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ParentUp! Online positive parenting group counselling intervention that enhances gratitude, self-compassion, and resilience

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KEYWORDS	ABSTRACT
Positive parenting Online counseling groups Parental support Psychological resilience Self-compassion Gratitude	Parental solid guidance shapes a child's development, and online support groups can provide accessible resources for parents in today's digital world. This study tested a 10-week online Positive Psychology Intervention (PPI) program for parents with children aged 7-13. We hypothesised the program would increase parents' self-compassion, gratitude, and positive emotions. Equal-sized groups (n = 19) were recruited online (experimental and control). The program introduced positive psychology concepts and parenting applications, focusing on emotion regulation, self-compassion, gratitude, and building resilience. Parents completed questionnaires before and after the program, measuring emotions, self-compassion, gratitude, resilience, and demographics. The online format increased flexibility and accessibility. Results showed increased gratitude, self-compassion, resilience, and positive emotions, supporting online PPIs as an effective intervention for parents with children aged 7-13. Children appeared to be also indirectly and positively affected by the change in their parent's behaviour.
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In recent years, there has been a growing emphasis on positive parenting practices that nurture healthy child development. Recognising this need, Greece, like many other countries, is witnessing an increased interest in accessible parenting support. This study explores the potential of an online positive parenting group counselling intervention as a novel approach within the Greek context. This study provides evidence for the effectiveness of an online intervention. It also fosters a supportive environment where parents can develop positive parenting skills and connect with others facing similar experiences.

While the arrival of a child brings immense joy, it also presents significant challenges. Although research suggests parenthood can enhance emotional well-being (Nelson et al., 2013), it undeniably introduces adjustments and stressors that can impact mental health (Lévesque et al., 2020; Nelson et al., 2014). In the digital age, parents have unprecedented access to a vast pool of information and online communities. These resources offer valuable support, connecting parents with experts and others facing similar experiences (Haslam et al., 2017; Lupton et al., 2016; Price et al., 2018). However, this abundance of information can also be overwhelming, leading to feelings of inadequacy and information overload, ultimately reducing parental self-efficacy (Glatz & Lippold, 2023). Social media further complicates the picture by often portraying an idealised and unrealistic version of parenthood, fostering social comparisons that exacerbate parental stress (Padoa et al., 2018; Sidani et al., 2020).



Contemporary digital pressures are just one aspect of the complex landscape of parenthood, which is influenced by various social, cultural, and economic factors. Key determinants such as family economic status, cultural expectations, and access to resources significantly affect parenting experiences, parental well-being and their effectiveness in their roles (Fang et al., 2024; Nomaguchi & Milkie, 2020). Social support systems—including family and friends (Hughes et al., 2020; Love & Knott, 2018), community connections, like supportive neighbourhoods (Rhoad-Drogalis et al., 2020; Tendulkar et al., 2012), and online platforms (DeHoff et al., 2016; Haslam et al., 2017)—are essential in helping parents cope with stress and maintain their well-being.

The impact of parenting and the quality of the parent-child relationship significantly influence children's holistic development throughout their lives in multiple domains encompassing both their physical and emotional health (Sanders & Turner, 2018). Research indicates a correlation between parental mental health and children's psycho-emotional growth; when parental mental health is compromised, it can detrimentally impact children's development (Reupert et al., 2015; Singleton, 2007). On the other hand, nurturing parenting practices, characterised by warmth and effective caregiving, can serve as protective factors, fostering children's development and bolstering their psychological resilience (Masten & Palmer, 2019).

Given the challenges of modern parenting, there is a growing need for scientifically validated interventions to support parents in their demanding roles. Despite implementation challenges, group parenting interventions have become more common and effective in recent years. These interventions benefit both children's mental well-being (Barlow & Coren, 2018; Olofsson et al., 2016) and parents' psycho-emotional health and parenting efficacy (Barlow & Coren, 2018; Bennett et al., 2013). They are also cost-effective, especially for parents of young children (Duncan et al., 2017), and valuable in low- and middle-income countries (Zhang et al., 2021). Group interventions are particularly useful for specific populations, such as immigrant parents (Lim et al., 2023) or parents of children with developmental disorders such as autism (Boonsuchat, 2015; McAleese et al., 2015; O'Donovan, 2019), or attention-deficit/ hyperactivity disorder (ADHD) (Coates et al., 2015).

Complementing traditional group interventions, positivity has emerged lately as a critical component in supporting parents' emotional well-being (Kyriazos & Stalikas, 2018). This emphasis on positivity aligns with the core principles of Positive Psychology, a field that has broadened its research focus to encompass increasingly complex systems and contexts (Lomas et al., 2021). The family unit exemplifies such complexity, and Positive Psychology applications offer valuable tools to strengthen family well-being and resilience, contributing significantly to family therapy (Conoley et al., 2014; Henry et al., 2015; Waters, 2020). Martin Seligman (2002) outlined the core principles of Positive Psychology parenting, which emphasise promoting children's well-being through two key elements: character strengths (Seligman & Csikszentmihalyi, 2000) and positive emotions as defined by the Broaden and Build theory (Fredrickson, 2001; Kyriazos & Stalikas, 2018). These elements or principles have been explored within parenting research, with studies investigating the psychological resilience and well-being of parents and children. Additionally, positive psychology tools like gratitude, self-compassion, and promoting positive emotions have been effectively integrated into various parenting interventions to enhance psychological resilience.

Psychological resilience refers to an individual's capacity to effectively navigate life's adversities and challenges, both external and internal, and it manifests as flexibility and adaptability across cognitive, emotional, and behavioural levels (American Psychological Association, 2018). Historically, the study of resilience began with observations of children raised in high-risk environments, such as those with parents suffering from schizophrenia or those experiencing loss and severe trauma. Researchers were intrigued by the subset of children who demonstrated healthy adjustment despite these challenges, prompting investigations into the factors differentiating them from their peers (Luthar et al., 2014). Since then, research on

psychological resilience has flourished, encompassing all age groups and extending its focus to multiple contexts and systems, including families, groups, and organisations (Masten, 2018).

