2	57.972	5.678	.008
	Placebo	12	24.50	3.68	Within groups	336.94	33	10.210		
	Control	11	22.81	4.09	Total	452.89	35			
	Total	36	22.44	3.60						
Post-test MPPS-B personal standard	Experimental	13	13.69	3.17	Between groups	94.56	2	47.280	4.583	.018
	Placebo	12	17.58	2.81	Within groups	340.41	33	10.316		
	Control	11	15.46	3.64	Total	434.97	35			
	Total	36	15.53	3.53						
Post-test PCRS positive parent-child relationship	Experimental	13	49.15	1.14	Between groups	195.70	2	97.85	11.861	<.001
	Placebo	12	45.28	3.46	Within groups	272.25	33	8.25		
	Control	11	43.64	3.53	Total	467.95	35			
	Total	36	7.63	3.66						
Post-test PCRS negative parent-child relationship	Experimental	13	8.62		Between groups	199.570	2	99.785	9.810	<.001
	Placebo	12	13.83		Within groups	335.65	33	10.171		
	Control	11	13.09		Total	535.22	35			
	Total	36	11.72							
Post-test MPS total score	Experimental	13	46.69	5.53	Between groups	75.253	2	37.627	.806	.455
	Placebo	12	43.25	7.30	Within groups	1539.747	33	46.659		
	Control	11	45.46	7.66	Total	1615.00	35			
	Total	36	45.17	6.79						
Post-test APQ positive parenting	Experimental	13	23.54	1.27	Between groups	32.408	2	16.204	3.520	.041
	Placebo	12	21.33	2.81	Within groups	151.897	33	4.603		
	Control	11	23.00	2.14	Total	184.306	35			
	Total	36	22.64	2.30						

MPPS-B: Multidimensional Parental Perfectionism Scale, PCRS: Parent-Child Relationship Scale, MPS: Me as a Parent Scale, APQ: Alabama Parenting Questionnaire

When examining the scores of parental organization, a significant difference in favor of the experimental group compared to the placebo group is observed. The parental organization score of the experimental group participants [M=20.23] is significantly lower than that of the placebo group participants [M=24.50] ($p < 0.05$).

Regarding the positive parent-child relationship score, the scores of the experimental group show a significant difference in favor of the experimental group compared to both the placebo and control groups. The positive parent-child relationship score of the experimental group [M=49.15] is significantly higher than both the placebo group [M=45.28] and the control group [M=43.65] ($p < 0.05$).

Discussion

The literature review reveals numerous scientific studies that provide evidence of the negative effects of parental perfectionism on children. In a study by Güngör and Buluş (2016), the predictive power of parental perfectionism on the anxiety of preschool children was examined, and the findings indicated that as parental perfectionism increased, perceived child anxiety also increased. Another study on the same topic found similar results, showing that maternal perfectionism towards others had a predictive effect on children's situational anxiety (Şahingiray 2020). Özçiçek (2014) found that increasing maternal perfectionism negatively affected the child's positive self-concept. In a study by Carmo et al. (2021), which examined the relationship between parental perfectionism, parenting styles, and child perfectionism, it was concluded that parents' perfectionistic traits were related to their children's perfectionism. These studies, along with numerous others in the literature (Frost et al. 1991; Besharat 2003, Azizi and Besharat 2011, Cook and Kearney 2014, Affrunti and Woodruff-Borden 2015, Randall et al. 2015, Esen and Ayverdi 2020), highlight the negative impact of parental perfectionism on children, indicating that it is negatively associated with desirable and positive traits. Therefore, it is crucial to control parental perfectionism for the well-being of children.

The study's GF-PPSP session, "Not perfect but good enough," focuses on the concept of perfectionism with parents and then introduces the functional alternative of unrealistic perfectionism, the concept of "being good enough" parents. The findings of the study demonstrate that participating parents were able to gain control over their perfectionistic views and behaviors. The long-term outcomes of this intervention on children are intriguing and warrant further investigation. If the reduction in perfectionistic tendencies observed in this study leads to an increase in children's adaptive skills and positive self-perception, along with a decrease in their anxiety and perfectionistic tendencies, similar interventions should be promoted and expanded.

The examination of the literature reveals that many theorists emphasize the role of parent-child relationships in a child's psychosocial development. Freud, who posited that personality development occurs in the first 5-6 years of life, emphasized the influence of childhood years on adult personality and stressed the significance of parent-child relationships in his theory. Mahler, while not straying far from Freud's ideas, emphasized the importance of the first 36 months of a child's life for personality development, highlighting the critical importance of separation-individuation during this period (Ateş 2022). Erikson, on the other hand, proposed that psychosocial development continues throughout life, and different psychosocial challenges are resolved at each stage. In addition to biological factors, Erikson also emphasized the role of the social environment in development. According to Erikson, one of the initial conditions for healthy personality development is gaining trust in oneself, others, and the external world (Erikson 1968). Whether a baby can develop this trust in oneself and the world in the first year of life depends on their relationship with their parents (Arslan and Arı 2008). Bowlby, the founder of attachment theory, also highlighted the importance of a secure attachment established between caregivers and children in the early years of life, which contributes positively to childhood and adulthood (Santrock 2017). These theories have been intensively researched over the years and have been the subject of various studies.

