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Comparison of the Effectiveness of Positive Parenting Training and Choice Theory–Based Parenting Training on the Parent–Child Relationship

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ABSTRACT

Purpose: The present study aimed to compare the effectiveness of positive parenting training and Choice Theory–based parenting training on the parent–child relationship.

Methods and Materials: This study employed a quasi-experimental design with a pretest–posttest control group and a follow-up assessment. The statistical population consisted of all mothers of boys aged 6 to 9 years enrolled in schools within Educational District 6 of the Mashhad Department of Education during the 2025–2026 academic year. Participants were selected using purposive non-probability sampling based on the inclusion and exclusion criteria (Group 1: positive parenting training, n = 15; Group 2: Choice Theory–based parenting training, n = 15; Group 3: control, n = 15). Following selection, participants were randomly assigned by lottery to the positive parenting training and Choice Theory–based parenting training intervention groups. Data were collected using the short form of the Mother–Child Relationship Scale developed by Pianta (1994). Data were analyzed using descriptive statistics (mean and standard deviation) and inferential statistics (repeated-measures analysis of variance).

Findings: The findings indicated that both interventions had a positive and statistically significant effect on improving the parent–child relationship. However, Choice Theory–based parenting training was more effective in strengthening the parent–child relationship. These effects remained stable at the follow-up assessment.

Conclusion: Both educational approaches demonstrated practical effectiveness in improving the parent–child relationship. However, the Choice Theory approach, with its emphasis on empathic communication and understanding children's psychological needs, was more effective in fostering a deeper emotional bond between mothers and their children. It is recommended that future parent education programs integrate both approaches to maximize intervention effectiveness.

Keywords: Positive parenting, Choice Theory–based parenting, parent–child relationship.

1. Introduction

The parent–child relationship is one of the most influential relational contexts in childhood and provides the foundation for children’s emotional security, behavioral adjustment, social competence, and psychological development. During the early school years, children experience substantial changes in cognitive abilities, emotional expression, peer relationships, educational expectations, and behavioral independence. Within this developmental period, the quality of the parent–child relationship can either facilitate adaptation to these demands or increase vulnerability to emotional and behavioral difficulties. A relationship characterized by warmth, responsiveness, mutual trust, clear boundaries, and consistent support allows children to explore their environment while maintaining a sense of safety and belonging. Conversely, recurrent conflict, coercive control, emotional unavailability, and inconsistent responses may weaken children’s sense of security and interfere with the acquisition of effective self-regulation and interpersonal skills. Evidence indicates that the emotional and behavioral well-being of children is closely associated with the quality of their relationship with their mothers and with maternal psychological and interpersonal characteristics (Dreidi et al., 2024).

The mother–child relationship is not a static construct but a dynamic interpersonal system that develops through repeated patterns of communication, emotional responsiveness, discipline, conflict resolution, and shared experiences. Its quality may vary across developmental stages and according to family, educational, and socioeconomic conditions. Longitudinal evidence suggests that the quality of the mother–child relationship changes from preschool through adolescence and that these developmental trajectories may differ according to maternal educational background and access to relational and parenting resources (Nomaguchi & Allen, 2023). These findings underscore the importance of providing parents with structured educational opportunities that strengthen their ability to understand children’s needs and respond in developmentally appropriate ways. This issue is particularly important for mothers of boys aged 6–9 years, because this period coincides with entry into formal schooling, increasing expectations for behavioral control, greater exposure to peer relationships, and an expanding need for autonomy. Difficulties in managing these transitions may increase parent–child conflict, especially when parents rely heavily

on criticism, commands, punishment, or unrealistic expectations.

The quality of family relationships has consequences that extend beyond immediate emotional interactions. Positive and supportive family relationships may contribute to healthier developmental trajectories across the life course, whereas persistent relational difficulties can accumulate and affect psychological and physical functioning. Research on multigenerational family relationships has shown that the quality of family ties may be associated with long-term health outcomes and healthy life expectancy, suggesting that family relationships constitute an important psychosocial resource whose influence can persist across generations (Xi et al., 2023). Although such findings primarily address broader family systems, they reinforce the proposition that early parent–child relational patterns may shape later adjustment through emotional, behavioral, and health-related pathways. Therefore, interventions that improve the parent–child relationship should be regarded not only as methods of reducing immediate family difficulties but also as preventive strategies with potential long-term developmental value.

Poor parent–child relationship quality has been associated with a wide range of maladaptive outcomes. Children who experience low emotional closeness, high conflict, or inconsistent parenting may develop difficulties in emotion regulation, impulse control, social problem-solving, and psychological adjustment. Among adolescents, impaired parent–child relationship quality has been linked to problematic mobile phone use and nonsuicidal self-injury, indicating that relational disconnection may interact with maladaptive coping patterns and behavioral risks (Xu et al., 2023). Although these outcomes are more commonly investigated during adolescence, their developmental antecedents may emerge much earlier. Repeated experiences of invalidation, coercion, relational insecurity, or unresolved conflict in childhood can contribute to patterns of emotional avoidance, excessive dependence, hostility, or withdrawal. Strengthening the parent–child relationship during the early school years may therefore help prevent the consolidation of maladaptive relational and behavioral patterns.

Parenting practices are among the most modifiable determinants of parent–child relationship quality. Parenting education programs are designed to improve parents’ understanding of child development, increase the use of effective discipline strategies, reduce coercive interactions, and strengthen confidence in the parenting role. Recent evidence indicates that structured parenting education

modules can improve mothers' knowledge of positive discipline and child development, thereby helping them replace ineffective or punitive responses with developmentally informed strategies (Sharma et al., 2026). Such interventions are especially relevant when parents experience uncertainty regarding children's behavior or interpret developmentally typical behaviors as intentional disobedience. By improving parental knowledge and promoting realistic expectations, parenting programs can reduce harsh responses and increase sensitive, consistent, and constructive interaction.

Positive parenting training is one of the most extensively used approaches for improving parenting competencies and child outcomes. This approach is generally grounded in social learning theory and emphasizes the importance of positive attention, consistent reinforcement, clear instructions, appropriate consequences, planned responses to undesirable behavior, and the creation of a safe and supportive family environment. Positive parenting programs aim to reduce dysfunctional parenting practices while strengthening parental self-efficacy, emotional availability, and constructive behavior management. Their effectiveness is partly related to their practical and skill-oriented structure, through which parents learn to observe behavior, identify triggers and consequences, reinforce desirable actions, and respond consistently to behavioral problems.