Findings related to these multiple contexts and systems are often interpreted through the lens of developmental systems theory (DST), a theory that posits that individual development is non-linear and shaped by complex interactions between various levels of systems (Lerner, 2006; Masten, 2014). Mental resilience within a developmental systems framework is “the capacity of a system to adapt successfully to challenges that threaten the function, survival, or future development of the system” (Masten, 2018, p. 2). This definition broadens the concept of “system” to encompass not just individuals but also families, ecosystems, and even economies. As a result, resilience can be studied not only through individual characteristics and processes but also in relation to the characteristics of the people and environments with which individuals interact.

Family resilience refers to the collective capacity of a family to endure and adapt to adversity while maintaining cohesion and functionality (Walsh, 2012). It involves factors such as finding meaning in challenges, sharing common values, employing effective communication, and fostering emotional expression, including gratitude (Walsh, 2016a, 2016b). Research underscores the importance of quality parenting and care as key protective factors for children’s mental resilience, along with clear boundaries set by parents (Ellis et al., 2017; Alvord & Grados, 2005). Specific parenting traits like empathy, active listening, unconditional love, and skill reinforcement further enhance resilience in children (Brooks, 2023; Brooks & Goldstein, 2001, 2003). These insights contribute to strategies for resilience-building interventions (Vella & Pai, 2019).

Positive emotions and emotion regulation are essential to parenting and well-being (Seligman & Csikszentmihalyi, 2000). Fredrickson's Broaden and Build Theory posits that positive emotions enhance mood, broaden attention, foster creativity, and promote resilience, benefiting both parents and children (Fredrickson, 1998, 2001). For children, these emotions support well-being, social-emotional development, and learning (Stifter et al., 2020). Interventions that teach parents emotional socialization techniques have been shown to improve emotional regulation in children (England-Mason et al., 2023). While more research is needed, such interventions show promise for enhancing positive emotional socialization (Braeux et al., 2022).

Emotional regulation is vital for children’s development, affecting their relationships, academic performance, and mental health (Gottman & DeClaire, 1997). Parents serve as emotional mentors, teaching children to recognize, accept, and manage their emotions through listening and validation (Gottman & DeClaire, 1997). However, their ability to support their children's emotional well-being relies on their own emotional regulation skills (Zimmer-Gembeck et al., 2022). As role models, parents influence the family's emotional climate (Morris et al., 2017). Given the challenges of parenting, practices like self-compassion (Inwood & Ferrari, 2018) and mindfulness (Roemer et al., 2015) are increasingly recognized for enhancing emotional regulation in both parents and children (Gouveia et al., 2016; Moreira & Canavarro, 2020; Zessin et al., 2015).

Self-compassion, a key aspect of emotional regulation, involves self-kindness, mindfulness, and the recognition of shared human experiences (Neff, 2003, 2020; Neff & Knox, 2017). It has been identified as a protective factor for mental health, linked to improved well-being and lower levels of anxiety, depression, and stress across all age groups (Bluth et al., 2015, 2018; MacBeth & Gumley, 2012; Neff, 2023). In parenting, self-compassion is associated with better mental health, reduced criticism towards children, and less permissive or authoritarian styles (Moreira, 2023; Psychogiou et al., 2016; Gouveia et al., 2016). It also benefits parents of children with developmental challenges and lowers parental burnout (Bohadana et al., 2019; Nguyen et al., 2023). Interventions focused on self-compassion and mindfulness have shown positive outcomes, including reduced depression, anxiety, stress, and improved parental well-being (Jefferson et al., 2020; Fernandes et al., 2022). Online interventions for parents yield similar benefits (Mitchell et al., 2018; Tan et al., 2023). Recent



research has explored the effectiveness of interventions targeting parents integrating self-compassion and mindfulness training. These interventions have yielded promising results, including increased self-compassion and mindfulness among parents, reduced depression, anxiety, and stress (Jefferson et al., 2020).

Gratitude is a key positive emotion linked to well-being and holds potential for parenting interventions, particularly in fostering positive family dynamics (Fredrickson, 2004; Waters, 2020). Defined as appreciating and acknowledging the good in life, gratitude strengthens social bonds and motivates reciprocal care (Emmons & McCullough, 2003; Park et al., 2004). Research links gratitude to enhanced well-being, life satisfaction, and improved relationships in both adults and children (Kardas et al., 2019; Armenta et al., 2022). Parental modelling of gratitude promotes secure attachments and encourages children to express gratitude (Obeldobel & Kerns, 2021). Effective strategies include parental encouragement and gratitude-promoting activities (Hussong et al., 2019; Rothenberg et al., 2017). Gratitude interventions, such as journaling, have shown benefits for parents, especially those with children facing developmental or emotional challenges (Martin et al., 2019; Timmons & Ekas, 2018). Emerging tools, like online gratitude conversations, also offer potential but require further refinement (Hussong et al., 2020).

While research on parental resilience exists in Greece, it primarily focuses on specific populations like migrant children or parents with children facing challenges (Anagnostaki et al., 2016; Karela & Petrogiannis, 2018; Kavaliotis, 2017). A recent study highlighted the link between coping strategies and parental well-being within the general population (Aivalioti & Pezirkianidis, 2020). Research specifically targeted at family resilience or interventions to enhance it is still being determined. Existing interventions for parental resilience often cater to parents of children with difficulties (Kotera et al., 2021; Schwartzman et al., 2022) and have shown promise in online delivery formats (Luo et al., 2021; Mullins et al., 2015; Park et al., 2020; Yi-Frazier et al., 2017). This highlights the need for further investigation into family resilience in Greece and the development of interventions tailored to the Greek context, specifically those delivered online.

In designing such interventions, it is important to bear in mind that whilst individual traits like self-compassion, resilience, and gratitude are essential for effective parenting, they are often shaped also by societal factors. For instance, parents with higher perceived social support are likely to develop and maintain their resilience (Savari et al., 2023; Zhao et al., 2021). Given this, online parenting interventions—characterized by their group-based structure—might effectively foster a sense of community, providing parents with emotional support, shared experiences, and practical strategies to enhance their well-being, resilience, and parenting effectiveness.

