Parenting From the Outside-In: A Paradigm Shift in Parent Training?

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It has recently been asserted that a paradigm shift is emerging in the delivery of parenting programs. Specifically, it has been suggested that interventions from the field of interpersonal neurobiology represent sophisticated alternatives to positive parenting interventions based on social learning models and behavioural principles, and better reflect how contemporary practitioners consider parenting. We examine this assertion, dispel a number of myths, and conclude that characterisations of positive parenting programs are frequently misleading and do not adequately reflect contemporary models of practice. There is little justification to support the claim that the field should abandon this 'paradigm'. Indeed, there has been a considerable expansion in the evidence base supporting positive parenting programs and the emergence of a public health framework that blends universal and indicated interventions that can greatly increase the reach and lower the costs of delivering parenting interventions.

■ *Keywords:* attachment, behavioural family intervention, parenting programs, parent training, positive parenting, positive parenting program, Triple P

It has recently been argued that a paradigm shift is emerging with respect to parenting programs (Coyne, 2013). Specifically, that interventions from the field of interpersonal neurobiology (Siegel, 2012) are becoming more popular, represent sophisticated alternatives to positive parenting interventions that are based on social learning models and behavioural principles, and better reflect how contemporary practitioners consider parenting. Coyne (2013) comes to this conclusion on the basis of concerns he has heard in his experience as a supervisor of practitioners in a health service delivering the Triple P—Positive Parenting Program. He suggests that the concerns raised by these practitioners go beyond those addressed by Mazzucchelli and Sanders (2010) and that interventions such as the Circle of Security program (Cooper, Hoffman, Powell, & Marvin, 2005), which integrates attachment, social neuroscience and psychodynamic theory, do not lead to the same practitioner concerns and are more emotionally satisfying to practitioners.

According to Kuhn (1962), who coined and popularised the term, a 'paradigm shift' occurs when anomalies are encountered that cannot be explained by the accepted worldview within which scientific progress has been made up to this point. At this juncture there can be a change in the basic assumptions within the dominant theory. Kuhn argued that for a paradigm shift to occur, it is insufficient for the new conceptual scheme to simply be different or popular, it must actually be superior (Kuhn, 1977).

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But are parenting interventions derived from the field of interpersonal neurobiology superior to those based on social learning models and cognitive-behavioural principles?

A Superior Approach?

Positive parenting programs based on social learning models are the most evaluated of all psychological interventions for children and youth and have very strong research support. Indeed, these programs are recognised as being the most effective in reducing problem behaviours in children and adolescents (Dretzke et al., 2009; Kazdin & Blase, 2011; Serketich & Dumas, 1996), and among the most efficacious and cost-effective interventions available to promote the mental health and wellbeing of children, particularly children at risk of maltreatment and developing social and emotional problems (Collins, Maccoby, Steinberg, Hetherington, & Bornstein, 2000; Foster, Prinz, Sanders, & Shapiro, 2008; Mercy & Saul, 2009; Mihalopoulos, Vos, Pirkis, & Carter, 2011; National Research Council, 2009; Serketich & Dumas, 1996; Taylor & Biglan, 1998). Numerous meta-analyses of positive parenting interventions provide clear evidence of the benefits that parents and children derive when parents learn positive parenting skills (Brestan & Eyberg, 1998; Coren, Barlow, & Stewart-Brown, 2002; de Graaf, Speetjens, Smit, de Wolff, & Tavecchio, 2008a, 2008b; Nowak & Heinrichs, 2008; Tellegen & Sanders, 2013). These benefits include children having fewer behavioural and emotional problems and more positive interactions with their parents and siblings, improved parental practices, improved mental health, and less parental conflict.

In contrast, interventions based on the field of interpersonal neurobiology are yet to accumulate a significant body of evidence (Oppenheim & Goldsmith, 2007). For example, the Circle of Security Program that Coyne cites as an exemplar of the new paradigm has been subjected to one uncontrolled trial (Hoffman, Marvin, Cooper, & Powell, 2006). Clearly it is premature to conclude that family interventions based on interpersonal neurobiology are superior, based on their efficacy or effectiveness. But are there are other problems with parenting interventions that suggest that this 'paradigm' should be abandoned?

Dispelling Myths About Parenting Programs

When discussing concerns relating to parenting interventions that are based on social learning theory and behavioural principles, a number of myths are often cited that are important to dispel.

