

Narrative Review

Parenting principles primer

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ABSTRACT

A good understanding of parenting principles helps clinicians to advise parents how to optimally support their child's brain development. Parenting principles include co-regulation, attachment, and the five universal parenting strategies that produce self-regulation and attachment. This primer provides updated knowledge translation from evidence-based literature, by integrating interpersonal neurobiology with parenting intervention research. Secure attachment to the parent decreases a child's stress responses and increases their emotion regulation skills. The child needs support from their parent when stress exceeds their self-regulation skills. Emotion regulation is foundational for all aspects of cognitive and interpersonal functioning. Parent empathy and problem-solving are required to support development of the child's self-regulation and problem-solving, which in turn foster communication of empathy toward others and development of other skills. The warmth and structure of the five universal parenting strategies provide a straightforward conceptualization of authoritative parenting, which builds secure attachment and self-regulation described by interpersonal neurobiology. Parenting principles are simple to remember when integrating the five universal parenting strategies (attention and empathy, predictable daily routines, consistent sequence within the routines, household rules, and coaching skills) with the four S's of attachment (Seen + Soothed + Safe for Secure attachment).

Keywords: Child development; Child behavior; Parenting.

This article is a parenting principles primer for primary care, consultant, and trainee pediatric clinicians who address child development and behavior concerns that are common in Canada (38% of children, most recent reference) (1). This primer provides updated evidence-based knowledge translation by integrating interpersonal neurobiology literature with parenting intervention research. Parenting principles serve as the foundation for developing specific strategies to answer parents' questions on how to help their child learn specific skills, such as compliance or coping with fears (2). Although such skill-specific strategies are beyond the scope of this article, the primer provides the fundamental concepts (principles) that are applicable to all children through adolescence within cultural context.

HOW IS PARENTING CRUCIAL TO CHILD DEVELOPMENT?

Evidence-based parenting forms healthy neural brain pathways (3). All people are different in their development (4). There are many interdependent factors shaping an individual child's brain

development—his biology (temperament and inherited genes) and the experiences that shape the epigenetic molecules on the chromosomes (4–6). Concurrently, brain neurons and synapses physically increase in response to experiences (6). This is called neuroplasticity (7). Epigenetic molecules activate the genes that create the proteins for this increase (6). Experiences include pre- and postnatal environment, family factors such as perceived support and marital conflict, and individual factors such as activities on which the child focuses their attention, their brain development hitherto, and teacher strategies (3–5,8). The developing central nervous system requires these stimuli from the external environment to reach its optimal potentials (4). Parenting and other attachment relationships are crucial experience factors—“human connections create synaptic connections” (5,9).

The human brain is structured to be in relationship with other people in a way that keeps the child safe and shapes how the brain functions and develops (6,9). Being understood by an adult helps the infant regulate their body state (such as being satisfied from being fed) and helps them regulate their emotions, so that the brain is in a calm and alert state for learning (6). Critical parenting

jobs include supporting the child's self-regulation, development of attachment, and coaching of skills expected for the family culture (9,10). Self-regulation is the ability to modulate one's own emotions, thoughts, and behavior (11). Thus, it is a foundation for lifelong physical and mental health that helps predict educational achievement and financial independence (11). When a parent helps their child to self-regulate (co-regulation), they foster growth of attachment (12). Attachment is the emotional relationship that a person forms with people who meet their physical and interaction needs in a responsive, warm, and caring way; attachment is influenced by the person's own behavior and helps the person feel secure (10,13). Signs of secure attachment that develop over time are the child going to their parent for soothing when having strong emotions, trusting that they will receive it, and leaving their parent with confidence to explore, knowing they will be welcomed back when needing it (14,15).

There is a bidirectional relationship between co-regulation and attachment. Calming down with the same person over time allows connection for relationship growth; the secure relationship calms the child (5,6,9,12). Secure attachment helps parents provide evidence-based skills-coaching, leading to parents' improved sense of competence, which in turn helps them co-regulate their child (3).

Parenting principles include co-regulation, attachment, and the five universal parenting strategies that produce self-regulation and attachment.