The current study

Despite extensive research in positive psychology, comprehensive interventions designed to promote family and parental flourishing still need to be made available (Waters, 2020). This study addresses this gap by investigating the effectiveness of a multi-component, 10-week Positive Psychology Intervention (PPI) program for parents, going beyond the positive discipline (Durrant, 2011; Nelsen, 2006), warm parenting and conflict reduction in the family environment (Sanders, 2012) that other positive oriented interventions foster (Kyriazos & Stalikas, 2018). Waters (2020) emphasizes the need for positive psychology programs tailored for families, focusing on teaching positive skills and fostering positive outcomes rather than solely addressing negativity. Existing parent-focused programs, such as Triple P, primarily aim to alleviate adverse outcomes within families facing specific challenges like stress.

This intervention goes beyond such approaches by emphasising the flourishing of individuals (Seligman, 2002) and cultivating positive skills like expressing gratitude. It also aims to enhance positive outcomes such as mental resilience, positive emotions, and self-compassion in parents while being accessible and tailored for families. Unlike most positive-oriented interventions targeting families with specific challenges, this program is designed for parents from the general population, as Waters (2020) suggested. It aims to equip parents

with tools like gratitude expression while addressing negative emotions concurrently. Recognizing the practical benefits and effectiveness of online interventions for busy parents, the program offers accessible support and education through an online format.

In summary, this study aimed to investigate the effectiveness of a multi-component Positive Psychology Intervention (PPI) program for Greek parents with at least one child aged 7 to 13. We hypothesised that, compared to the control group, participants in the intervention group would experience increased levels of gratitude, self-compassion, and positive emotions. The study's primary research question was, *“Compared to the control group, is a multi-component PPI program effective in increasing gratitude, self-compassion, resilience, and positive emotions in Greek parents?”*

Based on the research question, the following research hypotheses were formulated:

H1: There will be no significant main effect of time (pre-test, post-test) on gratitude, self-compassion, resilience, and positive affect.

H2: There will be no significant main effect of group assignment (intervention, control) on gratitude, self-compassion, resilience, and positive affect.

H3: There will be a significant interaction effect between time and group on gratitude, self-compassion, resilience, and positive affect. Specifically, we expect the intervention group to report higher levels of gratitude, self-compassion, resilience, and positive affect compared to the control group in the post-test.

Method

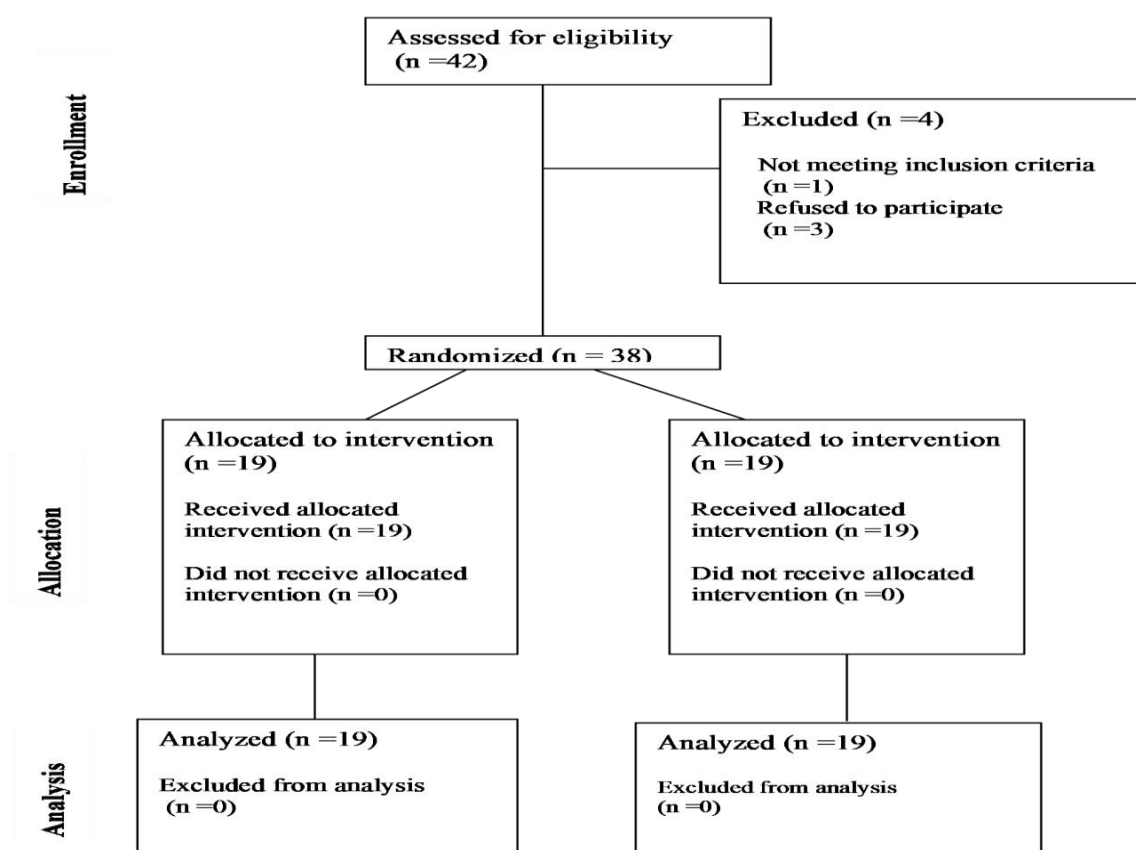
Design

This study employed a 2 (group) x 2 (time) mixed-factors design. The group served as the between-subjects independent variable, with two levels: intervention and control groups. Time functioned as the within-subjects independent variable, with two levels: pre-test and post-test. The dependent variables, measured using questionnaires administered at both pre-test and post-test, included self-compassion, positive affect, and children's strengths and difficulties as perceived by parents.