A growing body of evidence supports the effectiveness of positive parenting interventions across different formats and populations. A randomized controlled trial of an online positive parenting program demonstrated beneficial effects on parenting-related outcomes, showing that structured digital delivery can provide an effective means of strengthening positive parenting practices (Li et al., 2026). Similarly, a brief telehealth positive parenting intervention was evaluated in a randomized controlled trial, reflecting the increasing adaptability of parenting programs to remote and time-limited formats (Ricker et al., 2026). These findings are important because they suggest that the core principles of positive parenting can be implemented through diverse delivery methods while maintaining therapeutic relevance. They also indicate that positive parenting programs may be sufficiently structured and teachable to produce meaningful change even when delivered outside traditional face-to-face clinical settings.

Evidence from online interventions further supports the capacity of positive parenting programs to improve parenting competencies and skills. A randomized controlled trial of an online positive parenting program reported

improvements in parenting competence and the acquisition of practical parenting skills (Tuntipuchitanon et al., 2024). Likewise, a systematic review and meta-analysis of online behavioral parenting interventions found that such programs can improve child outcomes, parenting abilities, and parent-related outcomes, although the magnitude of effects may vary according to intervention characteristics, participant needs, and methodological quality (McAloon & Armstrong, 2024). Collectively, these studies demonstrate that behaviorally oriented parenting interventions can influence not only children's behavior but also parental confidence, consistency, and relational functioning.

Positive parenting interventions have also shown effectiveness among parents and children experiencing specific psychological or behavioral difficulties. Behavioral parent training has been associated with improved inhibitory control among children with attention-deficit/hyperactivity disorder, suggesting that changes in parenting behavior may contribute to children's executive and self-regulatory functioning (Yao et al., 2022). Similarly, a behavioral training program for parents reduced disruptive behavior among children with attention-deficit/hyperactivity disorder, highlighting the role of parent-mediated intervention in modifying child behavior and improving family interactions (Hamed Abd Elaleem et al., 2023). Among mothers of children with attention-deficit/hyperactivity disorder, positive parenting training has also been found to reduce parenting stress and improve parental self-efficacy (Paknejad et al., 2025). These outcomes are relevant to the parent-child relationship because high parenting stress and low parental self-efficacy can contribute to inconsistent discipline, emotional reactivity, and escalating conflict.

The effects of positive parenting training may extend beyond behavior management to emotional and educational outcomes. Positive parenting skills training has been shown to influence emotional reactivity and coping self-efficacy among adolescents, indicating that parenting-related interventions may strengthen children's ability to manage emotions and respond adaptively to stress (Bahramian & Sheikholeslami, 2024). Positive parenting training has also been associated with improvements in academic engagement, academic well-being, and educational hope among elementary school students (Shirazi & Karami Baghtifouni, 2024). These findings suggest that supportive and structured parenting can create a family environment that promotes emotional stability, motivation, and effective adaptation to school demands. In addition, research comparing positive parenting training with mentalization-

based parenting demonstrated that positive parenting interventions can improve the mother–child relationship, providing direct support for their relational effectiveness (Attaran et al., 2024).

Despite the strong evidence supporting positive parenting programs, behaviorally focused approaches may not fully address the internal needs, subjective choices, and relational meanings that shape parent–child interactions. Parents may learn effective reinforcement and discipline techniques but continue to experience conflict if communication remains controlling, emotionally distant, or insufficiently responsive to children’s psychological needs. For this reason, approaches derived from Choice Theory may provide a complementary framework. Choice Theory conceptualizes behavior as purposeful and directed toward the satisfaction of basic psychological needs. From this perspective, individuals attempt to meet needs related to survival, love and belonging, power or competence, freedom, and enjoyment. Difficult behavior is therefore understood not merely as noncompliance but as an attempt, whether effective or ineffective, to satisfy one or more unmet needs.

Choice Theory–based parenting training emphasizes the development of noncoercive relationships, personal responsibility, empathic understanding, and respect for individual choice. Rather than relying on external control, threats, blame, punishment, or excessive commands, parents are encouraged to communicate respectfully, identify the needs underlying behavior, provide limited and responsible choices, and engage children in collaborative problem-solving. This approach may be particularly suitable for improving the parent–child relationship because it directly addresses the relational patterns through which power, autonomy, closeness, and conflict are negotiated. By helping mothers distinguish between controlling the child and guiding the child, Choice Theory–based training may reduce coercive cycles and strengthen mutual respect.

The integration of Choice Theory with established parenting education models has been proposed as a means of improving the relational depth and practical effectiveness of parent training. The integration of Systematic Training for Effective Parenting with Choice Theory and Reality Therapy demonstrates how parenting skills can be combined with concepts such as responsible choice, internal motivation, and need-satisfying relationships (Fulkerson, 2023). This integrative perspective suggests that effective parenting requires both practical behavioral strategies and a relational framework that respects children’s autonomy and psychological needs. Parents may therefore benefit from

learning not only how to modify behavior but also how to understand the motivational and relational functions of that behavior.

Empirical studies have reported beneficial effects of Choice Theory–based interventions on psychological and interpersonal outcomes. Group training based on Choice Theory has been found to improve internalizing problems, empathy, and identity-related transformations among male adolescents (Nooripour et al., 2023). These findings are consistent with the view that Choice Theory may enhance psychological adjustment by increasing self-awareness, responsibility, and sensitivity to interpersonal needs. Although this study focused on adolescents rather than parents, it provides evidence that Choice Theory principles can influence emotional and relational functioning. When applied to parenting, these principles may help mothers interpret their children’s behavior more empathically and respond in ways that promote connection rather than resistance.

Choice Theory–based parenting training has also been associated with improvements in parental and child outcomes. Training based on this approach has been reported to enhance mothers’ self-efficacy beliefs as well as children’s self-esteem and responsibility (Bagheri Movahed, 2025). These variables are highly relevant to the parent–child relationship. Greater parental self-efficacy may increase mothers’ confidence in managing difficult interactions, while higher child responsibility may reduce conflict and support more cooperative family relationships. Choice Theory–based parenting has also been compared with schema therapy–based parenting in relation to mothers’ emotion regulation and responsibility, indicating that it may contribute to both emotional and behavioral dimensions of parenting functioning (Moghimini & Ghazanfari, 2025). Improved emotion regulation is particularly important because parents who can regulate their own emotional responses are less likely to engage in reactive, punitive, or inconsistent parenting.