FOSTERING SELF-REGULATION DEVELOPMENT WITH CO-REGULATION

Emotions, generated by the amygdala, influence all aspects of cognitive and interpersonal functioning because they are the basis for regulation (5). Regulation allows a child to cycle into deep sleep and return to calm and alert state from autonomic nervous system stress responses throughout the day (12). Calm and alert is needed for developing attachment, paying attention, thinking clearly, and social interaction (9,12). Thus, regulation fosters skills-learning and eventually a sense of self-efficacy (Figure 1) (16).

In early life, the child depends on co-regulation from an adult when dysregulated (not calm) (12). In co-regulation, the parent provides responsive warmth to calm their child, coaching to increase the child's self-regulation skills, and support by decreasing environmental stressors (such as insufficient sleep time, lack of predictable routine) so that stress does not exceed the child's self-regulation skills (11). Co-regulation is required through adulthood (9,11,12). The greater the self-regulation skills in a given situation, the less co-regulation is needed (11,12). Parents may need support; it is more difficult for a dysregulated parent to co-regulate (11,12).

The right hemisphere is more active than the left hemisphere during the first three years of life (5). It perceives, and is calmed by, the parent's nonverbal communication (5). From co-regulation, the child gradually tolerates intense emotions more easily and eventually self-comforts in absence of their parent, due to subconscious memory of their parent comforting them (5,6). Co-regulation stimulates the growth of integration, which is the linking together of axons from separate areas across the brain so that they function together (5).

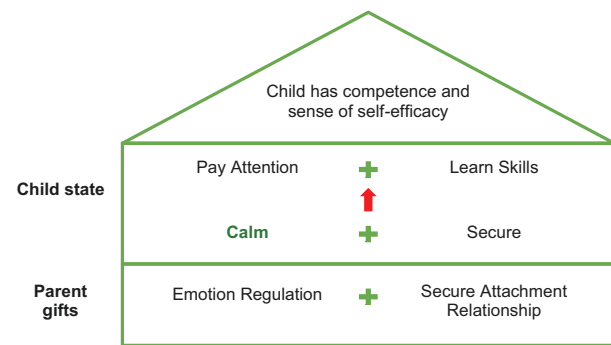


Figure 1. Building self-efficacy. Regulation back to a calm and alert state throughout the day is why social-emotional development is the foundation for all other learning. Co-regulation assistance comes from the parent when the child cannot self-regulate. When the child is feeling calm and secure, they can pay attention, choose how they are going to act, and develop skills. Skill competence brings self-efficacy, the child's belief that they can master a situation, which in turn augments successful functioning (16).

After the first 3 years, the left hemisphere is more active, the corpus callosum transfers information between the two hemispheres, and the prefrontal cortex starts to coordinate the functioning together of the linked areas (5). Because of integration and the fact that the left hemisphere uses words and logical sequence to explain events, the verbal preschooler starts to self-regulate (says "I'm mad" instead of hitting) and understand what made them feel that way (5,17).

Empathy is feeling another person's emotions (10). When parents communicate empathy, they show understanding of their child's perspective (thoughts and emotions) in that moment (10,17). When the parent pairs empathy with a coping statement ("I know it's disappointing – let's do something else instead."), the child will internalize the statement as self-talk to regulate their own feelings (3). In contrast, when a child's dysregulated states are too frequent or prolonged, regulation neurons become over-pruned and excess cortisol is released, resulting in physical and cognitive impairments such as lowered immunity and memory (5,12,15). Table 1 provides tips to support self-regulation.

Self-regulation increases dramatically in early childhood and adolescence, related to the development of the prefrontal cortex and cognitive skills of language, executive function (attention and impulse control), and perspective taking (understanding another's thoughts and emotions) (11). Parenting intervention is especially powerful at these ages because emotions are stronger than the cognitive skills (11). During early adolescence, emotions experienced with peers can reduce cognitive self-regulation skills and increase risky decisions (11). School age children increasingly make their own decisions and self-monitor because they have internalized self-talk and start to think about their thinking (11).