Participants

Participants were recruited online from Greece. One month before the Positive Psychology Intervention (PPI) program began, an advertisement for the group was posted on social media platforms. Parents could contact the therapists via email for further information. Additionally, an informational meeting was held to discuss the program structure. The inclusion criteria were: (a) Primary caregiver of at least one child aged 7 to 13 years old and (b) Access to a reliable internet connection and a device for online sessions. The exclusion criteria were: (a) Diagnosed with a severe psychiatric disorder and (b) Currently undergoing intensive therapeutic interventions elsewhere.

A total of 42 parents were initially contacted. Of these, 38 parents (90.50%) with at least one child aged 7 to 13 ($M = 38.55$, $SD = 6.48$) participated in the study. Participants were randomly assigned to either the intervention group ($n = 19$) or the control group ($n = 19$) (see Table 1). Snowball sampling was not employed; recruitment occurred solely through online advertisements and informational meeting. Informed consent was obtained before participation, and participants were assured their right to withdraw at any time. Written consent was obtained. No identifying information was collected, and private data were anonymized. Participants were invited to complete a survey distributed through email and social media platforms using Google Forms. Independent samples t-tests and χ^2 were conducted to assess potential baseline group differences on demographic variables and all dependent measures (Table 1).

**Graph 1.** CONSORT 2010 flow diagram.**Table 1.** Demographic characteristics of the participants

Demographic variables	Intervention group (N =19)	Control Group (N =19)	Total (N =38)	t, χ^2	P
Age, Mean (SD)	37.63 (4.4)	39.47 (8.08)	38.55 (6.48)	.76	.39
Gender				.79 ^a	.37
Male	4 (66.7%)	2 (33.3%)	6 (15.8%)		
Female	15 (46.9%)	17 (53.1%)	32 (84.2%)		
Marital status				.71 ^a	.88
Single	2 (50%)	2 (50%)	4 (10.5%)		
Married	13 (54.2%)	11 (45.8%)	24 (63.2%)		
Divorced	4 (40%)	6 (60%)	10 (26.3%)		
Education				4.85 ^a	.06
High School	1 (100%)	0	1 (2.6%)		
BSc	11 (39.3%)	17 (60.7%)	28 (73.7%)		
MSc	7 (77.8%)	2 (22.2%)	9 (23.7%)		
Children				0.76 ^a	.77
1	5 (50%)	5 (50%)	10 (26.3%)		
2	11 (55%)	9 (45%)	20 (52.6%)		
3+	3 (37.5%)	5 (62.5%)	8 (21.1%)		

^a The Fisher's exact test was used.

Materials

Gratitude. Gratitude was measured using the Gratitude Questionnaire-Six Item Form (GQ-6; McCullough et al., 2002). The GQ-6 consists of six items designed to assess an individual's typical experience of gratitude (e.g., “*I have so much in life to be thankful for*”). Participants rated each item on a 7-point Likert scale ranging from 1 (*Strongly Disagree*) to 7 (*Strongly Agree*). To ensure the instrument's cultural relevance and reliability in the Greek context, the GQ-6 underwent the following procedures: (a) Translation: Two independent translators translated the items into Greek and then back-translated them into English to ensure equivalence, (b) Item Reversal: Following the original authors' recommendations, two items were reverse-scored and (c) Exploratory Factor Analysis (EFA): EFA was conducted to assess the scale's structural validity within the current sample. The Kaiser-Meyer-Olkin (KMO) index of sampling adequacy was .73, indicating a good fit for factor analysis. Bartlett's test of sphericity was statistically significant, $\chi^2(15) = 116.529, p < .001$, supporting the presence of significant correlations between items. EFA revealed a single factor explaining 53.26% of the total variance, consistent with the findings of McCullough et al. (2002). The Cronbach's alpha coefficient for the GQ-6 in this study was $\alpha = .85$, indicating good internal consistency.

Self-compassion. Self-compassion was assessed using the Self-Compassion Scale (SCS; Neff, 2003), translated and validated in Greek by Karakasidou et al. (2017). The SCS measures six dimensions of self-compassion: self-kindness, self-judgment, common humanity, isolation, mindfulness, and overidentification. Participants rated each item on a 5-point Likert scale ranging from 1 (*Almost Never*) to 5 (*Almost Always*). Following reverse coding of negative items, mean scores were calculated to create a total self-compassion score (range: 26-130), with higher scores indicating greater self-compassion. Karakasidou et al. (2017) demonstrated satisfactory reliability and validity of the Greek SCS version. The factorial structure mirrored findings from studies in other countries, supporting its cultural relevance. In the present study, Cronbach's alpha for the SCS was $\alpha = .85$, indicating good internal consistency.

Resilience. Resilience was assessed using the Brief Resilience Scale (BRS; Smith et al., 2008), adapted for the Greek population by Kyriazos et al. (2018). The SRS is a six-item measure to evaluate an individual's capacity to bounce back from stressful situations and adversity. Participants rated each item on a 5-point Likert scale ranging from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*), with higher scores indicating greater resilience. Kyriazos et al. (2018) established that the Greek adaptation of the SRS was reliable and valid within the Greek context. The scale's internal consistency, measured by Cronbach's alpha, was acceptable at $\alpha = .85$.

Positive and Negative Emotions. The Modified Differential Emotions Scale (mDES; Fredrickson et al., 2003) assessed participants' positive and negative emotions experienced over the past two weeks. This scale, initially developed by Izard (1977) and standardized in Greek by Galanakis et al. (2016), measures 20 distinct emotions (e.g., awe, joy, jealousy) using a 5-point Likert scale ranging from 1 (not at all) to 5 (extremely). Fredrickson et al. (2003) created subscales for positive and negative emotions through item analysis. The Positive Emotions subscale comprises nine positive emotions (excluding awe), while the Negative Emotions subscale includes seven negative emotions. The Greek standardization of the mDES demonstrated acceptable reliability (Galanakis et al., 2016). In the present study, Cronbach's alpha for the Positive Emotions subscale was .78 and .70 for the Negative Emotions subscale, indicating good internal consistency.