The comparative effectiveness of positive parenting and Choice Theory–based parenting remains insufficiently examined. Positive parenting training offers clear, structured, and evidence-based strategies for strengthening desirable behavior, reducing behavioral problems, and increasing parenting competence. Choice Theory–based parenting, in contrast, places greater emphasis on internal motivation, psychological needs, responsible choices, empathic communication, and noncoercive relationships. Both approaches are theoretically relevant to improving the

parent–child relationship, but they may operate through partially different mechanisms. Positive parenting may improve relationships by reducing behavioral conflict and increasing positive reinforcement, whereas Choice Theory–based parenting may improve relationships by changing how parents interpret children’s behavior and by promoting mutual respect, emotional understanding, and autonomy-supportive communication.

Comparative investigation is therefore necessary to determine whether one approach produces greater or more durable relational improvement. This question is clinically and educationally important because parent training programs are often selected based on availability rather than evidence regarding their relative effectiveness for specific outcomes. A program that is effective in reducing disruptive behavior may not necessarily be the most effective in deepening emotional closeness, reducing relational conflict, or enhancing the overall quality of the mother–child bond. The distinction is especially relevant for mothers of boys aged 6–9 years, because children at this stage require both clear behavioral guidance and increasing opportunities for autonomy, emotional expression, and responsible choice.

Current studies support the value of both behavioral and relationally oriented parenting interventions, but important gaps remain. Many recent investigations have focused on online delivery, clinical populations, disruptive behavior, parental stress, or child educational outcomes (Li et al., 2026; McAloon & Armstrong, 2024; Paknejad et al., 2025; Ricker et al., 2026; Tuntipuchitanon et al., 2024). Other studies have examined positive parenting or Choice Theory–based interventions separately, making it difficult to draw direct conclusions about their comparative effectiveness (Attaran et al., 2024; Bagheri Movahed, 2025; Moghimi & Ghazanfari, 2025). Moreover, relatively limited attention has been given to the maintenance of changes over a follow-up period. Immediate post-intervention gains may reflect temporary motivation or short-term behavioral compliance, whereas sustained effects indicate that parents have incorporated the skills into daily family interactions.

The inclusion of a follow-up assessment is therefore essential for evaluating whether improvements remain stable after formal training has ended. Sustained effects would suggest that participants not only understood the intervention content but were also able to generalize and maintain the acquired skills in real-life situations. This issue is particularly important in parenting interventions because family interactions are exposed to changing stressors, school demands, developmental transitions, and recurring

behavioral challenges. An intervention that produces durable improvement in the parent–child relationship has greater practical value for family counseling, school-based prevention, and community mental health services.

Given the central role of the mother–child relationship in children’s emotional and behavioral development, the established effectiveness of positive parenting programs, the relational emphasis of Choice Theory–based parenting, and the lack of sufficient direct comparisons between these approaches, the present study aimed to compare the effectiveness of positive parenting training and Choice Theory–based parenting training in improving the parent–child relationship among mothers of boys aged 6–9 years in Mashhad.

2. Methods and Materials

2.1. Study Design and Participants

The present study was an interventional, quasi-experimental investigation employing a three-group pretest–posttest design with a control group and a three-month follow-up assessment. The statistical population comprised all mothers of boys aged 6–9 years who were enrolled in primary schools administered by District 6 of the Mashhad Department of Education during the 2025–2026 academic year. Following the application of the eligibility criteria, 45 mothers were recruited through purposive non-probability sampling and allocated to three groups: positive parenting training ($n = 15$), Choice Theory–based parenting training ($n = 15$), and a control group ($n = 15$). Thus, 30 participants received one of the two parenting interventions, while 15 participants were assigned to the control condition. After participant recruitment, the mothers were matched as closely as possible according to relevant demographic characteristics, including age, educational attainment, and socioeconomic status, and were subsequently assigned to the three study groups using a lottery-based random allocation procedure. The inclusion criteria were having at least one son between 6 and 9 years of age; having sufficient Persian literacy to understand and complete the study questionnaires; providing written informed consent to participate in the research and attend the training sessions; not having received a similar psychological or parenting intervention during the preceding six months; and having no self-reported severe psychiatric disorder, such as severe depressive disorder or a diagnosed anxiety disorder. The exclusion criteria consisted of absence from more than two training sessions among participants in the intervention

groups, voluntary withdrawal from the study at any stage, incomplete completion of the questionnaires at the pretest, posttest, or follow-up assessment, and the occurrence of an acute familial or personal crisis, such as divorce or a severe illness, during the study period that could substantially influence the outcomes.

After the required permissions had been obtained from the Mashhad District 6 Department of Education, coordination was established with the principals of boys' primary schools in the district. Information about the study and an invitation to participate were communicated to eligible mothers through the school administrators. Mothers who expressed an interest in participation completed an initial registration form and were screened by the researcher according to the inclusion and exclusion criteria. Eligible mothers received comprehensive explanations regarding the objectives, procedures, potential benefits, voluntary nature, confidentiality principles, and ethical considerations of the study, after which written informed consent was obtained. The final sample consisted of 45 mothers, with 15 participants assigned to each study group. Before the interventions began, all three groups completed the pretest measures. The first experimental group then participated in eight weekly 90-minute sessions of positive parenting training, and the second experimental group participated in eight weekly 90-minute sessions of Choice Theory-based parenting training. Both interventions were administered by the researcher in a group format. The control group received no psychological or parenting intervention during the study period and continued with routine educational and family activities; however, its members were placed on a waiting list to receive training after completion of the research. Immediately after the intervention sessions, all three groups completed the posttest assessment. Three months after the completion of the interventions, the follow-up assessment was administered to evaluate the maintenance of intervention effects, and the resulting data were compared with the pretest and posttest findings.