FOSTERING SECURE ATTACHMENT WITH THE FIVE UNIVERSAL PARENTING STRATEGIES

Five universal parenting strategies combine the warmth and structure of authoritative parenting to support the development

Table 1. Tips to support self-regulation development (3,8,11,12)**Infant and toddler (0–24 months)**

Respond with understanding to his* dysregulation cues (looks away from stressor, sucks hand to self-soothe, looks upset, acts too excited): Give him break from interaction. Soothe him with mirroring and empathy (facial expression, tone, and words that match his emotion “You’re so disappointed.”). Consider safety (location, separation from source of harm), distractor to help him forget (change location), other sensory input (quiet dim location, holding, touch, lullabye), or reassurance (“You’re okay.”). Watch his cues (his response) to see what soothes or worsens his distress

Early childhood (2–5 years)

Respond with understanding when he is in a stress response (tantrum, aggression, sad crying, fearful look, quiet withdrawal): Soothe with mirroring and labelling emotion; safety, cognitive distraction, sensorimotor input, reassurance, or break as for infant and toddler; watch cues. After calm, praise to help him recognize it (“Now you’ve calmed down.”)

When child is calm:

- Give reflective listening (“That’s frustrating.”); coach recognizing emotions and thoughts, positive more than negative (“That looks interesting – you’re curious.” “Your body is still; you’re feeling calm because you like the quiet.”)
- Help him reflect and problem-solve (“What happened? That was irritating. What could you do next time instead?”)
- Coach skills using “model, prompt, praise.” Self-calming (3+ years, deep breathing, muscle relaxation, coping self-talk “I feel impatient. I’ll pretend I’m a turtle while I wait.”); persistence (“Try putting the piece here. Good trying again. You did the finishing part!” “You’re concentrating hard.” “This is frustrating but you are staying patient.” “Good coming back after a break.”); the positive opposite behavior if it is difficult to accomplish (“That was really brave.”)
- Give motivation: Explain rules. Point out how his behavior affects others positively (“I feel cared about from your sharing.”). Have problem-solving conversation before an anticipated event or at a brief family meeting (18).

Middle and late childhood (6–12 years)

• *Respond with understanding* when he is in a stress response (yelling, verbal/physical aggression, looks sad, worried, or withdrawn): Ensure safety by separating him from others and making location safe; soothe him as for younger child, but don’t assume what he is feeling and thinking (“You look upset - what’s the matter? How are you feeling?” with caring tone and facial expression matching what you think he is feeling); watch cues. After calm, praise

When child is calm:

- Continue reflective listening and supervision for safety. Be available to coach skills when necessary
- Coach self-calming (“I’ve noticed that your pacing is a sign you feel worried. Where could you go to relax? What will you do there?” Once calmer, “What coping self-talk could you say?”); coach problem-solving (“What are some solutions to prevent what you’re worried about? Let me know if you want help with ideas.” “Role playing negotiating a compromise with your friend, doing homework before you go out – great thinking of ideas!”); coach social skills with connection between his behavior and another’s feelings (“Thank you for helping. That made her feel happy.”)
- Encourage breathing activities that support the parasympathetic nervous system (swimming, choir, wind instrument)

*He/him/his is used to represent the child of any gender

of all children and simultaneously decrease problem behavior (Figure 2) (19,20). These universal parenting strategies are 1) attention and empathy (responsiveness), 2) predictable daily routines, 3) consistent sequence within the routines, 4) household rules, and 5) coaching skills (21,22).

Authoritative parenting produces the child’s secure attachment to that parent (14). Four S’s is a simple summary of attachment: Seen + Soothed + Safe = Secure (14,23). Overlaying parenting on the 4S summary, the S is the child experience exemplar and in brackets is the universal parenting strategy that produced and reinforced the S: Seen (attention) + Soothed (empathy) + Safe (structure and being protected from harm) = Secure.