Procedure

The study adhered to the ethical guidelines of the Greek Psychological Society. Participants were informed about the intervention procedures, their anonymity and their right to withdraw at any time. Written informed consent was obtained. Participants were first divided into the experimental and control groups. One week before the intervention, they completed a demographic questionnaire and four self-report measures. The 10-week online intervention program consisted of weekly, two-hour group meetings led by a single trainer. The



intervention aimed to familiarize participants with positive psychology concepts, emphasizing gratitude, self-compassion, resilience, and positive emotions. Negative emotion management was also addressed, primarily focusing on fostering positive connections. The program utilized a psychoeducational approach with experiential learning activities. Each session focused on a specific positive psychology topic and included discussions, exercises, and creative play. The 10-week online intervention program consisted of weekly, two-hour group meetings.

Results

Data were analysed using IBM SPSS Statistics, version 25 (IBM Corp., 2017). A 2 (intervention group, control group) \times 2 (pre-test, post-test) mixed-factors analysis of variance (ANOVA) was conducted to examine the effects of intervention type (between-subjects), time of measurement (within-subjects) and their interaction on the dependent variables: gratitude, self-compassion, resilience, and positive affect.

Preliminary Analyses

Skewness and kurtosis were assessed using the criteria by George and Mallery (2010) found in the acceptable range (-2 to $+2$), and therefore, normality was presumed. No missing data or outliers were detected (z scores < 3).

ANOVA models examining the effect of the group by time

Four ANOVA models were conducted to examine the effect of group (experimental, control) by time (before and after the intervention). The results are presented in Table 2.

For gratitude, there was a significant main effect of time with a medium effect size, $F(1,36) = 82.06, p < .001, \eta^2 = .06$. There was a significant main effect of a group with a medium effect size, $F(1,36) = 8.74, p < .001, \eta^2 = .07$. There was a significant interaction effect between group and time with large effect size, $F(1,36) = 100.63, p < .001, \eta^2 = .54$.

For self-compassion, there was a significant main effect of time with small effect size, $F(1,36) = 50.68, p < .001, \eta^2 = .01$ and there was a significant main effect of a group with a medium to large effect size, $F(1,36) = 10.41, p < .001, \eta^2 = .09$. There was a significant interaction effect between group and time with a large effect size, $F(1,36) = 48.61, p < .001, \eta^2 = .54$.

For resilience, there was a significant main effect of time with large effect size, $F(1,36) = 727.84, p < .001, \eta^2 = .13$. There was a significant main effect of group with a medium to large effect size, $F(1,36) = 99.25, p < .001, \eta^2 = .22$. There was a significant interaction effect between group and time with a large effect size, $F(1,36) = 745.27, p < .001, \eta^2 = .54$.

Lastly, for positive affect, there was a significant main effect of time with large effect size, $F(1,36) = 585.23, p < .001, \eta^2 = .18$. There was a significant main effect of the group with large effect size, $F(1,36) = 264.53, p < .001, \eta^2 = .18$. There was a significant interaction effect between group and time with a large effect size, $F(1,36) = 602.38, p < .001, \eta^2 = .60$.

The post hoc analysis using paired sample t -tests examined the effectiveness of the intervention on enhancing gratitude, SCS, resilience, and positive affect within the intervention and the control group. The results are reported below in Tables 3 and 4.

For gratitude, there was a statistically significant increase from the pretest ($M = 29.63, SD = 5.45$) to the post-test ($M = 37.89, SD = 2.75$), $t(18) = -9.95, p < .001$. The effect size for this analysis (Cohen's d) was -2.24 , indicating a large effect. For self-compassion, results indicated a significant increase post-intervention, with pretest scores ($M = 57.89, SD = 11.73$) and post-test scores ($M = 78.11, SD = 13.84$), $t(18) = -7.05, p < .001$. The effect size was -1.62 , suggesting a large effect. Resilience scores significantly increased from the pretest ($M = 13.84, SD = 2.04$) to the post-test ($M = 22.74, SD = 1.63$), $t(18) = -30.14, p < .001$, with a Cohen's d of -6.92 , indicating a very large effect. Positive affect showed significant improvement following the intervention,

moving from a pretest mean of $M=21.84$ ($SD = 1.39$) to a post-test mean of $M=36.42$ ($SD = 2.25$), $t(18) = -24.97$, $p < .001$. The effect size was -5.73 , reflecting a very large effect.

Table 2. Means and Standard Deviations as a function of 2 (Group) x 2 (Time) factorial mixed ANOVA for all study variables

		Time					ANOVA			
		Before		After						
Group		M	SD	M	SD		Effect	F	df	η²
Gratitude										
Intervention		29.63	5.45	37.89	2.75		T	82.06***	1	.06
Control		29.53	5.47	29.11	5.10		G	8.74***	1	.07
							T x G	100.63***	1	.54
Self-compassion										
Intervention		57.89	11.73	78.11	13.84		T	50.68***	1	.01
Control		57.00	9.65	57.21	9.46		G	40.41***	1	.09
							T x G	48.61***	1	.54
Resilience										
Intervention		13.84	2.04	22.74	1.63		T	727.84***	1	.13
Control		12.47	1.96	12.42	1.87		G	99.25***	1	.22
							T x G	745.27***	1	.54
Positive affect										
Intervention		21.84	1.39	36.42	2.25		T	585.23***	1	.18
Control		21.95	1.55	21.84	1.26		G	264.53***	1	.18
							T x G	602.38***	1	.60

Note. *** Significant at the $p < .001$ level. T = Time, G = Group.

In the control group, a post hoc analysis was conducted to examine changes in gratitude, self-compassion, resilience, and positive affect (see Table 4). Despite minimal changes observed across most variables, a significant difference was found in self-compassion scores from before ($M = 57.00$, $SD = 9.64$) to after ($M = 57.21$, $SD = 9.46$), $t(18) = -2.19$, $p < .05$. The effect size for this change was moderate (Cohen's $d = -0.50$). Interestingly, despite not receiving any intervention, the correlation coefficients indicated high consistency in scores across time points, with correlation values exceeding $r = .90$ for all measures, suggesting minimal variability in participant responses over time.