Parenting interventions emphasise compliance and are about parents controlling their children. While it is true that parenting programs typically view compliance as a legitimate and important skill for children to acquire, and equips parents with strategies to encourage this skill in their children, it is very misleading to suggest that this is what parenting programs emphasise. Positive parenting programs target a range of modifiable family risk and protective factors known to predict positive developmental and mental health outcomes in children. In particular, positive parenting aims to promote skills needed for parents to establish a safe, stable, nurturing relationship with their children and to help their children develop the social and language, emotional competence, independence, and problem-solving skills they need to get along with others and feel good about themselves. Of course, it is up to parents to select the values and behaviours they wish to impart to their children, but when parents are offered

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information and strategies that have been shown to work they can make more informed choices about how to tackle their concerns about parenting (Sanders & Mazzucchelli, 2013). In our experience, most parents value and encourage their children's creativity and independence, while still expecting them to behave in socially appropriate ways.

Parenting interventions emphasise punishment. Again, while it is true that positive parenting programs include instruction in effective discipline strategies that parents may use as an alternative to physical punishment, they provide instruction in many more strategies to promote a positive relationship between parents and their children, to encourage desirable behaviour, and to teach new skills and behaviours. Further, Triple P, along with other parenting programs, explicitly teaches parents how to combine these strategies into anticipatory or pre-emptive routines that minimise the likelihood that problem behaviour will occur and parents will use discipline strategies (e.g., Harrold, Lutzker, Campbell, & Touchette, 1992; Sanders & Dadds, 1982). It is also important to note that permissive parenting, devoid of any discipline, is associated with greater rates of child noncompliant and antisocial behaviour (Patterson, 1982).

The use of praise and extrinsic rewards in parenting programs diminishes intrinsic motivation. While there is evidence that some types of praise, under certain conditions, can have negative effects on perseverance and intrinsic motivation (Henderlong & Lepper, 2002), the bulk of the evidence actually suggests that praise increases intrinsic motivation (Cameron & Pierce, 1994; Deci, Koestner, & Ryan, 1999; Eisenberger & Cameron, 1996; Tang & Hall, 1995). Further, given the overwhelming evidence demonstrating the effectiveness of praise and rewards to reduce problem behaviour and increase functional behaviours (experimental evidence that began to accumulate 50 years ago with the work of Montrose Wolf; Risley, 2005), the issue should not be whether or not parents should praise their children, but rather how parents should praise their children. Fortunately, the detrimental effects of praise and rewards occur under known conditions that are easily avoidable (Henderlong & Lepper, 2002). Positive parenting programs provide instruction to parents in how to praise and reward children, and how to thin these reinforcers, to promote children's learning, development and healthy outlook.

Parenting programs emphasise managing behaviour rather than guiding the development of the child. This statement misrepresents positive parenting; in fact, quite the opposite is true. Although positive parenting does equip parents with strategies to manage antisocial behaviour, it first orientates parents to consider what skills and behaviours would better serve their children and how to promote these. The goal of positive parenting programs is to equip parents with the knowledge and skills to create an environment that is optimal for children's development.

Parenting programs do not take into account mental states. Coyne's (2013) primary criticism of parenting interventions is that they are 'mind-blind' in that they do not take into account mental states, and consequently are both insensitive and fail to equip parents with skills to influence their child's or their own emotional states. It is important to recognise, however, that neither parenting interventions, nor behaviourism, reject the existence of thoughts or emotions (Neuringer, 1991). Triple P certainly recognises the influence that emotions and unhelpful thoughts can have on parents' ability to parent effectively. Consequently, it includes a number of cognitive behavioural strategies to increase parents' awareness and ability to regulate their

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attributions and emotional states (e.g., Sanders & McFarland, 2000; Sanders et al., 2004). Similarly, a primary goal of positive parenting programs is to equip parents with a range of skills to promote their children's emotional competence and resilience. This includes helping children develop skills to recognise and accept feelings, express feelings appropriately, cope with negative feelings, and manage stressful life events (Sanders & Mazzucchelli, 2013; Sanders & Turner, 2012). Positive parenting aims to promote warm, responsive, supportive interactions between parents and children that provides clear boundaries in a low-conflict family environment.

