

Effects of a parenting education program on parenting skills, parenting stress, and mindfulness skills

Impacto de um programa de competências parentais no stress e competências de atenção plena
Impacto de un programa de competencias parentales en el estrés y en competencias de atención plena

Ana Isabel Pratas Martins dos Santos¹  <https://orcid.org/0000-0002-4816-9265>

Emília da Conceição Figueiredo Martins²  <https://orcid.org/0000-0001-8697-0195>

Cátia Clara Ávila Magalhães²  <https://orcid.org/0000-0001-8018-4249>

Francisco Emiliano Dias Mendes²  <https://orcid.org/0000-0002-7354-133X>

Rosina Inês Ribeiro de Sá Fernandes²  <https://orcid.org/0000-0002-6630-9831>

How to cite:

Santos AI, Martins EC, Magalhães CC, Mendes FE, Fernandes RI. Effects of a parenting education program on parenting skills, parenting stress, and mindfulness skills. *Acta Paul Enferm.* 2020;33:eAPE20190282.

DOI

<http://dx.doi.org/10.37689/acta-ape/2020AE02826>



Keywords

Education, nonprofessional; Parental education; Parenting; Mindfulness; Child rearing

Descritores

Educação profissionalizante; Educação parental; Poder familiar; Atenção plena; Educação infantil

Descriptores

Educación no profesional; Educación parental; Responsabilidad parental; Atención plena; Crianza del niño

Submitted

October 5, 2019

Accepted

March 24, 2020

Corresponding author

Cátia Magalhães
E-mail: cmagalhaes@esev.ipv.pt

Abstract

Objective: To analyze the impact of the Adults and Children Together Raising Safe Kids (ACT-RSK) Program in parenting skills, parenting stress, and mindfulness skills in a group of parents and children.

Methods: This investigative intervention was based on the application of a pre-test and a post-test before and after the implementation of the ACT-RSK Program. The program consisted of eight weekly 90-minute sessions conducted with a sample of 22 parents from Central Portugal. The ACT-RSK Program questionnaires, Parenting Stress Index (PSI), Interpersonal Mindfulness in Parenting (IM-P) scale, and a socio-demographic questionnaire were used. A descriptive and inferential analysis (Wilcoxon) was conducted using the Statistical Package for Social Sciences (IBM SPSS, v. 24) with a 95% confidence interval.

Results: Participants showed improvement from pre-test to post-test in all four program dimensions: Parenting Style ($M=36.32\pm 6.61$ vs. $M=48.50\pm 4.31$; $p<0.01$); Electronic Media ($M=24.73\pm 3.90$ vs. $M=30.73\pm 2.90$; $p\leq 0.01$); Child Development ($M=55.18\pm 11.82$ vs. $M=73.55\pm 4.04$; $p\leq 0.01$); and Parental Behavior ($M=34.23\pm 7.83$ vs. $M=43.05\pm 2.81$; $p\leq 0.01$). Likewise, significant improvement was seen in the Interpersonal Mindfulness in Parenting (IM-P) scale's results ($Z=-3.929$, $p=0.000$) and in parenting stress, which decreased from a very high (91.59) to a medium level (74.45).

Conclusion: Data show the ACT-RSK had a positive effect and improved study variables.

Resumo

Objetivo: Analisar o impacto da frequência do *Adults and Children Together Raising Safe Kids* (ACT-RSK) *Program* nas competências parentais, no *stress* parental e nas competências de atenção plena, de um grupo de pais de crianças.

Métodos: Realizou-se uma investigação-ação, utilizando um pré e pós-teste, tendo por referência a implementação do programa ACT-RSK, em 8 sessões de 90 minutos com periodicidade semanal, numa amostra de 22 pais da região Centro de Portugal. Utilizaram-se os questionários do Programa ACT-RSK, o Índice de *Stress* Parental, a Escala de *Mindfulness* Interpessoal na Parentalidade e um questionário sociodemográfico. A análise descritiva e inferencial (*Wilcoxon*) foi realizada com recurso ao *Statistical Package for Social Sciences* (SPSS – IBM 24), com grau de confiança de 95%.