The analysis for gratitude showed a non-significant increase ($t(18) = 1.71, p > .05$) with a small effect size (Cohen's $d = 0.40$). Resilience and positive affect also demonstrated stability over time with no significant changes observed ($t(18) = 0.37$ for resilience; $t(18) = 0.81$ for positive affect) and negligible effect sizes (Cohen's $d = 0.09$ and 0.19 , respectively). The data analysis using a 2 (group) \times 2 (time) mixed-factors ANOVA revealed significant main effects and interactions, indicating substantial outcome differences between the intervention and control groups. Notably, participants in the intervention group exhibited significant increases in gratitude, self-compassion, resilience, and positive affect from pre-test to post-test, reflecting the effectiveness of the intervention. These effects were supported by large effect sizes and significant t-values, illustrating substantial improvements. Conversely, the control group showed only minor changes, with a slight, non-significant increase in gratitude and a small but significant increase in self-compassion, likely due to increased self-awareness or participation effects rather than the intervention itself.

The bar graph (figure 2) illustrates the scores for gratitude, self-compassion, resilience, and positive affect for the intervention and control groups across the two-time points. Each graph depicts a notable increase in scores for the intervention group from pre-test to post-test, demonstrating the effectiveness of the Positive Psychology Intervention. In contrast, the control group shows relatively stable scores across time, with minimal increases or some decreases, highlighting the impact of the intervention.

Table 3. *Post hoc analysis of the interaction (intervention group)*

	Before		After		95% CI	r	t(18)	Cohen's d
	M	SD	M	SD				
Gratitude	29.63	5.45	37.89	2.75	-10.01, -6.52	.81	-9.95***	-2.24
SCS	57.89	11.73	78.11	13.84	-26.23, -14.19	.53	-7.05***	-1.62
Resilience	13.84	2.04	22.74	1.63	-9.52, -8.28	.78	-30.14***	-6.92
Positive affect	21.84	1.39	36.42	2.25	-15.81, -13.35	.08	-24.97***	-5.73

Note. *** Significant at the $p < .001$ level.

Table 4. *Post hoc analysis of the interaction (control group)*

	Before		After		95% CI	r	t	Cohen's d
	M	SD	M	SD				
Gratitude	29.53	5.47	29.11	5.10	-.10, .94	.98	1.71	.40
SCS	57.00	9.64	57.21	9.46	-.41, -.01	.99	-2.19*	-.50
Resilience	12.47	1.95	12.42	1.87	-.25, .35	.94	.37	.09
Positive affect	21.95	1.55	21.84	1.26	-.17, .38	.93	.81	.19

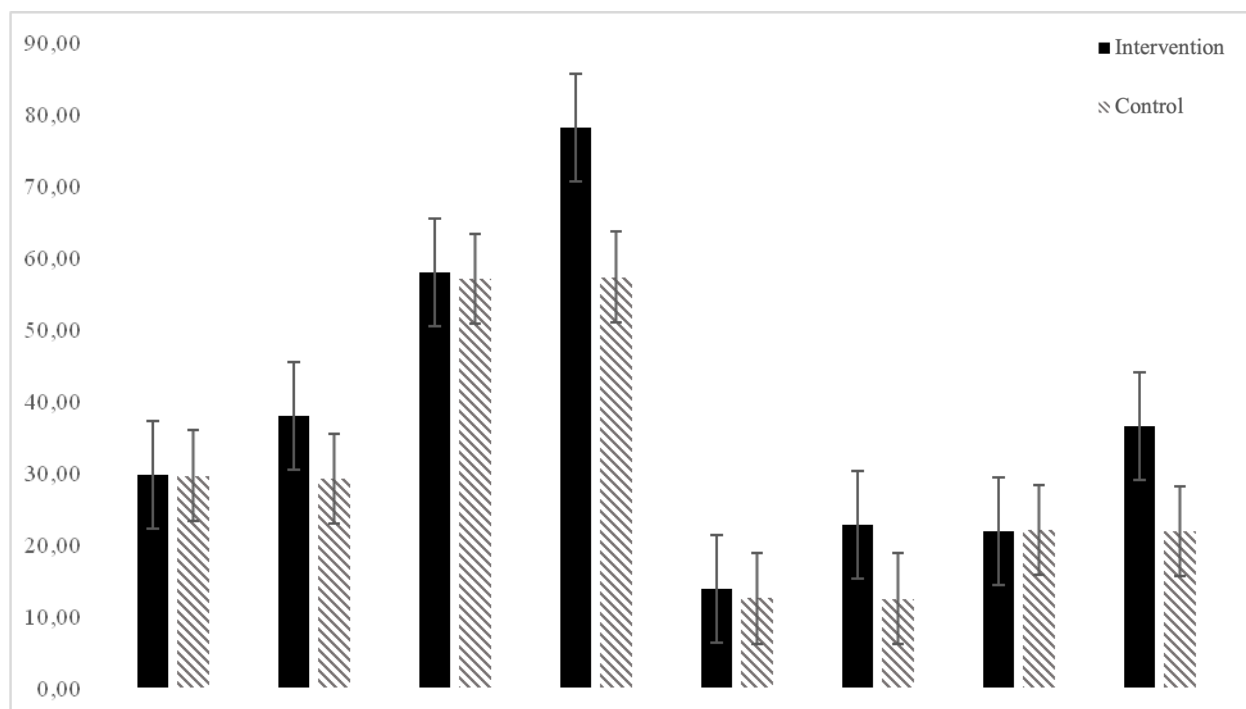
Note. * Significant at the $p < .05$ level.

Discussion

The purpose of the current study was to test the effectiveness of a multi-component PPI on parents with at least one child aged 7 to 13. The study hypothesized that after the intervention, the parents from the specific group would have an increase in gratitude, self-compassion and positive emotions. Based on the first two hypotheses we expected significant differences in gratitude, self-compassion, resilience, and positive affect over time (before vs. after the intervention) and between the intervention and control groups. Finally, we hypothesized a significant interaction effect between group (intervention vs. control) and time, showing greater improvements in gratitude, self-compassion, resilience, and positive affect in the intervention group compared to the control group. The results showed that all research hypotheses were confirmed, as there was a significant main effect for time and group and a significant interaction effect between time and group. The

parents from the intervention group experienced higher levels of gratitude, self-compassion, resilience and positive affect than the parents from the control group in the post-test measures.