Parenting programs cannot explain the development of parent-child relationships and consequently cannot be effective with complex family situations. Coyne (2013) suggests that parenting programs cannot adequately account for how developmental and relational history unfolds to influence child behaviour, and consequently does not have the capacity to respond to complex family situations where deficits may be rooted in intergenerational histories of disadvantage. Instead, Coyne suggests, interventions that incorporate advances in the development of parent-child relationships, attachment and social neuroscience are needed. But is it true that parenting programs cannot account for the development of parent-child relationships and attachment behaviours? On the contrary, experiments have demonstrated that 'attachment' behaviours (including infant crying and smiling, proximity-establishing and proximity maintaining behaviours, and fearful behaviours) can be brought under the control of reinforcement contingencies and may be parsimoniously understood according to behaviour analytic principles. Further, this behavioural research suggests practical ways for parents to influence child behaviour and their relationship with their children (Dunst & Kassow, 2008; Kassow & Dunst, 2004; Patterson, 2002; Schlinger, 1995). Importantly, and contrary to Coyne's suggestions, positive parenting programs have been shown to be effective with complex and high-risk groups, including Australian Aboriginal parents (Turner, Richards, & Sanders, 2007), children with developmental disabilities (Roberts, Mazzucchelli, Studman, & Sanders, 2006), maritally discordant couples (Dadds, Schwartz, & Sanders, 1987), parents at risk for child maltreatment (Sanders et al., 2004; Wiggins, Sofronoff, & Sanders, 2009), parents experiencing separation and divorce (Stallman & Sanders, 2007) and parents with mental illness (Sanders & McFarland, 2000). Further, positive parenting interventions have been demonstrated to significantly improve the quality of parent-child attachment (Wiggins et al., 2009).

A More Popular Approach?

Based on our review, we contend that parenting interventions based on social learning theory and cognitive behavioural principles have a vastly superior evidence base and are more efficient than those derived from attachment, interpersonal neurobiology or psychodynamic theory. Further, that there is little other justification to support the claim that the field should abandon this 'paradigm'. Indeed, since the 1960s and 1970s there has been a considerable expansion in the evidence base supporting positive parenting programs and the emergence of a public health framework that blends universal and indicated interventions. This work has demonstrated that it is possible to greatly increase the reach and lower the costs of delivering parenting interventions (Mazzucchelli & Sanders, 2011; Sanders, 2012). Nevertheless, there is no doubt that some practitioners do find interventions based on these alternative theories more appealing. Why might this be? Perhaps in part because of misconceptions about positive parenting programs, such as those addressed earlier in this article. But,

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perhaps also because we have been raised in a culture that commonly assigns the causes of behaviour to internal, mental processes, as these alternative theories seem to, rather than to our environment and learning history. As such, these alternative theories likely seem familiar and comfortable (Johnston, 2014). However, theories should not be accepted merely because they seem obvious or appealing. It is also important to note that advances in neuroimaging techniques and a more sophisticated understanding of how young brains develop does not in itself support any specific approach to parenting, including attachment models.

We suspect that there may be more commonalities than differences between different approaches to providing parenting support. However, there are also some real risks in adopting an attachment approach to parenting. First, there is no integrated theory or set of parenting techniques or principles that define an 'attachment' approach. Indeed, many well-known behavioural parent training programs include intervention components designed specifically to promote secure attachment, and positive relationships between parents and children (Incredible Years, Parent-Child Interaction Therapy, and Triple P), although it is acknowledged that the measurement of outcomes focusing on relationship quality is less commonly reported.

Clinically, we have encountered many situations where attachment 'principles' have been misapplied to the detriment of children. These include giving messages to parents that ignoring children is harmful, when audience-motivated behaviour such as demanding and attention-seeking can be easily reinforced through parents inadvertently attending to problem behaviour while ignoring desirable behaviour. Parents also get confused when advised to 'hold' and calm a child who is tantruming. This physical contact while the child is in an aroused state can provide attentional rewards, prevent parents from attending to other children, and inadvertently reinforce the child by delaying or causing them to avoid non-preferred tasks.

Future Research

We would like to see more research on children's views about the kind of parenting they receive from their parents, and a greater emphasis on collecting measures of the parent-child relationship. We suspect that behaviourally oriented parenting programs often have a major impact on affective dimensions of the parent-child relationship, including how emotionally close parents feel towards children and how much they like them and like spending time with them. In several recent studies that have included such measures, parents have reported major changes in their relationships with their children (e.g., Sanders, Dittman, Farruggia, & Keown, 2013).

Conclusion

It is always hazardous to prematurely forecast 'a paradigm shift' when an existing paradigm has undergone very substantial transformation from its fledgling beginnings in the 1960s and 1970s. Some of these achievements include the development of a diverse range of empirically supported delivery options to assist parents (e.g., text-based self-help, phone supported, online, small group, large group and television programs), and applications for a wide variety of problems (e.g., oppositional defiant disorders, ADHD, conduct disorders, challenging behaviours in children with autism, intellectual impairment, traumatic brain injuries), including for parents of children with recurrent pain syndromes, feeding disorders, and chronic health problems. Behavioural parenting interventions have been applied in very diverse cultural contexts,

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in multiple languages and in diverse socioeconomic circumstances, as well as to parents living in impoverished low and middle income countries. Parenting programs have also been successfully used with parents with severe mental illness and, when implemented as a multilevel system of intervention within a public health framework, have been shown to reduce the level of child maltreatment at a population level (Prinz, Sanders, Shapiro, Whitaker, & Lutzker, 2009).

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