2.2. Data Collection Tools

The short form of the Child-Parent Relationship Scale was used to assess the quality of the mother-child relationship. The scale was developed by Pianta (1994) and is available in both long and short forms; the 33-item short form was employed in the present study. It comprises three primary subscales: Conflict, consisting of 17 items; Closeness, consisting of 10 items; and Dependency,

consisting of six items. It also provides an overall positive relationship score derived from the total scale domains. Items are rated on a five-point Likert scale ranging from 1, indicating "definitely does not apply," to 5, indicating "definitely applies." Higher scores on each individual subscale indicate a greater presence of the corresponding relational characteristic. To calculate the overall positive relationship score, the scores for the Conflict and Dependency items are reverse-scored so that a higher total score represents a more positive mother-child relationship. The instrument has been used to assess parent-child relationships across different developmental stages. The Persian version was translated by Tahmassian and Khorramabadi (2007), and its content validity was evaluated and confirmed by specialists. In a Persian psychometric study, Cronbach's alpha coefficients of .84, .69, .46, and .80 were reported for Conflict, Closeness, Dependency, and the overall positive relationship score, respectively (Abarashi, 2009). Driscoll and Pianta (2011) also reported Cronbach's alpha coefficients of .75 for Conflict, .74 for Closeness, .69 for Dependency, and .80 for the overall positive relationship score, indicating generally acceptable internal consistency for the instrument's dimensions.

2.3. Interventions

The positive parenting intervention was based on the structured, evidence-based parenting program developed by Sanders (2008), which is grounded in social learning theory and designed to strengthen parenting competencies, reduce children's behavioral difficulties, improve the parent-child relationship, and enhance parental self-efficacy. The intervention emphasized five fundamental principles: providing children with a safe and engaging environment, creating opportunities for positive learning, using assertive and consistent discipline, maintaining realistic parental expectations, and promoting parental self-care and psychological well-being. The program was implemented in accordance with the group-based positive parenting protocol developed by Sanders (1993). It consisted of eight weekly 90-minute group sessions administered by the researcher. The first session introduced the positive parenting program, clarified its objectives and group rules, facilitated acquaintance among group members, explored the behavioral difficulties experienced by the mothers, discussed possible determinants of children's behavioral problems, and trained participants to observe and record their children's behavior. The second session provided a

more detailed explanation of positive parenting principles, reviewed the previous assignment, discussed methods of teaching children new skills and behaviors, and examined factors that may contribute to behavioral problems, including heredity, temperament, family environment, accidental reinforcement of misbehavior, escalation patterns, ineffective instructions, emotional communication, inappropriate punishment, parental beliefs, and marital difficulties. Participants also practiced systematic behavioral observation and recording. The third session focused on the first set of strategies for increasing desirable behavior. Homework was reviewed, and the importance of positive parent-child interaction was discussed. Mothers were introduced to different forms of reinforcement, the principles governing their effective use, and appropriate methods of providing verbal praise. They were trained to strengthen positive interactions by spending focused and meaningful time with their children, engaging in developmentally appropriate conversations, showing physical affection, and expressing positive emotions. The fourth session continued the training in strategies for increasing desirable behavior. Common difficulties in applying positive reinforcement were examined, and mothers learned to model appropriate behavior, clearly identify target behaviors, observe and describe children's appropriate performance, and provide immediate positive feedback. The session also addressed the planning of engaging activities and the use of behavioral charts, including their rationale, benefits, required materials, environmental preparation, and procedures for constructing and implementing individualized behavior charts. The fifth session introduced the first set of strategies for preventing and managing undesirable behavior. Mothers were trained to formulate clear, specific, and unambiguous family rules and to respond to rule violations through guided discussion. The session also addressed the identification of high-risk or problematic situations and the development of preventive family routines. The sixth session introduced additional behavior-management strategies, including giving clear and developmentally appropriate instructions, distinguishing effective instructions from vague or excessive commands, and using logical consequences rather than punitive responses. Mothers learned the rationale and implementation principles of logical consequences and planned ignoring, including the types of behaviors for which planned ignoring may be appropriate and the conditions under which it should be used. Behavioral demonstrations and group practice were incorporated throughout the session. The seventh session emphasized the practical application and consolidation of

the acquired skills. Mothers practiced supporting their requests with logical consequences, describing problematic behavior to their children without labeling or humiliating them, and implementing stepwise behavior-management procedures. They also learned to plan activities proactively to reduce the likelihood of behavioral problems, identify high-risk situations, and prepare lists of alternative and engaging activities for their children. The eighth session focused on mastery and maintenance of the intervention skills. The major principles and techniques taught during the program were reviewed, participants discussed their experiences and challenges, and individualized feedback was provided. The session concluded with an evaluation of the program, the development of plans for the continued application of the parenting skills in daily family life, and formal termination of the group process.

The Choice Theory-based parenting intervention was developed according to Glasser's Choice Theory, which conceptualizes behavior as an individual's attempt to satisfy five fundamental psychological needs: survival, love and belonging, power or competence, freedom, and fun (Glasser, 1998). The intervention emphasized the establishment of empathic, respectful, and noncoercive parent-child relationships and encouraged parents to replace external control, punishment, criticism, threats, and coercion with supportive communication, responsible choice, collaborative problem-solving, and mutual respect. The program taught mothers to interpret their children's behavior in relation to unmet psychological needs and to facilitate responsible choices within clear and developmentally appropriate family boundaries. The intervention was implemented in eight weekly 90-minute group sessions based on a Choice Theory-oriented parenting protocol. The first session introduced the fundamental concepts of Choice Theory and the five basic needs of survival, love and belonging, power, freedom, and fun. Mothers were helped to understand that both their own behavior and their children's behavior represented attempts to satisfy these needs. The importance of noncoercive relationships in effective parenting was explained, and participants engaged in group discussions and exercises designed to identify their own dominant needs and those of their children. The second session focused on understanding children's needs and behavioral choices, particularly within the developmental context of boys aged 6-9 years. Mothers were trained to recognize the needs underlying their children's behavior and to view behavior as a chosen attempt to satisfy one or more basic needs rather than immediately interpreting it as

disobedience or misconduct. Reflective exercises and discussion of actual parenting situations were used to establish links between specific child behaviors and underlying psychological needs. The third session addressed the development of empathic parent–child communication. Mothers were trained in active listening, accurate reflection, validation of emotions, and respectful expression of concerns. Particular attention was given to reducing authoritarian control strategies, such as repeated commands, criticism, threats, and punishment, and replacing them with empathic dialogue. Role-playing exercises were used to practice active listening and emotional validation, while group discussions addressed barriers to empathic communication and practical methods for overcoming them. The fourth session focused on fostering responsible choices in children. Mothers learned to guide their children toward responsible decision-making rather than imposing decisions through coercion. They were also trained to establish realistic expectations consistent with the cognitive, emotional, and social development of children aged 6–9 years. Practical exercises demonstrated how parents could offer limited and appropriate choices, such as allowing children to select between acceptable daily activities, while maintaining clear family rules and boundaries. The session further explored the balance between parental guidance and the child’s need for autonomy. The fifth session concentrated on reducing coercive control and strengthening children’s autonomy. Mothers examined the negative relational consequences of punishment, excessive control, and forced compliance and were trained to use collaborative and participatory parenting strategies. They learned to establish a family environment in which children could experience freedom and personal competence without violating essential family rules. Joint mother–child problem-solving was introduced and practiced through role-playing and discussion of participants’ experiences in reducing controlling behaviors. The sixth session focused on strengthening the emotional bond between mother and child. Mothers were taught strategies such as spending regular high-quality time with their children, expressing affection, responding sensitively to emotional needs, and creating shared enjoyable experiences. The relationship between emotional connectedness, children’s behavior, and parental self-efficacy was discussed. Participants developed plans for shared activities and identified practical barriers that could interfere with maintaining emotional closeness. The seventh session addressed the management of parent–child conflict through noncoercive methods. Mothers were trained to use