Warmth and structure strategies evolve with development of the child’s skills. Responsiveness begins at birth, with attention to baby’s needs and trying to understand their internal state; this allows the child to feel safe by feeling understood (5,6,14,21). At all ages, the child needs to be protected from physical and emotional harm (14). This protection includes the safety they feel from their parent’s understanding when they feel upset—“when they’re at their worst, they need you the most” (5,6,14). Because parents give empathy and teach their child how to talk about

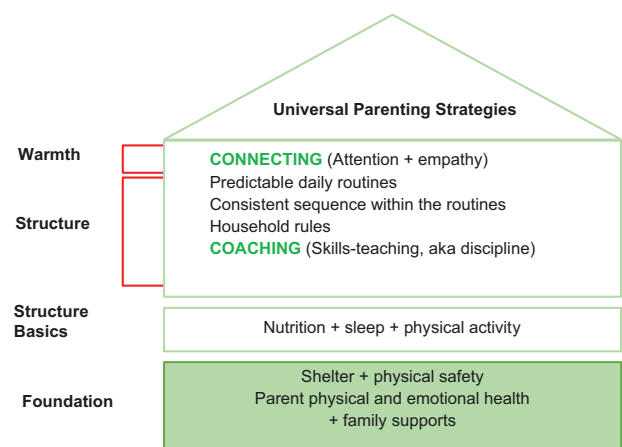


Figure 2. Universal parenting strategies (21,22). The five universal parenting strategies are like a building, supported by structure basics and the foundation.

their emotions, the child gets soothed not only in the moment of their negative emotion but also, at toddler age onward, they start to internalize their parent as a mental image which provides

the child a sense of comfort and security (5,9). This helps them self-regulate in absence of their parent (6,9).

Structure is added gradually through the first year; predictable daily routines help the child feel secure by knowing what to expect; limit-setting keeps baby safe once they develop grasping and mobility; consistent sequence within the routines helps the child build memory for task independence (3,8,21,24,25). Like the rails on a bridge, household rules allow children of all ages to feel safe and less anxious by knowing the parent is in charge with reliable expectations (14,15,21). Skills-coaching within family culture includes modelling and descriptive commenting for self-regulation and self-care skills beginning in infancy, problem-solving at 2+ years old, and, beginning at toddler age, relationship skills (impulse control, social interaction, and conscience) which will eventually build perspective taking and moral responsibility for optimal adult functioning within the family's cultural standards of behavior (Figure 3) (3,5,8,9,24,27).

Authoritative parenting is depicted visually by the Incredible Years Parenting Pyramid® for children 3+ years old (Figure 4), in which the universal strategies constitute the majority of parenting time (the base) (22,28). These strategies decrease the need for consequences (apex) by preventing problem behavior, which communicates lack of skill (often emotion regulation) and the child's need for connecting and coaching (7,14,15,26,28,29).

How does the child get seen?

The parent stays attuned, on stand-by and mentally present, aware of the child's internal state and ready to respond if needed,

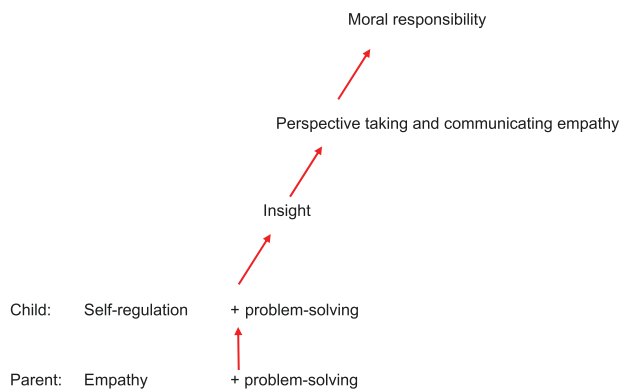


Figure 3. The prosocial* effects of authoritative parenting on child development. In discipline (coaching, modeling), the parent provides what will eventually become the child's own skills. Parent empathy and problem-solving for the child lead to child self-regulation and problem-solving. Problem-solving will help them cope with their emotions (self-calm and tolerate distressing emotions) and control their behavior (delay gratification, obey rule, persist to meet goal, act kindly toward others). Through parent-guided reflection, gaining insight into the thoughts and situation that led to their emotion also helps them learn to understand other people's thoughts, intentions, and emotions and eventually communicate empathy to others. This helps them be a good relationship partner. Ultimately, parenting increases their capacity to control their own conduct, independent of outside authority, during the last phase of adolescence. In moral responsibility, the older adolescent uses their conscience to guide their behavior; conscience is their internal voice of society's moral standards of right and wrong, taught to them by parents, school, and/or peers (5,7,10,11,16,24,26–28). *Acting in a way that benefits others