Resultados: Os participantes melhoraram, do pré para pós-teste, nas 4 dimensões do programa: estilos parentais ($M=36.32\pm 6.61$ vs. $M=48.50\pm 4.31$; $p<0.01$); meios de comunicação ($M=24.73\pm 3.90$ vs. $M=30.73\pm 2.90$; $p\leq 0.01$); desenvolvimento infantil ($M=55.18\pm 11.82$ vs. $M=73.55\pm 4.04$; $p\leq 0.01$); e comportamento dos pais ($M=34.23\pm 7.83$ vs. $M=43.05\pm 2.81$; $p\leq 0.01$). Destacam-se, igualmente, melhorias consideráveis nos resultados da Escala de *Mindfulness* Interpessoal na Parentalidade ($Z=-3.929$, $p=0.000$) e

¹Instituto da Segurança Social, Viseu, Portugal.

²Centro de Estudos em Educação e Inovação, Escola Superior de Educação do Instituto Politécnico de Viseu, Portugal.

Competing interests: No disclosures.

no *stress* parental, que desceu do nível muito elevado (91.59) para o nível médio (74.45).

Conclusão: Constata-se o impacto positivo do ACT-RSK na melhoria das variáveis estudadas.

Resumen

Objetivo: Analizar el impacto de la frecuencia del *Adults and Children Together Raising Safe Kids* (ACT-RSK) *Programa* en las competencias parentales, en el estrés parental y en las competencias de atención plena de un grupo de padres de niños.

Métodos: Se realizó una investigación-acción utilizando un pretest y postest en la implementación del programa ACT-RSK, en 8 sesiones de 90 minutos con frecuencia semanal, en una muestra de 22 padres de la región Centro de Portugal. Se utilizaron los cuestionarios del programa ACT-RSK, el Índice de Estrés Parental, la Escala de *Mindfulness* Interpersonal en la Paternidad y un cuestionario sociodemográfico. El análisis descriptivo e inferencial (*Wilcoxon*) fue realizado con el *Statistical Package for Social Sciences* (SPSS – IBM 24), con nivel de confianza de 95 %.

Resultados: Del pretest al postest, los participantes demostraron una mejora en las cuatro dimensiones del programa: estilos parentales ($M=36,32\pm 6,61$ vs. $M=48,50\pm 4,31$; $p<0,01$); medios de comunicación ($M=24,73\pm 3,90$ vs. $M=30,73\pm 2,90$; $p\leq 0,01$); desarrollo infantil ($M=55,18\pm 11,82$ vs. $M=73,55\pm 4,04$; $p\leq 0,01$); y comportamiento de los padres ($M=34,23\pm 7,83$ vs. $M=43,05\pm 2,81$; $p\leq 0,01$). Además, se destacan mejoras considerables en los resultados de la Escala de *Mindfulness* Interpersonal en la Paternidad ($Z=-3,929$, $p=0,000$) y el en estrés parental, que se redujo de un nivel muy elevado (91,59) a un nivel medio (74,45).

Conclusión: Se verifica un impacto positivo del ACT-RSK en la mejora de las variables estudiadas.

Introduction

From time immemorial, there have been no doubts about the fundamental role family — particularly parents — plays in children's education and development. However, this role requires a set of parenting skills that are not innate in Man and, in some families, may oftentimes be virtually null. It is precisely in that sense that the WHO Convention on the Rights of the Child,⁽¹⁾ as well as the Constitution of the Portuguese Republic,⁽²⁾ admit the possibility of the child being taken away from their parents if their higher interest is put at risk.

The family plays a critical socialization role in learning and social development processes, constituting as a model for many types of behaviors and attitudes.⁽³⁾ It is the most significant protection factor, despite parents not always being able to call upon emotional skills and resources to deal with the demands of executing parenting practices. Thus, parental capacity to assess the child's needs and provide them with adequate answers may be affected, which may in turn lead to dysfunctional parenting practices impacting on the well-being of both the parents and the child, including the potential development of emotional and behavior issues in children.⁽⁴⁾ Kumpfer and Magalhães⁽⁵⁾ state that focusing on improving family mechanisms of protection translates into an increase in parenting skills, benefiting family organization and strengthening forces and processes of resilience, which allows for increasing available resources and an improving relationships.