negotiation, needs-based dialogue, active listening, and collaborative problem-solving rather than threats or punishment. They learned to identify the unmet needs that could underlie conflict and to develop flexible solutions that preserved both family boundaries and the parent–child relationship. Role-playing was used to practice conflict-management skills, and participants discussed real examples of family conflict and alternative solutions. The eighth session consolidated the skills and concepts covered in the previous sessions, including empathic communication, identification of basic needs, encouragement of responsible choices, reduction of coercive control, strengthening of emotional bonds, and constructive conflict management. Mothers developed individualized plans for continuing to apply Choice Theory principles in everyday parenting. Group discussions, positive feedback, and qualitative evaluation were used to reinforce parental self-efficacy and prepare participants to manage future parenting challenges independently.

2.4. Data Analysis

The collected data were analyzed using IBM SPSS Statistics, Version 24, with Microsoft Excel used for data entry, organization, and preliminary screening. Descriptive statistics, including means and standard deviations, were calculated to summarize the parent–child relationship scores across the pretest, posttest, and three-month follow-up assessments for each group. Before conducting the inferential analysis, the data were examined for accuracy, missing values, outliers, and compliance with the relevant statistical assumptions. The Shapiro–Wilk test was used to assess the normality of the score distributions. The homogeneity of variances across groups and the sphericity assumption for repeated observations were also evaluated where applicable. A mixed repeated-measures analysis of variance was then conducted to examine changes in the parent–child relationship over time, differences among the positive parenting, Choice Theory–based parenting, and control groups, and the group-by-time interaction. When a violation of the sphericity assumption was detected, an appropriate correction, such as the Greenhouse–Geisser adjustment, was applied. Statistically significant omnibus effects were followed by corrected pairwise comparisons to determine the specific differences between assessment stages and study groups. Effect sizes were reported where appropriate to indicate the magnitude of the intervention

effects. The significance level for all statistical analyses was set at $p < .05$.

3. Findings and Results

The descriptive statistics for parent–child relationship scores across the three assessment occasions were calculated

Table 1

Descriptive Statistics for Parent–Child Relationship Scores by Group and Assessment Time

Group	Pretest, $M \pm SD$	Posttest, $M \pm SD$	Follow-up, $M \pm SD$
Positive parenting training	87.40 $\pm$ 8.16	96.40 $\pm$ 7.42	96.10 $\pm$ 7.68
Choice Theory–based parenting training	86.93 $\pm$ 8.51	103.40 $\pm$ 7.19	102.53 $\pm$ 7.47
Control	88.00 $\pm$ 7.94	89.80 $\pm$ 8.13	91.00 $\pm$ 8.36

As shown in Table 1, the three groups had relatively comparable parent–child relationship scores at the pretest assessment. Following the interventions, the mean score increased from 87.40 to 96.40 in the positive parenting training group and from 86.93 to 103.40 in the Choice Theory–based parenting training group. The posttest improvement was therefore greater in the Choice Theory–based parenting training group than in the positive parenting training group. At the three-month follow-up, the mean scores remained close to their posttest levels in both intervention groups, indicating that the improvements were largely maintained. In contrast, only minor changes were observed in the control group across the pretest, posttest, and follow-up assessments.

Before conducting the repeated-measures analysis, the relevant statistical assumptions were examined. The normality of the parent–child relationship scores was evaluated using the Shapiro–Wilk test for each group at each measurement occasion. The results were nonsignificant for the control group at the pretest ($W = .913$, $p = .150$), posttest ($W = .986$, $p = .996$), and follow-up ($W = .984$, $p = .988$); for the positive parenting training group at the pretest ($W = .967$, $p = .808$), posttest ($W = .950$, $p = .523$), and follow-up ($W =$

separately for the positive parenting training, Choice Theory–based parenting training, and control groups. Table 1 presents the means and standard deviations of the parent–child relationship scores at the pretest, posttest, and three-month follow-up assessments.

.970, $p = .865$); and for the Choice Theory–based parenting training group at the pretest ($W = .953$, $p = .571$), posttest ($W = .963$, $p = .752$), and follow-up ($W = .914$, $p = .154$). Because all probability values exceeded .05, no significant departure from normality was detected. The observations were independent because each participant belonged to only one study group, and the outcome variable was measured on a continuous scale. Accordingly, the assumptions required for the use of parametric repeated-measures analysis were considered adequately satisfied.

The assumption-testing results indicated that the distributions of the parent–child relationship scores were approximately normal in all three groups and at all three assessment occasions. Moreover, inspection of the descriptive indices did not reveal extreme differences in score variability across the groups. Therefore, the data were considered suitable for analysis using a mixed repeated-measures analysis of variance. Because the analysis involved three repeated measurements, the multivariate test statistics were also examined to evaluate the effects of time and the interaction between group membership and measurement time without relying solely on the sphericity assumption.