Figure 2. *Changes in Gratitude, Self-Compassion, Resilience, and Positive Affect Before and After a PPI*



Positive parenting plays a significant role in raising and shaping a child, leading to well-being for both the child and the family as a whole (Seligman, 2002) and enhancing the child's resilience, shielding them all from adversities (Masten & Palmer, 2019). Studying positive interventions for parents is crucial for achieving these goals. Given the ubiquitous nature of the internet, this research investigated the effectiveness of an online intervention based on positive psychology principles and parenting practices. The intervention aimed to increase positive emotions, gratitude, resilience, and self-compassion. The research results yielded statistically significant outcomes.

The analysis revealed significant improvements in gratitude over time and between the groups, with the intervention group showing substantial increases compared to the control. This aligns with research highlighting the effectiveness of positive psychology interventions, such as Fredrickson's (2004) "Three Good Things" exercise, which fosters gratitude by shifting perspectives towards positive life circumstances. The differences between the intervention and control groups can be contextualized within the framework of positive psychology, which emphasizes the cultivation of positive emotions (Seligman & Csikszentmihalyi, 2000). The study's findings support the idea that gratitude interventions enhance well-being by increasing awareness and appreciation of life's positives (Emmons & McCullough, 2003). Moreover, gratitude improvements often coincide with increases in self-compassion and resilience (Neff, 2003; Neff & Knox, 2017), reinforcing the holistic benefits of these interventions. Prior studies have shown similar benefits, especially for parents of children with developmental or emotional challenges (Ahmed, 2016; Martin et al., 2019; Timmons & Ekas, 2018) and children with emotional and behavioral problems (Kim-Godwin, 2020), improving also parental mental health (Fernandes et al., 2022; Mitchell et al., 2018; Potharst et al., 2019; Tan et al., 2023).

There was a significant, though modest, improvement in self-compassion over time, with the intervention's effectiveness depending on both intervention type and time. The control group showed only minor changes, with a small but significant increase in self-compassion, despite not receiving the intervention. High consistency in control group scores suggests minimal variability over time, with increases likely due to factors like mindfulness or participation effects (Neff & Germer, 2013). Since self-compassion is more internally



focused than constructs like gratitude or resilience, it may be more influenced by personal insight and self-reflection than by external interventions (McCambridge et al., 2014).

Mindfulness practices help individuals adopt a more compassionate, forgiving view of themselves, reducing self-criticism and isolation. While self-compassion showed smaller effect sizes compared to other variables, its increase is significant, as it involves deep shifts in self-perception and internal dialogue that impact psychological well-being. Due to its internal focus, self-compassion interventions may require longer or more intensive programs to achieve greater changes. Research shows these interventions not only enhance self-compassion but also foster mindfulness and reduce anxiety, depression (Jefferson et al., 2020; Psychogiou et al., 2016), stress (Jefferson et al., 2020; Othman et al., 2022; Psychogiou et al., 2016), and improve parental mental health (Fernandes et al., 2022; Mitchell et al., 2018; Potharst et al., 2019; Tan et al., 2023). Thus, self-compassion serves as a foundation for other positive mental states.

The results showed strong effects of both time and group on resilience, with significant increases in the intervention group compared to the control. This highlights the importance of the intervention's structure and concluding exercises, such as examining values and positive communication, which enhance gratitude (Walsh, 2016b). The high effect sizes suggest that these resilience improvements are both statistically and practically significant, likely benefiting participants' daily lives and ability to cope with stress (Luthar & Cicchetti, 2000).

Masten (2018) underlined the essential role of resilience, and it is a trait that has been investigated broadly, concluding parents, families and environments since resilient environments can influence people in which they interact according to DST (Lerner, 2006; Masten, 2014). Resilience plays a key role in mental health and enhancing it in parents fosters a resilient family environment that helps children cope with adversity and traumas (Luthar et al., 2014; Walsh, 2012; Walsh, 2016a). Supporting parents through positive communication, value examination, and realistic boundaries (Alvord & Grados, 2005; Brooks, 2023; Brooks & Goldstein, 2001, 2003) acts as a protective factor for children's resilience (Ellis et al., 2017). These findings align with previous in vivo (Kotera et al., 2021; Schwartzman et al., 2022) and online research (Luo et al., 2021; Mullins et al., 2015; Park et al., 2020; Yi-Frazier et al., 2017) and are consistent with Greek studies on migrant families and children facing challenges (Anagnostaki et al., 2016; Karela & Petrogiannis, 2018; Kavaliotis, 2017).

The findings indicated strong results for positive affect, with significant improvements observed over time and clear distinctions between the intervention and control groups. The interaction effect underscored the timing and efficacy of the intervention in enhancing positive affect. According to Fredrickson's (2001) broaden-and-build theory, positive emotions broaden individuals' thought-action repertoires, facilitating the development of enduring personal resources and promoting overall well-being (Fredrickson & Joiner, 2002). Interventions aimed at increasing positive emotions (Braeux et al., 2022) have been shown to enhance the well-being of parents (Seligman & Csikszentmihalyi, 2000), supporting them as they navigate the challenges of parenthood (Don et al., 2022). Positive emotions in parents not only benefit the parents themselves but also positively influence their children (Rutherford et al., 2015). As role models (Morris et al., 2017), parents' emotional expression -whether positive or negative- plays a key role in shaping their children's subjective well-being, social-emotional development, and learning (Fredrickson, 1998; Stifter et al., 2020). Furthermore, fostering positive emotions in children enhances their ability to manage emotions (Gottman & DeClaire, 1997), improves emotional regulation (England-Mason et al., 2023; Zimmer-Gembeck et al., 2022), and positively impacts adjustment (England-Mason et al., 2023), interpersonal relationships, academic performance, and mental health (Gottman & DeClaire, 1997).