In this setting, scientific evidence supports the importance of mindfulness-based parenting practices as a means to become aware of and reflect about one's personal behavior patterns towards their children, which can lead to positive changes. These changes can be understood as a set of abilities/skills validating the quality of relationships between parents and their children, promoting responsive and sensitive care of the child's needs, potentially decreasing the level of family stress, and facilitating safe relationships.⁽⁶⁾ Evidence-based parenting education programs focus on nourishing and strengthening families, supporting parents to change their parenting behavior and become aware of their feelings and expectations, and driving changes in their relationships with their children.⁽⁷⁾ However, in Portugal and Brazil, systematic evidence-based interventions to promote positive parenting practices are quite scarce and there is still a long path to be treaded.⁽⁸⁾

Parenting education is no simple task: it requires mobilizing experts in various areas to intervene alongside parents, especially when the main goal is prevention, but also for remediation. These experts range from socio-education professionals to healthcare providers. Among the latter, public and community health providers play a special role, particularly nurses who directly deal with families and communities. Literature supports this evidence, as is the case of a meta-analysis highlighting the long-lasting and positive effects of a parenting intervention implemented

in the hospital setting,⁽⁹⁾ as well as of systematic reviews showing parenting education nursing interventions with highly beneficial outcomes in the relationships of parents and children up to 6 years of age.⁽¹⁰⁻¹²⁾ In this setting, structured and evidence-based programs are a critical tools. Program options are usually considered under a cost-benefit analysis, given family interventions tend to be costly⁽¹³⁾ — which puts the ACT-RSK at a special advantage. The ACT-RSK Program does demand trained and qualified providers, but it consists of group sessions with parents that do not require home visits. In the healthcare setting, parenting education programs with mindfulness techniques have become especially popular.⁽¹⁴⁾

Considering relevance and scientific evidence, this study opted for selecting the Adults and Children Together Raising Safe Kids (ACT-RSK) Program developed by the American Psychological Association (APA),⁽¹⁵⁾ whose goal is to help parents and caregivers to raise children in a healthy and violence-free environment. Its main goal is to prevent, decrease, or altogether eliminate child violence and abuse in the overall community and in settings of family and social vulnerability by promoting changes in parenting behavior and in the parent-child relationship, as well as improving child behavior. It is based on a psycho-educational and cognitive-behavioral approach and supported by the following principles: violence results from the lack of the proper problem-solving and social skills to handle conflict; children learn by observing and imitating; adults can learn to be role models and teach the child social skills that will help them deal with their own social relationships non-aggressively.^(16,17)

Considering the importance of early childhood, ACT-RSK is a promising parenting intervention and prevention program.^(3,17) It is currently being adapted to the Portuguese population, and there are still few Portuguese studies about its implementation and effects on parents' self-perception of their own parenting styles and practices. However, both positive outcomes and validity have been shown in some studies, especially academic theses.⁽¹⁸⁾ In Brazil, an experimen-

tal study assessing the preventive efficacy of ACT-RSK's parenting education practices showed that regardless of the family's socio-economic level or type of school the child attended, there was an improvement in parenting practices and positive education strategies, as well as a positive impact on decreasing or eliminating violence and abuse, in addition to validating the program for the Brazilian population.⁽¹⁷⁾

Child abuse is a substantial issue for societies of both developed and developing countries, as well as a cause for concern in Brazil.⁽¹⁹⁾ In many cases, the use of violent discipline practices may be the result of anger and frustration or lack of knowledge of non-violent parenting practices.⁽²⁰⁾ This study may contribute to incrementing the ACT-RSK's implementation in both the overall community and settings of family and social vulnerability, promoting changes in parenting behaviors and in parent-child relationships and taking on a critical role in preventing child abuse.

This study is structured around the following question: what changes can be verified in the parenting skills of a group of parents from Central Portugal and their 3-to-9-year-old children after attending the ACT-RSK Program and how are parenting skills and parenting stress related? Thus, we sought to analyze the effects of the ACT-RSK Program on parenting skills, parenting stress, and mindfulness skills within this group of parents and children. The parental stress variable was included due to literature evidence on its relevance for parenting education practices.^(5,6)

Methods

This is a quantitative investigative intervention study designed based on the application of a pre- and post-test before and after the implementation of ACT-RSK Program.

The sample consisted of 22 parents from Central Portugal selected by convenience sampling based on Program awareness provided by teachers and educators who collaborated with the authors. Among the participants, 95.5% were female, 37.1% had a high-

er education level, and ages varied from 25 to 48 years ($M=38,18\pm5.42$). The Helsinki Declaration's ethical procedures were followed.