always in a way that is influenced by their culture and that shapes culturally expected interpersonal behavior (5,6,9,14). Being seen happens when the parent meets the child's physical needs or gives reflective listening, making them feel understood ("feeling felt") and connected to their parent (5,6,9). Sometimes the child needs no interaction, such as when overstimulated or drowsy before sleep. At other times, they need their parent to show interest in or join what they are saying or doing, following their child's lead, including one-on-one "relationship time" scheduled 5–15+ min daily or spontaneously for the busy 9+ year old (3,5,6,9,22,31).

How does the child get soothed?

Empathy communicates an "I am on your side" mindset, even when the parent does not like their child's thought or feeling (24). Showing understanding may be enough to calm them when emotionally dysregulated; touch or being nearby also soothes (14). Nonverbal empathy includes nodding to show they hear or mirroring facial expression, body posture, and vocal tone to reflect, for example, the child's sadness (5,12,14). Verbal empathy includes sounds (sympathetic "mm"), mirroring by describing what they see ("You look cold."), or asking how they are feeling ("I wonder if you're angry?") (6,15,24). Respectfully expressing physical clues and the emotion's cause potentiates the child's insight (3,6). Receiving empathy helps them be aware of their emotion so that eventually they will calm themselves ("I'm disappointed.")—called "name it to tame it"—and develop understanding of other people's perspectives and emotions (5,12).

Why it is okay to not be constantly responsive... Parents may miss their child's signal or respond with inaccurate or poorly timed empathy attempts (6,9). These unintentional relationship "ruptures" help the child tolerate negative emotions such as frustration (12). When the infant looks away to decrease this emotion, it signals to their parent their error; when they reconnect with the child soon in an understanding way, the child develops confidence in their ability to "repair" ruptures and persistence in reaching out to interact with people (6,9).

How do coaching and rules contribute to attachment?

Skills-teaching and limit-setting also cause relationship "ruptures" that are crucial for the child to learn what they are allowed to do, strengthen their ability to tolerate negative emotions, and self-soothe during disappointment from the relationship (6,12). However, the parent needs to reconnect with their child ("repair") to keep the relationship strong; they can do so by giving empathy without changing the rule ("I know it's hard to wait.") (6,12).

Like a growing tree, the child needs to receive empathy (water) for a full range of emotions in balance with coaching and limit-setting (pruning) to increase the security of attachment (3,12). During the first year of life, positive emotions are the most frequent emotions because the sympathetic (accelerating) branch of the autonomic nervous system predominates (5). Empathy for joy amplifies it (5). In the second year, the parasympathetic (decelerating) branch gets activated when parents say no (5). Coaching with empathy helps the prefrontal cortex balance the "accelerator" and "brakes" of the body so that the child calms to be receptive to coaching (5). This balance enables