One study by Dereli and Dereli (2017) examined the effect of parent-child relationships on children's psychosocial development. The findings indicated that positive relationship scores positively predicted children's psychosocial development, while conflict scores negatively predicted children's psychosocial development. Another study examined the relationship between parent-child reading (shared reading) and parent-child relationship. In this study, children in parent-child pairs with affectionate interactions during shared reading were found to be less inhibited, read more words per minute, and show more interest in reading compared to children in less affectionate pairs (Bergin 2001). In another study, the relationship between parent-child relationship and adult depression was examined. The research findings suggested that adult depression might be related to parental rejection and control characterized by behaviors such as teasing, negative evaluation, and withdrawal of love experienced during childhood (Crook et al. 1981). This finding emphasizes that parent-child relationships are not limited to childhood and can have long-lasting effects.

Many studies in the literature have shown results consistent with these findings. They have demonstrated that positive parent-child relationships have positive effects on children, while negative relationships have negative effects (Eyberg and Robinson 1982, Hudson and Rapee 2001, Liu 2003, Choate et al. 2005, Eminoglu 2007,

Leung et al. 2009, Erler 2011, Şentürk 2012, Demirkaya and Abali 2012, Ogelman et al. 2013, Saygı and Balat 2013, Özyürek and Şahin 2015, Ward et al. 2016, Kırman and Doğan 2017). The findings of this study align with the existing literature on this subject. Additionally, the results indicate that positive parent-child relationships contribute to children's development and that providing the necessary value and support to parent-child relationships for children's psychosocial and socio-emotional development should continue. Moreover, it is important to note that a secure, consistent, and affectionate parent-child relationship can act as a protective factor in adverse conditions (Kandır and Alpan 2008).

When the findings regarding self-regulation skills of parents in the study are examined, it is observed that the intervention contributes positively to parents' self-regulation skills. Sanders and Mazzuchelli (2013), who have relevant studies on the subject, state that parents with strong self-regulation skills and positive parenting skills will contribute to strengthening their children's self-regulation skills. Additionally, they emphasize that incorporating self-regulation skills interventions into parenting programs is a powerful method to educate parents and change parenting practices. Researchers highlight that parenting programs that promote positive parenting are important areas of practice that can enhance both parents' and children's self-regulation skills across generations (Sanders et al. 2019). GF-PPSP is one of the rare studies that aims to develop parental self-regulation skills and dedicates a specific unit for this purpose. The ultimate goal of this program, implemented through a systematic roadmap, is to support the parent-child relationship through strengthened parental self-regulation skills, followed by fostering children's self-regulation skills through positive role modeling and support from parents.

There are other studies in the literature that examine the impact of parenting programs on self-regulation skills. For example, the 7-session Parenting Education Program developed by Bağatarhan and Nazlı (2013) has been found to be effective in increasing parental self-efficacy and sustaining this effect. Another study investigated the impact of the Positive Parenting Program on preschool children's problem behaviors and the mediating role of self-regulation skills. The analysis results indicate a significant increase in self-regulation skills in the experimental group parents and their children's self-monitoring skills. Moreover, there was a significant difference between the experimental and control group score increases. However, the study did not find evidence for the mediating role of self-regulation skills (Sarıot Ertürk 2019). In a study by Konuk Şener (2011), the effectiveness of the Motherhood Self-Efficacy and Self-Esteem Enhancement Program was examined. The results showed a significant increase in self-efficacy and other positive skills of parents in the experimental group in both posttest and follow-up scores. These findings demonstrate that parenting programs can be effective mediators in improving self-regulation skills.

In a semi-experimental study conducted by Mouton and Roskam (2015), the relationship between mothers' self-efficacy and their children's behavior was tested. The results indicated that mothers who received positive reinforcement for their self-efficacy exhibited more positive parenting behaviors towards their children compared to the control group of mothers who did not receive reinforcement. This finding shows that maternal self-efficacy can be developed through social learning processes such as social comparison and positive feedback, and it also provides evidence for the positive effects of positive feedback on mothers and children, creating a basis for further research and interventions. These findings support the positive impact of the current study on parental self-regulation skills and emphasize the importance of this effect for parent-child relationships and child development.