The Program's eight 90-minute sessions were conducted weekly with the 22 parents divided into three groups of six, eight, and eight individuals in rooms provided by two schools and one local social development center, which were duly prepared for that effect (equipped with an interactive board, an important resource for viewing content and videos). The individual conducting the sessions underwent mandatory training for ACT-RSK Program facilitators and was properly followed and supervised by an International Master Trainer certified by APA.

Since individuals already presented positive indicators for parenting practices based on the pre-test assessment, the Program was considered as a way to optimize their skills.

The ACT-RSK Program questionnaire was used to assess parenting skills in its four dimensions: Parenting Style, Electronic Media, Child Development, and Parental Behavior. A short version of the Parenting Stress Index (PSI)^(19,21) adapted for the Portuguese population was used to assess parenting stress. The PSI's total score indicates the level of stress felt by parents and partial results consisting of subscales for the child (Difficult Child, Parental Distress, Parent-Child Dysfunctional Interaction). The scale consists of 36 items. Each subscale varies from 12 to 60 points. High results correspond to high levels of parental stress.⁽²⁰⁾ The Interpersonal Mindfulness in Parenting (IM-P) Scale was used to assess mindfulness skills in parenting practices. It assesses mindfulness skills in parenting based on six dimensions: (1) Listening with Full Attention; (2) Emotional Awareness of Self; (3) Emotional Awareness of the Child; (4) Self-regulation in Parenting; (5) Non-judgmental Acceptance of Parental Functioning; (6) Compassion for the Child.⁽⁵⁾ A socio-demographic questionnaire and a socio-family characterization questionnaire were also applied.

The SPSS (version 24.0) was used to analyze the data, as well as descriptive (mean, standard deviation, minimum and maximum) and inferential

statistics adjusted to the nature of data and sample characteristics. The authors opted for non-parametric tests (*Wilcoxon*). The confidence interval was 95%, the most commonly used CI in the Social Sciences.

Results

Post-test results showed high mean values in all four dimensions of the ACT-RSK Program questionnaire (Child Development, Parental Behavior, Electronic Media, and Parenting Style) after the completion of the program (Table 1). For parents, participating in the ACT-RSK sessions translated into an improvement in knowledge and beliefs about violence prevention, as well as in behaviors associated with their own parenting practices. Despite participants not showing any baseline risks in their parenting, a positive progression can be seen throughout the Program.

Table 1. ACT-RSK's pre-test and post-test means and standard deviation per subscale

Subscales	Number of items	Pre-test	Post-test	Pre-test	Post-test
		M		SD	
Parenting Style	11	36.32	48.50	6.61	4.31
Electronic Media	9	24.73	30.73	3.90	2.90
Child Development	12	55.18	73.55	11.82	4.04
Parental Behavior	10	34.23	43.05	7.83	2.81
Total score	42	150.45	195.82	26.01	10.90

M = Mean; SD = Standard Deviation.

Based on cutoff point of 90 for a high level of stress, mean pre-test and post-test values (Table 2) show a very high (91.59) and medium (74.45) level of stress, respectively.

Table 2. PSI pre-test and post-test means, min. and max., and standard deviation per subscale

Subscales	Number of items	Pre-test	Post-test	Pre-test		Post-test		Pre-test	Post-test
		M		Min	Max	Min	Max	SD	
Parental Distress	12	31.36	22.95	13	52	12	34	9.59	6.31
Parent-Child Dysfunctional Interaction	12	24.68	19.95	13	44	12	30	8.74	5.37
Difficult Child	12	35.55	31.55	29	47	24	39	5.78	4.37
Total score	36	91.59	74.45	55	143	48	103	21.46	13.11

M = Mean; SD = Standard Deviation.

The IM-P scale's total pre-test and post-test means were 102.91 ± 12.07 and 120.41 ± 7.68 , respectively (Table 3). High mean values were seen in all subscales.

Table 3. IM-P scale's pre-test and post-test means and standard deviation

Subscales	Number of items	Pre-test	Post-test	Pre-test	Post-test
		M	M	SD	SD
Listening with Full Attention	5	16.77	18.63	2.35	1.53
Compassion for the Child	6	23.95	27.05	3.18	2.38
Self-regulation in Parenting	8	23.73	29.45	3.67	2.63
Non-judgmental Acceptance of Parental Functioning	7	20.40	24.78	4.40	2.58
Emotional Awareness of the Child	3	10.73	12.95	2.00	1.59
Emotional Awareness of Self	2	7.32	7.55	1.25	1.65
Total score	31	102.91	120.41	12.07	7.68

M = Mean; SD = Standard Deviation.