Table 2

Multivariate Repeated-Measures Analysis of Variance for Parent–Child Relationship Scores

Effect	Multivariate test	Value	F	Hypothesis df	Error df	p	Partial η^2
Time	Pillai's trace	.722	53.173	2	41	< .001	.722
	Wilks' lambda	.278	53.173	2	41	< .001	.722
	Hotelling's trace	2.594	53.173	2	41	< .001	.722
	Roy's largest root	2.594	53.173	2	41	< .001	.722
Group $\times$ Time	Pillai's trace	.477	6.572	4	84	< .001	.238
	Wilks' lambda	.525	7.806	4	82	< .001	.276
	Hotelling's trace	.904	9.042	4	80	< .001	.311
	Roy's largest root	.902	18.932	2	42	< .001	.474

As presented in Table 2, the multivariate effect of time on parent–child relationship scores was statistically significant. Specifically, Pillai’s trace showed a significant within-subject effect of measurement time, $V = .722$, $F(2, 41) = 53.173$, $p < .001$, partial $\eta^2 = .722$. This finding indicates that parent–child relationship scores changed significantly across the pretest, posttest, and follow-up assessments. The partial eta-squared value showed that approximately 72.2% of the multivariate variance in the repeated measurements was associated with time, representing a large effect. More importantly, the Group $\times$ Time interaction was also

statistically significant, Pillai’s trace = .477, $F(4, 84) = 6.572$, $p < .001$, partial $\eta^2 = .238$. The significant interaction demonstrates that the pattern of change over time differed across the positive parenting training, Choice Theory–based parenting training, and control groups. The significant Wilks’ lambda, Hotelling’s trace, and Roy’s largest root statistics further supported this conclusion. Therefore, the study’s main hypothesis was supported, indicating that the two parenting interventions differed significantly from the control condition and from one another in their effects on the parent–child relationship.

Table 3

Bonferroni-Adjusted Pairwise Comparisons of Parent–Child Relationship Scores Across Assessment Times

Group	Comparison	Mean difference	SE	<i>p</i>	95% CI
Positive parenting training	Posttest – Pretest	9.000	1.308	< .001	[5.670, 12.330]
	Follow-up – Pretest	8.700	1.824	< .001	[4.054, 13.346]
	Posttest – Follow-up	0.300	1.465	1.000	[–3.431, 4.031]
Choice Theory–based parenting training	Posttest – Pretest	16.467	2.081	< .001	[10.810, 22.123]
	Follow-up – Pretest	15.600	2.589	< .001	[8.564, 22.636]
	Posttest – Follow-up	0.867	2.238	1.000	[–5.215, 6.949]
Control	Posttest – Pretest	1.800	0.972	.256	[–0.842, 4.442]
	Follow-up – Pretest	3.000	2.649	.830	[–4.200, 10.200]
	Posttest – Follow-up	–1.200	2.336	1.000	[–7.550, 5.150]

The Bonferroni-adjusted comparisons presented in Table 3 showed that positive parenting training produced a statistically significant improvement in the parent–child relationship from pretest to posttest, mean difference = 9.000, SE = 1.308, $p < .001$, 95% CI [5.670, 12.330]. The difference between the pretest and follow-up assessments was also significant, mean difference = 8.700, SE = 1.824, $p < .001$, 95% CI [4.054, 13.346], indicating that the improvement was maintained during the follow-up period. The difference between the posttest and follow-up scores was not statistically significant, $p = 1.000$, further confirming the stability of the intervention effect. Similarly, Choice Theory–based parenting training significantly improved parent–child relationship scores from pretest to posttest, mean difference = 16.467, SE = 2.081, $p < .001$, 95% CI [10.810, 22.123], and from pretest to follow-up, mean difference = 15.600, SE = 2.589, $p < .001$, 95% CI [8.564, 22.636]. The posttest and follow-up scores did not differ significantly, $p = 1.000$, demonstrating that the effects of the intervention remained stable. No statistically significant pairwise differences were found among the three measurement occasions in the control group. Furthermore, the magnitude of the pretest-to-posttest improvement was

substantially greater in the Choice Theory–based parenting training group than in the positive parenting training group, suggesting that Choice Theory–based parenting training was the more effective intervention for improving the parent–child relationship.

4. Discussion and Conclusion

The present study compared the effectiveness of positive parenting training and Choice Theory–based parenting training in improving the parent–child relationship among mothers of boys aged 6–9 years. The findings showed that both interventions produced significant improvements in the parent–child relationship from pretest to posttest, whereas no significant change was observed in the control group. The improvements achieved in both intervention groups were maintained at the follow-up assessment, as indicated by the absence of a significant difference between posttest and follow-up scores. However, the magnitude of improvement was greater in the Choice Theory–based parenting group than in the positive parenting group. The significant Group $\times$ Time interaction further demonstrated that changes in the parent–child relationship differed across the three study

conditions and could not be attributed merely to the passage of time. Overall, these findings support the effectiveness of structured parent education while also suggesting that Choice Theory-based parenting may have a stronger effect on the relational dimensions of parenting.

The significant effect of positive parenting training on the parent-child relationship is consistent with the theoretical principles and empirical literature on behaviorally oriented parent training. Positive parenting programs provide parents with practical strategies for increasing desirable child behavior, reducing ineffective disciplinary responses, establishing clear family rules, and strengthening positive parent-child interactions. Through these strategies, mothers may become more attentive to appropriate behavior, provide more consistent reinforcement, communicate expectations more clearly, and respond less reactively to behavioral difficulties. Such changes can decrease recurrent conflict and increase the frequency of supportive and pleasant interactions. The present result is consistent with research showing that positive parenting interventions improve parenting competencies, parenting skills, parental functioning, and child outcomes across face-to-face, online, and telehealth formats (Li et al., 2026; McAloon & Armstrong, 2024; Ricker et al., 2026; Tuntipuchitanon et al., 2024).

The observed improvement may also be explained by the role of positive parenting training in modifying coercive interaction cycles. In families experiencing repeated behavioral conflict, a child's undesirable behavior may be followed by parental criticism, threats, inconsistent punishment, or excessive commands. The child may then respond with resistance, withdrawal, or escalation, which further increases parental frustration. Positive parenting training interrupts this reciprocal process by teaching parents to define target behaviors precisely, reinforce adaptive behavior, use clear instructions, and apply logical and predictable consequences. When children experience greater consistency and receive more positive attention, they may become more cooperative and less defensive. In turn, reduced behavioral conflict can improve emotional closeness and increase maternal perceptions of the relationship as satisfying and manageable.

The present findings are aligned with evidence demonstrating that parent training can influence both children's behavior and parents' psychological functioning. Behavioral parent training has been shown to improve inhibitory control in children with attention-deficit/hyperactivity disorder, suggesting that parenting

interventions can facilitate children's self-regulatory capacities (Yao et al., 2022). Parent-focused behavioral training has also reduced disruptive behavior among children with attention-deficit/hyperactivity disorder (Hamed Abd Elaleem et al., 2023). These outcomes are relevant to the present study because improvements in behavioral regulation and reductions in disruptive behavior may decrease parent-child conflict and provide more opportunities for positive interaction. Similarly, positive parenting training has been found to reduce parenting stress and enhance parental self-efficacy among mothers of children with attention-deficit/hyperactivity disorder (Paknejad et al., 2025). Lower stress and greater parenting confidence may enable mothers to respond to child behavior more calmly, consistently, and constructively.