Positive parenting skills refer to parenting approaches that contribute to the child's development by being respectful of the child's individuality and boundaries, while displaying warmth and affection. The impact of positive parenting skills on children has been examined in the literature from two different perspectives. Some researchers focus on the positive effects of these skills on children, while others investigate the negative effects of certain undesirable parenting approaches. Although their approaches differ, both methods aim to draw attention to the importance of positive parenting for the child. In a study by Karadeniz-Sarısakal (2022), it was found that negative parenting practices play a role in the intergenerational transmission of childhood trauma. In another study, the relationship between harsh verbal and physical discipline and children's problem behaviors was examined. The results showed that both types of harsh discipline were associated with child behavior problems, but the warmth dimension of positive parenting helped protect children from the harmful effects of harsh physical discipline (McKee et al., 2007). In Güler's study (2021), it was found that there was no relationship between fathers' positive parenting behaviors and their children's behavior problems, while there was a negative correlation between mothers' positive parenting behaviors and their children's behavior problems.

When the literature on positive parenting skills is examined, it is seen that both national and international studies have focused on the program called 'Triple P-Positive Parenting Program.' Many researchers in the field

have applied the program to parents and evaluated the outcomes in the context of different variables. In an intervention conducted in Hong Kong, participating parents reported lower levels of child behavior problems, dysfunctional parenting styles, and higher parental competence compared to parents in the control group (Leung et al. 2003). Bodenmann and colleagues (2008), who applied the program to Swiss parent couples, compared Triple P with two different treatment conditions. While one group participated in Triple P, another group took part in a marriage prevention program, and a control group did not receive any intervention. The findings indicate significant improvements in parenting and parental self-esteem among mothers in the intervention group, as well as a decrease in parenting-related stressors. Moreover, mothers in this group reported a lower rate of undesirable child behavior. Although mothers and fathers attended the program together, only a few significant effects were found for fathers, and possible reasons for this were discussed in the study. Another study by Koyuncu Şahin (2021) on the same program showed a decrease in children's problem behaviors and dysfunctional discipline methods, as well as improvements in parent-child relationships. The effects were reported to continue in the follow-up study. Several other studies in the literature also confirm the positive effects of the program for parents and children (Sanders et al. 2002, Heinrichs et al. 2013, Öztürk 2013, Özyurt 2013, Arkan 2019, Sarıot Ertürk 2019). In summary, it is evident that Triple P is a functional intervention that has proven its positive effects in many countries and numerous studies.

In the literature, there are also other programs developed regarding positive parenting, which differ in terms of methods and content. One such program is the "Positive Parenting Development Intervention Program with Video Feedback," adapted to Turkish culture by Sümer et al. (2020). In this study, the program's effect on maternal sensitivity was examined. After the intervention, no significant effect was found in the control group, but mothers in the intervention group showed a significant increase in parental sensitivity. However, no significant effect was observed in sensitive discipline-related findings. In another application of the same program, it was found that the program was effective in increasing both general sensitivity and reducing the frequency of physical punitive behaviors in mothers (Alsancak-Akbulut et al. 2020). In a study conducted by Şen Karadağ (2021), the effect of a family education program prepared by the Ministry of Family, Labor, and Social Services on positive parent-child relationship and parenting skills was examined. The findings indicate that the program contributed to establishing a more positive parent-child relationship and improving parenting skills, eliminating the disadvantages caused by low educational level. Apart from these studies, many other studies also support the positive effects of positive parenting programs on parents and children (Salary et al. 2014, Suárez et al. 2018, Yip et al. 2019, Kılıçarslan et al. 2019).

The conducted study has certain limitations. The implementation is based on an eight-week parenting program, which limited the number of participants. Conducting the study with more participants would be more beneficial in terms of widespread impact and analysis findings. Additionally, although an online approach may provide advantages in terms of participant diversity, it is believed that face-to-face implementation would be more functional in terms of participants' active engagement.

Conclusion

GF-PPSP (Gestalt-Focused Positive Parenting Program) is a unique positive parenting program that focuses on the Gestalt approach and integrates the entire program within this framework. Testing the program in different samples and in the context of different variables is of great importance to demonstrate its effectiveness, increase its widespread impact, and overcome its limitations. Current research recommends that researchers planning relevant studies test the effectiveness of the program with large samples. GF-PPSP is designed for parents of children aged 2 to 9 years. After a sufficient number of efficacy evaluation studies, the program can be adapted for adolescent families and infant families, broadening its target audience to reach more parents. Moreover, customizing GF-PPSP for specific groups may bring new findings and perspectives to the literature. It is suggested to work with single parents, foster or adoptive families, immigrant parents, incarcerated parents, and parents with children diagnosed with psychiatric conditions. However, to implement the program with these groups, modifications must be made to the program content.

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Authors Contributions: The author(s) have declared that they have made a significant scientific contribution to the study and have assisted in the preparation or revision of the manuscript

Peer-review: Externally peer-reviewed.

Conflict of Interest: No conflict of interest was declared.

Financial Disclosure: This research is derived from the studies carried out within the scope of the project numbered 221K527 supported by TUBITAK 1002 Rapid Support Program.