Inferential analysis by means of the Wilcoxon's test results showed statistically significant differences in all subscales and in total score for the Program's parenting skills, which was considered a significant improvement (Table 4).

Table 4. ACT-RSK's pre-test and post-test *Wilcoxon* results

Dimension	Z	P-value
Parenting Style	-3,800	0,000
Electronic Media	-3,828	0,000
Parental Behavior	-3,931	0,000
Child Development	-4,110	0,000
Child Development (case 1)	-3,559	0,000
Child Development (case 2)	-4,019	0,000
Child Development (case 3)	-4,025	0,000
Child Development (case 4)	-3,450	0,001
Total score	-4,108	0,000

Z = *Wilcoxon*; p = level of significance.

Likewise, total score and all subscales of the IM-P showed statistically significant changes, except for the Emotional Awareness of Self subscale (Table 5). The ACT-RSK Program also seems to show a positive effect on the development of these skills.

Table 5. IM-P scale's pre-test and post-test *Wilcoxon* results

Dimension	Z	P-value
Listening with Full Attention	-2,497	0,013
Compassion for the Child	-3,396	0,001
Self-regulation in Parenting	-3,989	0,000
Non-judgmental Acceptance of Parental Functioning	-3,447	0,001
Emotional Awareness of the Child	-3,115	0,002
Emotional Awareness of Self	-0,365	0,715
Total score	-3,929	0,000

Z = *Wilcoxon*; p = level of significance.

Discussion

Data obtained showed that the ACT-RSK intervention effectively improves parenting practices. Regarding self-perception, participants reported the ACT-RSK helped them become better parents, understand their child's behavior in light of their phase of development, deal with anger and control it, understand the impact of electronic media and how to reduce child exposure, as well as use positive and effective parenting practices. These changes were followed by a perception of improvement of child behavior. Other studies^(3,17,22-26) show ACT-RSK's efficacy in improving positive parenting practices and child behavior. Such is the case of a study conducted by Leça,⁽²⁴⁾ with a group of 11 Portuguese parents of pre-school children, who recognized the positive effects of participating in the ACT-RSK Program felt as changes in themselves (the parents), their children, and the family. Major changes were seen in self-regulation/emotional reactivity (managing conflicts more smoothly) and in the cognitive (parents' expanding their knowledge about the child, capacity to reflect, and awareness of electronic media) and behavioral domains (increasing positive practices and decreasing negative practices). Oliveira⁽²⁵⁾ studied the ACT-RSK Program's efficacy in 30 Brazilian mothers of 1-to-7-year-old pre-term children living under vulnerability. Comparison between pre- and post-intervention assessments (*Wilcoxon*) showed an improvement in communication factors, emotional and behavior regulation, parental awareness, positive encouragement, and parental adjustment, as well as a decrease in the use of coercive practices. Child behavior, either perceived by the mothers or in terms of emotional symptoms, issues of conduct, and relationship with classmates, also showed positive progression. In the perception of mothers, the ACT-RSK effectively modified parenting practices and decreased behavior difficulties in children, constituting as a potential protective factor for children living under vulnerability. A Brazilian (São Paulo) case study⁽²⁶⁾

of a 36-year-old mother of a 6-year-old child of high socio-economic and academic level reports the ACT Program as self-perceived by the mother as beneficial: the intervention improved her parenting style by providing her with positive parenting practices. This study also highlighted the relevance of the Program for parents of a high socio-economic level, a datum that is also supported by the group of parents in the present study and by other authors.^(18,20)

Results also suggest positive changes in acquisition/optimization of knowledge in all of the Program's dimensions, which is reflected by its total score. This supports a previous study by Knox, Burkhart, and Howe,⁽²⁷⁾ where parents and caregivers showed improvement in knowledge, behavior, and beliefs about violence prevention and parenting education practices after attending ACT-RSK. Knox and Burkhart⁽¹⁶⁾ also show an increase in parental affectionate behavior, a decrease in strict parenting practices and negative discipline, and a decrease in child behavior issues after the completion of the ACT-RSK.