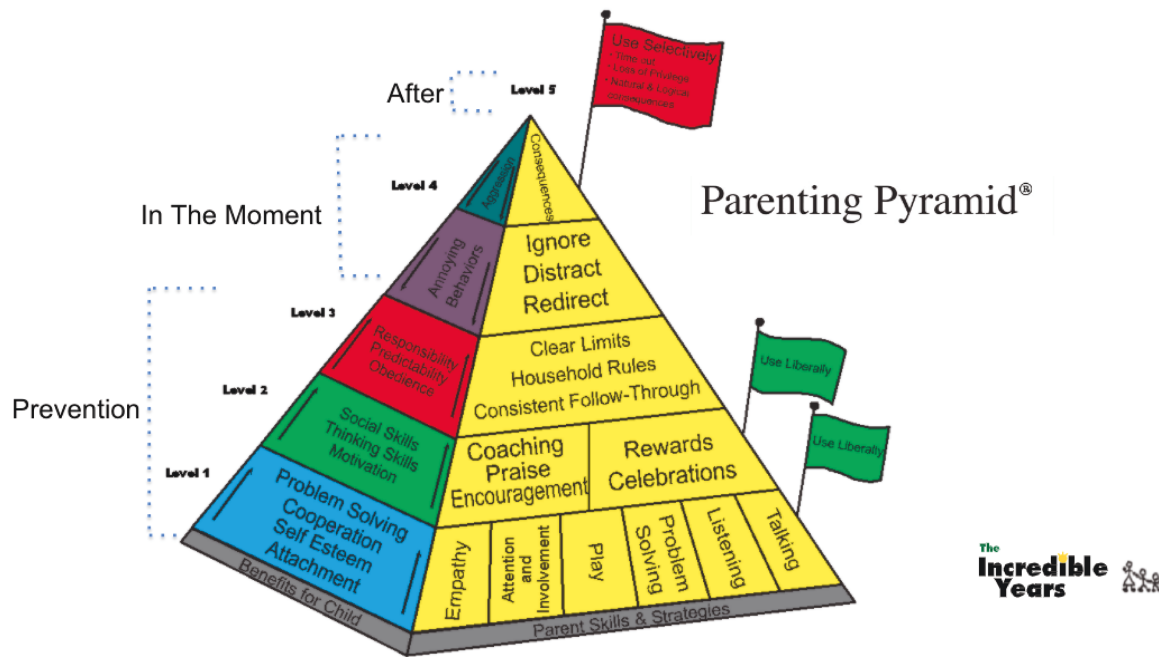


Figure 4. “Connecting and Coaching” in a “Prevention → In the Moment → After” Framework: Supporting child development while preventing problem behavior by Dosman CF, Gallagher S, Andrews D, Goulden KJ, University of Alberta, 2020. The Incredible Years Parenting Pyramid®, property of The Incredible Years®, Inc. and Dr. Carolyn Webster-Stratton, developmental focus framework added with permission from The Incredible Years®, Inc. and Oxford University Press on behalf of Canadian Paediatric Society, Paediatrics & Child Health 2019 May;24(2):e78-e87. “Connecting and Coaching” in Levels 1–3 constitute the majority of parenting time; they prevent the need for Levels 4 and 5 by preventing problem behavior. Level 1 supports emotion regulation and creates a secure attachment relationship by using the strategies outlined in this base level of the pyramid from early infancy onward, along with Level 2 and Level 3 strategies incorporated in late infancy according to developmental skills attained. Parents need their own mental and physical health so that the base and subsequent levels can be successfully navigated. Level 2 is coaching skills, which enable the child to meet Level 3, the expectations of the rules. Rules can be understood at 2–3 years of age but noncompliance is more frequent than compliance at this age. Descriptive praise (“good staying in your bed at bedtime” next morning) helps a child recognize when they have done a behavior that is difficult for them to learn. Empathy combined with Level 4 strategies (ignore, distract, redirect) for the child age 12+ months reduce problem behavior in the moment, followed by descriptive praise for positive behavior. Logical consequences can be understood at 2–3 years; natural consequences start to be understood at 5 years; consequences are short to allow a soon opportunity for expected behavior. Time out to calm down for children 3+ years acting with aggression combines empathy and safety (removal from the triggering situation, “no hitting - you’re upset - time to calm”); at younger ages, the child may feel abandonment because they may not yet have attained the cognitive skill of object constancy; time out lasts 3 min at 3 years, 4 min at 4 years, and 5 min at 5+ years; this length includes 2 min of calm (which might be shorter for children with short attention span). Level 5 above the pyramid is the teachable moment, after the child has become calm and receptive, when the parent helps them process the event through empathy with problem-solving. Brief when it starts (at 3 years), this reflective dialogue gets longer with age and skill as the child contributes more to the discussion. Problem-solving steps: Identify their emotion and the problem that caused this emotion, generate solutions to prevent the problem from recurring next time, and choose the best solution; the parent need only offers suggestions if their child does not have ideas (3,10,20,24,28–30).

self-regulation, which in turn will help the 4+ year old start to control their behavior to stop themselves from doing what is not allowed, interact well with other people, and develop relationships outside the family (5,14). Thinking about what is important for the long-term development of their child’s character helps parents respond purposefully when it is difficult to tolerate their child’s negative emotions (6).