The effectiveness of positive parenting training may also reflect changes in maternal knowledge and expectations. Parents sometimes interpret normal developmental behaviors, such as activity, opposition, forgetfulness, or demands for independence, as deliberate misconduct. Such interpretations can intensify negative emotional reactions and increase controlling behavior. Parenting education can correct inaccurate beliefs about child development and help mothers establish more realistic expectations. Evidence indicates that parenting education modules improve mothers' knowledge of positive discipline and child development (Sharma et al., 2026). Improved developmental understanding may allow mothers to distinguish between age-appropriate behavior and serious behavioral problems, thereby reducing unnecessary punishment and criticism. This shift can contribute to a more accepting and emotionally secure relationship.

The present result also corresponds with research indicating that positive parenting can influence broader emotional and educational outcomes. Positive parenting skills training has been associated with reduced emotional reactivity and improved coping self-efficacy among adolescents (Bahramian & Sheikholeslami, 2024). Other findings have indicated improvements in academic engagement, academic well-being, and educational hope following positive parenting training (Shirazi & Karami Baghtifouni, 2024). These outcomes suggest that positive parenting does not operate solely through behavioral control but may create an emotionally supportive environment that strengthens children's confidence, engagement, and capacity to manage stress. The finding that positive parenting improved the mother-child relationship is also directly consistent with evidence showing that this intervention can

enhance relational quality when compared with other parenting approaches (Attaran et al., 2024).

The significant improvement observed in the Choice Theory-based parenting group is also consistent with the conceptual assumptions of Choice Theory. According to this perspective, behavior represents an attempt to satisfy fundamental needs related to survival, love and belonging, power or competence, freedom, and enjoyment. Parenting difficulties may intensify when parents interpret children's behavior only as disobedience and respond through external control, punishment, criticism, threats, or coercion. Choice Theory-based training helps parents examine the unmet needs that may underlie children's behavior and encourages them to replace controlling interactions with empathic communication, responsible choice, and collaborative problem-solving. Such a shift can directly affect the quality of the parent-child relationship because it changes both the parent's interpretation of behavior and the relational style used to manage it.

From this perspective, the improvement in the parent-child relationship may be explained by increased maternal empathy. Mothers who learn to consider the need underlying a child's behavior may become less likely to personalize or moralize behavioral difficulties. For example, a child's resistance may be understood as an effort to experience autonomy, competence, attention, or belonging rather than as intentional disrespect. This reframing may reduce maternal anger and promote curiosity, dialogue, and emotional validation. The child may consequently experience the mother as more understanding and less threatening, which can increase trust and willingness to cooperate. This interpretation is compatible with evidence that Choice Theory-based group training can improve empathy and reduce psychological difficulties (Nooripour et al., 2023).

Choice Theory-based parenting may also strengthen the relationship by promoting internal responsibility rather than externally imposed compliance. When children are provided with limited, developmentally appropriate choices, they are more likely to experience a sense of agency and personal competence. Parents remain responsible for establishing boundaries, but the child is invited to participate in selecting acceptable courses of action. This process may reduce power struggles because parental authority is exercised through guidance rather than domination. Previous research has indicated that Choice Theory-based parenting training can enhance mothers' self-efficacy and improve children's self-esteem and responsibility (Bagheri Movahed, 2025).

Increased responsibility in children and greater confidence among mothers may jointly create more cooperative and respectful family interactions.

The present findings are also consistent with research suggesting that Choice Theory-based parenting can influence maternal emotion regulation and responsibility (Moghimani & Ghazanfari, 2025). Emotion regulation is highly relevant to the parent-child relationship because parents' emotional responses shape the intensity and duration of family conflict. A mother who can recognize her own frustration, avoid impulsive reactions, and choose a constructive response is more likely to preserve emotional safety during difficult interactions. Choice Theory emphasizes personal control over one's own behavior rather than attempts to control others. This principle may help mothers recognize that they cannot directly control the child's internal decisions but can regulate their own communication, expectations, and relational behavior. Such awareness may decrease criticism and coercion and increase consistency and accountability.

The integration of Choice Theory with established parenting models further supports the usefulness of this approach. Choice Theory and Reality Therapy have been integrated with systematic parent education to combine practical parenting skills with an emphasis on internal motivation, responsible decision-making, and need-satisfying relationships (Fulkerson, 2023). This integration is relevant to the present results because Choice Theory-based parenting does not imply the absence of limits or behavioral guidance. Rather, it provides a framework for applying limits in a respectful, relationship-preserving manner. Mothers may therefore learn to maintain clear expectations while avoiding interactions that undermine love, belonging, freedom, or competence.

The greater improvement observed in the Choice Theory-based parenting group may be attributed to its direct emphasis on relational processes. Positive parenting training primarily targets observable behavior, reinforcement, discipline, instructions, and consequences. These strategies can improve the relationship indirectly by reducing conflict and increasing successful interactions. Choice Theory-based parenting, however, directly addresses empathy, noncoercive communication, psychological needs, personal choice, mutual respect, emotional connection, and conflict resolution. Because the dependent variable in the present study was the quality of the parent-child relationship rather than only child behavioral problems, the intervention with

the stronger relational focus may have been more closely matched to the outcome being assessed.

The difference between the interventions should not be interpreted as evidence that behavioral parenting strategies are unimportant. Instead, the findings suggest that both approaches may influence the parent–child relationship through different mechanisms. Positive parenting may operate primarily by increasing consistency, reinforcing desirable behavior, and reducing dysfunctional discipline. Choice Theory–based parenting may operate primarily by changing the emotional meaning of interactions and reducing relational control. The larger mean improvement in the Choice Theory group indicates that understanding needs and changing the quality of communication may add further benefit when the primary goal is to deepen the emotional bond between mother and child.

The persistence of treatment effects at follow-up is another important finding. In both intervention groups, posttest scores did not differ significantly from follow-up scores, while both remained significantly higher than pretest scores. This pattern suggests that participants were able to maintain and apply the acquired skills after the structured sessions ended. Maintenance may have been facilitated by the practical nature of both protocols. Positive parenting participants repeatedly practiced reinforcement, clear instruction, behavioral observation, logical consequences, and proactive planning. Choice Theory participants practiced empathic listening, need identification, collaborative problem-solving, responsible choice, and noncoercive conflict management. These skills can be incorporated into ordinary family routines and reinforced through repeated use.