In this study, parents who underwent the ACT-RSK Program also showed an improvement in parenting stress. A recent ongoing randomized controlled trial⁽²⁸⁾ implementing the Program in mothers of 30-to-42-month old infants in the Brazilian city of Pelotas with a pre-test (1-3 months), a post-test (4-6 months), and a follow-up (9-13 months) will assess the effects of the Program on decreasing strict parenting education practices and risk factors for violence, among which is parental stress. There are still no results, given only the study protocol's first version has been published. However, this study is expected to provide relevant contributions due to its design (randomized clinical trial), which has not been used in any other study known by the authors.

In agreement with the obtained results, evidence shows that when alternative, effective, and positive ways of dealing with child behavior are made available to the family, there is an improvement in parenting practices and family relation-

ships, which necessarily implies conscious and mindful parenting practices.⁽²⁹⁾ Additionally, because mindful parenting is considered a form of integrating thoughts, feelings, and behaviors into the sphere of the relationship with the child, it translates into parents adopting attitudes of compassion, acceptance, and kindness in their interactions — a gradual process supported by a series of adjustments and changes.⁽³⁰⁾ In the healthcare setting, parenting education programs with mindfulness techniques have become prominent.⁽¹⁴⁾

Conclusion

The results of this study show an improvement in parenting skills, a decrease in parental stress, and an increase in mindfulness in parenting practices after the completion of the ACT-RSK Program. However, some limitations must be bore in mind. The sample consisted mainly of mothers (there was only one father in a sample of 22 individuals), which leads us to question paternal engagement in parenting. There was neither a control group nor a follow-up period. Despite having obtained significant results for parenting skills, parental stress, and mindfulness parenting, there is still a need to continue developing studies to better understand and explore this correlation. The authors believe controlling for the variable of socio-economic level in the families is potentially significant. We suggest further case studies allowing specificity and depth, as well as studies with different group designs, and randomized clinical trials. The relevance of the effects of parenting education programs (particularly the ACT-RSK) will also heavily depend on having qualified facilitators/technicians with access to parents. In this sense, we consider socio-education professionals and healthcare providers (especially family nurses) to be at an advantage, given their in-depth knowledge of and proximity to family dynamics and issues concerning parents and their children. We also believe the ACT-RSK may constitute a critical tool for these professionals.

Contributions

Santos AIPM, Martins ECF, Magalhães CCA, Mendes FED, and Fernandes RIRS designed the project; collected, evaluated, and interpreted data; evaluated and interpreted data; drafted the manuscript; provided critical feedback; and approval the final version to be published.