The role of the parent’s own attachment history

How parents were parented unconsciously teaches them how to parent. Many parents (40%) did not receive secure attachment in childhood (14). Parents who feel an uncomfortable emotion triggered by their child’s behavior, together with an urge to avoid their child’s need, have “shark music.” In this phenomenon, the parent unconsciously remembers how their own parent related to them in similar circumstances (6,15). This leads their child to

stop demonstrating their need in order to prevent their parent’s discomfort and keep them close (15). Parents can learn to become aware of their own discomfort in order to adequately meet their child’s needs in the moment (32).

The clinician could gently explain to parents this common “shark music” phenomenon, that happens out of love for their child, and assure them that they can still offer secure attachment and parent as effectively as others who had secure childhood attachment (14,15). During difficult parenting moments, parents may first need a break to self-soothe/self-regulate, to prevent them from hurting their child (6,8). The best protection parents can give their child is to shift internally from focusing on what their child is doing and how it makes them feel (“He’s pushing my buttons.”), to what they are doing and how that makes their child feel (“He needs patience right now – I can do that.”) (15). They can make this shift by reflecting on their own life story and

possibly receiving a new attachment figure from a partner or therapist (14,15). Parents thus become aware of how their upbringing impacts how they parent their child (14). Then, in the moment of shark music, their new insight will help them look at “What does my child need right now?” (15).

CONCLUSION

Parenting principles are simple to remember when integrating the five universal parenting strategies with the four S’s of secure attachment. Attention and empathy, predictable daily routines, consistent sequence within the routines, household rules, and skills-coaching bring the child to be Seen + Soothed + Safe for Secure attachment. Attachment in turn fosters optimal development of self-regulation and other life skills.