The stability of the findings may also reflect reciprocal changes within the parent–child system. When mothers modify their responses, children may gradually become more cooperative, emotionally expressive, and trusting. These child changes then reinforce the mother’s new parenting behavior, increasing the likelihood that the intervention effects will continue. In this way, the intervention may initiate a positive relational cycle. Improved maternal communication reduces child resistance, reduced resistance increases maternal confidence, and greater confidence supports continued use of constructive parenting strategies. The durability of intervention effects is especially important because family relationships are repeatedly exposed to stress, school demands, and developmental change.

The absence of significant change in the control group strengthens the interpretation that the observed improvements were related to the interventions rather than maturation, repeated questionnaire administration, or ordinary educational experiences. Participants in the control condition continued their usual routines but did not receive structured parenting education. Their parent–child relationship scores remained relatively stable across the three measurement occasions. This pattern indicates that meaningful changes in established relational processes may be unlikely to occur without targeted instruction, guided practice, and opportunities for feedback.

The findings are also important in light of evidence that parent–child relationship quality is associated with children’s emotional and behavioral well-being ([Dreidi et al., 2024](#)). A relationship characterized by greater closeness and lower conflict may provide children with emotional security and a reliable context for learning self-regulation. Conversely, low-quality parent–child relationships have been associated with maladaptive outcomes, including problematic technology use and nonsuicidal self-injury among adolescents ([Xu et al., 2023](#)). Although the participants’ children in the present study were younger, early improvement in family relationships may serve a preventive function by strengthening emotional support before adolescence.

The findings also have implications across the life course. Mother–child relationship quality may vary according to maternal educational and social resources and may follow different developmental trajectories from preschool through adolescence ([Nomaguchi & Allen, 2023](#)). Structured parenting interventions may help reduce such disparities by making evidence-based relational and behavioral skills available to mothers regardless of prior knowledge or educational background. More broadly, the significance of family relationship quality for later health and well-being has been supported in research on multigenerational relationships and healthy life expectancy ([Xi et al., 2023](#)). Strengthening early parent–child relationships may therefore have implications that extend beyond immediate behavioral improvement.

The present results are further supported by contemporary evidence showing that parenting interventions can remain effective across a variety of formats. Online positive parenting programs have improved parenting skills and competencies ([Tuntipuchitanon et al., 2024](#)), while randomized trials have demonstrated the usefulness of online and telehealth positive parenting interventions ([Li et](#)

al., 2026; Ricker et al., 2026). A systematic review and meta-analysis similarly concluded that online behavioral parenting interventions can improve parenting ability, parent outcomes, and child outcomes (McAloon & Armstrong, 2024). Although the interventions in the present study were delivered face-to-face, this broader literature suggests that the core content of both approaches may potentially be adapted for hybrid or remote delivery, thereby increasing accessibility for parents who cannot regularly attend in-person sessions.

In summary, the findings indicate that both positive parenting training and Choice Theory-based parenting training are effective methods for improving the parent-child relationship among mothers of boys aged 6–9 years. Positive parenting training appears to improve relational quality through structured behavior management, positive reinforcement, consistency, and reduced parenting stress. Choice Theory-based parenting appears to strengthen the relationship through empathic understanding, attention to basic psychological needs, reduced coercion, responsible choice, and collaborative conflict resolution. The greater effect observed for Choice Theory-based parenting suggests that interventions focused directly on relational needs and communication may be particularly beneficial when the principal outcome is mother-child relationship quality.

The present study had several limitations that should be considered when interpreting its findings. The sample was relatively small and included only mothers of boys aged 6–9 years from primary schools in one educational district of Mashhad, which limits the generalizability of the results to fathers, mothers of girls, children in other age groups, families from different socioeconomic or cultural contexts, and clinical populations. Participants were initially recruited through purposive non-probability sampling, which may have resulted in a sample of mothers who were more motivated to improve their parenting practices than the broader population. The primary outcome was assessed through maternal self-report, and the absence of reports from children, fathers, teachers, or independent observers may have increased the possibility of social desirability and common-method bias. The follow-up period was limited to three months and therefore did not establish whether the effects remained stable over longer periods. In addition, the interventions were delivered by the researcher, and therapist expectancy or allegiance effects may have influenced the results. The study also did not formally assess treatment fidelity, homework adherence, or the extent to which participants practiced the skills outside the sessions.

Future studies should replicate these findings using larger and more diverse samples drawn from multiple schools, districts, and cultural contexts. Researchers should include fathers, couples, mothers of girls, and parents of children from different developmental stages to determine whether intervention effectiveness varies according to parent and child characteristics. Random recruitment procedures and multicenter randomized controlled designs would improve external and internal validity. Future investigations should use multiple methods of assessment, including child reports, father reports, teacher evaluations, structured observations of parent-child interaction, and behavioral measures. Follow-up periods of six months, one year, or longer are recommended to evaluate the durability of treatment effects. Researchers should also examine potential mediators, such as parental self-efficacy, maternal emotion regulation, empathy, parenting stress, perceived child needs, and reductions in coercive parenting. Moderator analyses could determine whether baseline conflict, socioeconomic status, maternal education, child temperament, or severity of behavioral problems predicts differential response to the two interventions. Direct comparison of face-to-face, online, and blended formats would also clarify how these programs can be delivered efficiently without reducing effectiveness.

Counselors, school psychologists, family therapists, and parent educators should consider incorporating both positive parenting and Choice Theory-based principles into parenting programs for families with primary school children. Positive parenting techniques can provide parents with concrete strategies for reinforcing desirable behavior, establishing clear rules, giving effective instructions, and managing behavioral difficulties consistently. Choice Theory principles can complement these techniques by helping parents understand children's psychological needs, reduce coercive communication, offer developmentally appropriate choices, and resolve conflicts through empathy and collaboration. School-based parent education programs may be particularly useful because they can identify families early and provide accessible preventive services before relational problems become severe. Practitioners should adapt training examples to children's developmental level and the family's cultural and socioeconomic circumstances. Booster sessions, follow-up consultations, home-practice assignments, and digital support materials may help parents maintain the acquired skills. Where possible, programs should involve both parents and encourage consistent parenting practices across caregivers.

Authors' Contributions

All authors significantly contributed to this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the interview and participated in the research with informed consent.

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