Parenthood is shaped not only by individual traits but also by external factors, such as social influences. Support from family and friends (Hughes et al., 2020; Love & Knott, 2018), neighbourhood (Rhoad-Drogalis et al., 2020; Tendulkar et al., 2012), and social media (DeHoff et al., 2016; Haslam et al., 2017) plays a key role in fostering positive parenting behaviors and enhancing parental well-being (Fang et al., 2024; Nomaguchi & Milkie, 2020). Personal characteristics, like resilience, may be strengthened by social factors such as social

support (Savari et al., 2023; Zhao et al., 2021). This suggests that the success of the intervention could be linked to its group-based format, particularly the peer support formed among participants.

This research has several limitations. The sample size and number of parents in each group were small, which may have restricted findings on the program's effectiveness. Data collection relied on convenience sampling, limiting generalizability (Fink, 1995). Additionally, follow-up measurements were not conducted, preventing insights into the long-term maintenance of therapeutic gains. Demographically, the sample was overrepresented by females, married individuals, those with bachelor's degrees, and parents of three children. The findings primarily apply to parents of children aged 7 to 13 and may not be relevant for parents of younger children or adolescents.

Future research could explore the long-term maintenance of intervention results six months to two years post-intervention. Additionally, studies could investigate the multi-component PPI's benefits for parents and children, focusing on enhancing positive emotions, self-compassion, gratitude, and resilience. Examining perceived social support's role in intervention effectiveness is also recommended. Future studies could include parents of younger children or adolescents and explore online PPIs using longitudinal or experimental designs. Given that parenting impacts all stages of a child's life, longitudinal studies could assess the benefits of positive parenting on mental health across various developmental stages. This research reinforces the value of positive psychology interventions (PPIs) for parents of children aged 7-13. It highlights the potential of online PPIs, a crucial adaptation for today's internet-driven society. Online delivery offers accessibility and effectiveness comparable to face-to-face interventions (present study & previous research). Based on positive psychology principles, this study's multi-component PPI demonstrates the benefits of cultivating positive emotions, resilience, self-compassion, and gratitude in parents. Unlike most prior research focusing on single aspects of positive psychology (e.g., gratitude in Martin et al., 2019; Timmons & Ekas, 2018), this study's multi-pronged approach yielded positive outcomes across all measures. By engaging with various positive psychology principles, parents gain tools applicable to daily life and their relationships with children, fostering positive role models.

The study addressed a gap in research on positive psychology interventions for Greek parents, particularly those targeting resilience, self-compassion, gratitude, and positive emotions. The positive outcomes observed in this Greek population confirm the effectiveness of PPIs in enhancing well-being and parenting skills. Given the internet's centrality in daily life and busy schedules, online PPIs can offer greater accessibility and engagement for parents. This approach is precious for remote areas where face-to-face interventions are limited. By promoting online programs, society and schools can empower more parents to benefit.

In conclusion, parenting is a lifelong journey of nurturing children and cultivating positive family dynamics. Positive parenting practices, as demonstrated by this multi-component positive psychology intervention (PPI), have been shown to enhance not only child well-being (Seligman, 2002) but also parental well-being (Braeuer et al., 2022). By fostering positive emotions (Fredrickson, 2001; Kyriazos & Stalikas, 2018) and building resilience (Masten & Palmer, 2019), PPIs empower parents to raise strong and thriving children. This research adds to the growing body of evidence supporting online PPIs as a valuable tool for parents. While there is no one-size-fits-all approach to parenting, equipping parents with positive psychology skills, like gratitude and self-compassion, holds immense potential for fostering healthy child development.

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ΕΜΠΕΙΡΙΚΗ ΕΡΓΑΣΙΑ | RESEARCH PAPER

ParentUp! Συμβουλευτική παρέμβαση διαδικτυακής ομάδας θετικής γονεϊκότητας που ενισχύει την ευγνωμοσύνη, την αυτοσυμπόνια και την ανθεκτικότητα

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ABSTRACT IN GREEK

Η συμβουλευτική γονέων ενισχύει την ανάπτυξη του παιδιού και οι διαδικτυακές ομάδες υποστήριξης αποτελούν έναν προσβάσιμο πόρο στους γονείς στον σημερινό ψηφιακό κόσμο. Η παρούσα μελέτη εξέτασε ένα διαδικτυακό Πρόγραμμα Θετικής Ψυχολογίας (PPI), διάρκειας 10 εβδομάδων για γονείς με παιδιά ηλικίας 7-13 ετών. Οι ερευνητές υπέθεσαν ότι το πρόγραμμα θα αύξανε την αυτοσυμπόνια, την ευγνωμοσύνη και τα θετικά συναισθήματα των γονέων. Ομάδες ίσου μεγέθους ($n = 19$) στρατολογήθηκαν διαδικτυακά (πειραματική και ελέγχου). Το πρόγραμμα εισήγαγε έννοιες θετικής ψυχολογίας και εφαρμογές γονικής μέριμνας, εστιάζοντας στη ρύθμιση των συναισθημάτων, την αυτοσυμπόνια, την ευγνωμοσύνη και την οικοδόμηση ανθεκτικότητας. Οι γονείς συμπλήρωσαν ερωτηματολόγια που μετρούσαν τα συναισθήματα, την αυτοσυμπόνια, την ευγνωμοσύνη, την ανθεκτικότητα και τα δημογραφικά τους στοιχεία, πριν και μετά το πρόγραμμα. Η ηλεκτρονική μορφή της παρέμβασης παρείχε ευελιξία και προσβασιμότητα. Τα αποτελέσματα έδειξαν αυξημένα επίπεδα ευγνωμοσύνης, αυτοσυμπόνιας, ανθεκτικότητας και θετικών συναισθημάτων, υποστηρίζοντας την αποτελεσματικότητα των διαδικτυακών θετικών παρεμβάσεων για γονείς με παιδιά ηλικίας 7-13 ετών. Εκτός από τους γονείς, τα παιδιά τους φάνηκε να επηρεάζονται εμμέσως με θετικό τρόπο από την αλλαγή της συμπεριφοράς των γονιών τους.