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REFERENCES

1. Glascoe FP. *Collaborating with parents – Using Parents’ Evaluation of Developmental Status (PEDS) to detect and address developmental and behavioral problems*, 2nd edn. Nolensville, TN: PEDStest.com, LLC, 1998-2013.
2. Dosman CF, Koscielnuk D, Gallagher S. Pearls of wisdom: Updated skill-specific parenting strategies in the first six years. *Paediatr Child Health* 2022; in press.
3. Webster-Stratton C. *Collaborating with parents to reduce children’s behavior problems*. Seattle, WA: Incredible Years®, Inc, 2012.
4. Gilfoyle EM, Grady AP, Moore JC. *Children adapt*, 2nd edn.. Thorofare, NJ: Slack Incorporated, 1990.
5. Siegel DJ. *The developing mind – How relationships and the brain interact to shape who we are*, 2nd edn.. New York, NY: Mind Your Brain, Inc, 2012.
6. Siegel DJ, Hartzell M. *Parenting from the inside out – How a deeper self-understanding can help you raise children who thrive*, 10th anniversary edn. New York, NY: Mind Your Brain, Inc., and Mary Hatzell, M.Ed. Penguin Random House LLC, 2014.
7. Siegel DJ, Bryson TP. *No-drama discipline – The whole-brain way to calm the chaos and nurture your child’s developing mind*. New York, NY: Bantam Books, 2016.
8. Webster-Stratton C. *Incredible toddlers – A guide and journal of your toddler’s discoveries – Promoting toddlers’ safety and their social, emotional and language development*. Seattle, WA: Incredible Years, Inc, 2011.
9. Tronick, E. *The neurobehavioral and social-emotional development of infants and children*. New York, NY: W. W. Norton & Company, Inc., 2007.
10. Landy S. *Pathways to competence – Encouraging healthy social and emotional development in young children*, 2nd edn. Baltimore, MD: Paul H. Brookes Publishing Co., Inc., 2009.
11. Murray DW, Rosanbalm K, Christopoulos C, Hamoudi, A. *Self-regulation and toxic stress report 1: Foundations for understanding self-regulation from an applied perspective*. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services; 2014. OPRE Report # 2015-21.
12. Lillas C, Turnbull J. *Infant/child mental health, early intervention, and relationship-based therapies – A neurorelational framework for interdisciplinary practice*, 1st edn. New York, NY: W. W. Norton & Company, Inc., 2009.
13. Bowlby J. *Attachment and loss*. New York, NY: Basic Books, 1969.
14. Siegel DJ, Bryson TP. *The power of showing up – How parental presence shapes who our kids become and how their brains get wired*. New York, NY: Mind Your Brain, Inc., 2020.
15. Hoffman K, Cooper G, Powell B. *Raising a secure child – How Circle of Security Parenting can help you nurture your child’s attachment, emotional resilience, and freedom to explore*. New York, NY: The Guilford Press, 2017.
16. Santrock JW, Deater-Deckard K, Lansford JE. *Child development*, 15th edn. New York, NY: McGraw-Hill Education, 2021.
17. Hollister Sandberg E, Spritz BL. *A clinician’s guide to normal cognitive development in childhood*. Danvers, MA: Taylor and Francis Group, LLC, 2010.
18. Siegel DJ, Bryson TP. *The whole-brain child – 12 Revolutionary strategies to nurture your child’s developing mind*. New York, NY: Mind Your Brain, Inc., and Tina Payne Bryson, Inc, 2011.
19. Landy S, Bradley S. *Children with multiple mental health challenges – An integrated approach to intervention*. New York, NY: Springer Publishing Company, LLC; 2014.
20. Durrant, JE. *Positive discipline in everyday parenting*, 3rd edn. Ottawa, ON: Save the Children Sweden, 2013.
21. Dunlap G, Strain PS, Lee JK, et al. *Prevent teach reinforce for families – A model of individualized positive behavior support for home and community*. Baltimore, MD: Paul H. Brookes Publishing Co., 2017.
22. Dosman CF, Andrews D, Gallagher S, Goulden KJ. Anticipatory guidance for behaviour concerns: School age children. *Paediatr Child Health* 2019;24:e78–87. doi: 10.1093/pch/pxy080. Epub 2018 Jul 18.
23. Siegel, DJ. *Brainstorm: the power and purpose of the teenage brain – An inside-out guide to the emerging adolescent mind, ages 12–24*. New York, NY: Jeremy P. Tarcher/Penguin, 2013.
24. Faber J, King J. *How to talk so little kids will listen – A survival guide to life with children ages 2–7*. New York, NY: Scribner, 2017.
25. NHS Scotland Greater Glasgow and Clyde. Kids Independently Developing Skills (KIDS). <https://www.nhsggc.org.uk/kids/resources/> (Accessed April 23, 2021).
26. Siegel DJ, Bryson TP. *The yes brain – How to cultivate courage, curiosity, and resilience in your child*. New York, NY: Mind Your Brain, Inc., 2018.
27. Fraiberg, SH. *The magic years – Understanding and handling the problems of early childhood, introduction copyright edition*. New York, NY: Scribner, 2008.
28. Webster-Stratton C. *The incredible years – A trouble-shooting guide for parents of children aged 3-8 years*. Seattle, WA: Incredible Years, Inc., 2019.
29. Greene RW. *Raising human beings – Creating a collaborative partnership with your child*. New York, NY: Simon & Schuster, 2016.
30. Faber A, Mazlish E. *How to talk so teens will listen & listen so teens will talk*. New York, NY: HarperCollins Publishers, 2005.
31. Barkley RA. *Defiant children – A clinician’s manual for assessment and parent training*, 3rd edn. New York, NY: The Guilford Press, 2013.
32. Brazelton TB, Sparrow JD. *Touchpoints – Three to six – Your child’s emotional and behavioral development*. Cambridge, MA: Da Capo Press, 2001.