References

1. Organização das Nações Unidas (ONU). Convenção sobre os Direitos da Criança. UNICEF; 1989.
2. Portugal. República Portuguesa. Decreto Abr 10, 1976. Aprova Constituição da República Portuguesa [Internet]. [Citado 2020 Mar 14]. Disponível em: http://www.pgdlisboa.pt/leis/lei_mostra_articulado.php?nid=4&tabela=leis
3. Altafim E, Pedro M, Linhares M. Effectiveness of ACT Raising Safe Kids Parenting Program in a developing country. *Child Youth Serv Rev*. 2016;70:315–23.
4. Sigmarsdóttir M, Rains L, Forgatch M. Parent management training - Oregon Model: A Program to Treat Children's Behavior. In: James JR. Evidence – Based Parenting Education: A Global Perspective: Routledge: New York; 2016.
5. Kumpfer K, Magalhães C. Strengthening Families Program: an evidence-based family intervention for parents of high-risk children and adolescents. *J Child Adolesc Subst Abuse*. 2018;27(3):174–9.
6. Moreira H, Canavarro M. Psychometric properties of the interpersonal mindfulness in parenting scale in a sample of portuguese mothers. *New York: Springer Science+Business Media*; 2016.
7. Kumpfer K, Magalhães C, Kanse S. Impact of family structure, functioning, culture, and family-based interventions on children's health. In: Korin MR. editor. Health promotion for children and adolescents. New York: Springer. 2016; p.57-84.
8. Novaes M. Educação parental e prevenção intersectorial em saúde pública: A promoção e desenvolvimento da parentalidade positiva no Brasil. Coimbra: Universidade de Coimbra; 2015.
9. Liyana Amin NA, Tam WW, Shorey S. Enhancing first-time parents' self-efficacy: A systematic review and meta-analysis of universal parent education interventions' efficacy. *Int J Nurs Stud*. 2018;82:149–62.
10. Schmidt B, Staudt A, Wagner A. Intervenções para promoção de práticas parentais positivas: uma revisão integrativa. *Contextos Clín*. 2016;9(1):1–18.
11. Lopes N, Ferreira R. Intervenção dos enfermeiros na capacitação parental no relacionamento pais-filhos. *Rev UIIPS*. 2015;3(5):312–29.
12. Lopes MS Catarino H, Dixe M. Parentalidade positiva e enfermagem: Revisão sistemática da literatura. *Rev Enf Ref*. 2010;3 (1):109-18.
13. Gilmer C, Buchan JL, Letourneau N, Bennett CT, Shanker SG, Fenwick A, et al. Parent education interventions designed to support the transition to parenthood: A realist review. *Int J Nurs Stud*. 2016;59:118–33.
14. Shorey S, Ang L, Chee CY. A systematic mixed-studies review on mindfulness-based childbirth education programs and maternal outcomes. *Nurs Outlook*. 2019;67(6):696–706.
15. American Psychological Association (APA). ACT Program for Parents: A snapshot [Internet]. Washington (D.C.): APA; c2020. [cited 2020 Mar 24]. Available from: <https://www.apa.org/act/parents>
16. Knox M, Burkhart K. A multi-site study of the ACT Raising Safe Kids Program: predictors of outcomes and attrition. *Child Youth Serv Rev*. 2014;39:20–4.
17. Pedro M, Altafim E, Linhares M. ACT Raising Safe Kids Program to promote positive maternal parenting practices in different socioeconomic contexts. *Interv Psicossoc*. 2017;26(2):63–72.
18. Simões S. Formação parental: Implementação do programa ACT num grupo de pais da Região Centro de Portugal. Viseu: Instituto Politécnico de Viseu; 2018.
19. Macedo DM, Foschiera LN, Bordini TC, Habigzang LF, Koller SH. Revisão sistemática de estudos sobre registros de violência contra crianças e adolescentes no Brasil. *Cien Saude Colet*. 2019;24(2):487–96.
20. Altafim E, McCoy D, Linhares M. Relations between parenting practices, socioeconomic status, and child behavior in Brazil. *Child Youth Serv Rev*. 2018;89:93–102.
21. Santos S. Adaptação portuguesa, para crianças em idade escolar, do Parenting Stress Index (PSI): resultados preliminares. *Ver Port Psicol*. 1992;28:115–32.
22. Santos S. Índice de Stress Parental (PSI). In: Leandro A, Simões M, Machado C, Gonçalves M, editors. Avaliação psicológica: Instrumentos validados para a população portuguesa. 2a ed. Coimbra: Quarteto; 2008. p. 123-34.
23. Brito A, Faro A. Estresse parental: revisão sistemática de estudos empíricos. *Psicol Pesqui*. 2016;10(1):64–75.
24. Leça ML. Estudo qualitativo sobre o Programa ACT: Exploração das percepções de pais de diferentes níveis socioeconómicos [dissertação]. Lisboa: Universidade de Lisboa; 2018.
25. Oliveira F. Intervenção preventiva em práticas educativas parentais aplicada a mães de crianças nascidas pré-termo na primeira infância [dissertação]. São Paulo: Universidade de São Paulo; 2018.
26. Silva J, Williams L. Um estudo de caso com o Programa Parental ACT para educar crianças em ambientes seguros. *Trends Psychol*. 2016;24(2):743–55.
27. Knox M, Burkhart K, Howe T. Effects of the ACT Raising Safe Kids Parenting Program on children's externalizing problems. *Fam Relat*. 2011;60(4):491–503.
28. Murray J, Santos IS, Bertoldi AD, Murray L, Arteche A, Tovo-Rodrigues L, et al. The effects of two early parenting interventions on child aggression and risk for violence in Brazil (The PIÁ Trial): protocol for a randomised controlled trial. *Trials*. 2019;20(1):253.
29. Ryzin M, Fosco G. Family – Based approaches to prevention: The State of the field. In: Ryzin M, Kumpfer K, Fosco G, Greeberg M, editors. Family – Based prevention Program for children and adolescent: theory research, and large – scale dissemination. New York: Taylor & Francis Group; 2016. p. 1-20.
30. Coatsworth JD, Duncan LG, Greenberg MT, Nix RL. Changing parent's mindfulness, child management skills and relationship quality with their youth: results from a randomized pilot intervention trial. *J Child Fam Stud*. 2010;19(2):203–17.