



UNIVERSITAS NAHDLATUL ULAMA SURABAYA

LEMBAGA PENELITIAN DAN PENGABDIAN KEPADA MASYARAKAT

Kampus A Wonokromo : Jl. SMEA No.57 Tlp. 031-8291920, 8284508 Fax. 031-8298582 – Surabaya 60243

Kampus B RSIJemursari : Jl. Jemursari NO.51-57 Tlp. 031-8479070 Fax. 031-8433670 – Surabaya 60237

Website : unusa.ac.id Email: info@unusa.ac.id

SURAT KETERANGAN

Nomor: 750/UNUSA-LPPM/Adm-I/III/2024

Lembaga Penelitian dan Pengabdian Kepada Masyarakat (LPPM) Universitas Nahdlatul Ulama Surabaya menerangkan telah selesai melakukan pemeriksaan duplikasi dengan membandingkan artikel-artikel lain menggunakan perangkat lunak **Turnitin** pada tanggal 25 Maret 2024.

Judul : *The Impact of Parent Child Interaction Therapy on Temper Tantrums in Pre-school*

Penulis : Eppy Setiyowati^{1*}, Umi Hanik¹, Ni Njoman Juliasih², Aimmatul Chanifah¹

No. Pemeriksaan : 2024.03.28.305

Dengan Hasil sebagai Berikut:

Tingkat Kesamaan diseluruh artikel (*Similarity Index*) yaitu 16%

Demikian surat keterangan ini dibuat untuk digunakan sebagaimana mestinya

Surabaya, 28 Maret 2024

Ketua LPPM,

Achmad Syafiuddin, Ph.D.

NPP. 20071300

LPPM Universitas Nahdlatul Ulama Surabaya

Website : lppm.unusa.ac.id

Email : lppm@unusa.ac.id

Hotline : 0838.5706.3867

The Impact of Parent Child Interaction Therapy on Temper Tantrums in Pre-school

by Eppy Setiyowati

Submission date: 25-Mar-2024 07:17PM (UTC+0700)

Submission ID: 2330655080

File name: Macedonia-The_impact.pdf (293.11K)

Word count: 4319

Character count: 25422



The Impact of Parent Child Interaction Therapy on Temper Tantrums in Pre-school

Eppy Setiyowati^{1*}, Umi Hanik¹, Ni Njoman Juliasih², Aimmatul Chanifah¹

¹Department of Nursing, Faculty of Nursing and Midwifery, Universitas Nahdlatul Ulama Surabaya, Indonesia; ²Department of Public Health, School of Medicine, Universitas Ciputra Surabaya, Surabaya, Indonesia

Abstract

Edited by: Sasho Stileski
Citation: Setiyowati E, Hanik U, Juliasih NN, Chanifah A. The Impact of Parent Child Interaction Therapy on Temper Tantrums in Pre-school. Open Access Maced J Med Sci. 2022 Oct 31; 10(F):720-725. https://doi.org/10.3889/oamjms.2022.9191
Keywords: Temper tantrum; PCIT; Pre-school; Emotional behavior
***Correspondence:** Eppy Setiyowati, Department of Nursing, Faculty of Nursing and Midwifery, Universitas Nahdlatul Ulama Surabaya, Indonesia. E-mail: eppy@unusa.ac.id
Received: 03-Mar-2022
Revised: 19-Oct-2022
Accepted: 21-Oct-2022
Copyright: © 2022 Eppy Setiyowati, Umi Hanik, Ni Njoman Juliasih, Aimmatul Chanifah
Funding: This research did not receive any financial support
Competing Interests: The authors have declared that no competing interests exist
Open Access: This is an open-access article distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License (CC BY-NC 4.0)

BACKGROUND: Temper tantrum behavior is a child's emotional behavior which is shown by explosive anger and some parents consider this behavior to be bad behavior. Temper tantrums can occur in children aged 3–6 years or more.

AIM: This literature review aims to determine the impact of parent child interaction therapy (PCIT) on temper tantrums in preschool.

METHODS: In finding this literature review used four databases (ProQuest, Scopus, PubMed, and Saints Direct for the design of the study used cross-sectional, true experimental, observational, and systematic reviews published in the past 5 years. The protocol and evaluation of the literature review used the preferred reporting items for systematic reviews and meta-analyses checklist to determine the selection of studies that were found and adapted to the objectives of the literature review.

RESULTS: The results of literature review analysis of several parents in group and individual PCIT reported that the application of parent-child-based interventions was proven to be effective and has the potential to bring significant and lasting changes in increasing positive behavior in children with external behavior problems. The frequency of problematic child relationship behavior significantly decreased with increasing age of the child.

CONCLUSION: In addition, assessing both positive and negative child relationship behavior could assist parents in understanding the relevance of different aspects for the development of parent-child relationships.

Introduction

Temper tantrums are problematic behaviors in children that need proper attention and treatment by parents. If this temper tantrum behavior is left alone without being handled wisely, this temper tantrum behavior can become a deviant behavior, which can have a bad impact on the child's life in the future. Problematic behavior in children is one of the issues in society that needs attention and treatment by parents during the development and growth of children. In each process of growth and development, children have differences and characteristics of each that are different from one another, one of the differences is in terms of behavior. Parents must be ready and know how to deal with these behavioral differences, both expected behavior and unexpected or deviant behavior, especially in dealing with children who are experiencing temper tantrum behavior. According to (Amin, 2017), temper tantrum behavior is an excessive reaction from a child when his wishes are not in accordance with feelings or expectations. This temper tantrum behavior usually appears when a child who has a temper tantrum faces a situation or obstacle that is not in accordance with his wishes.

According to data from the Central Statistics Agency in 2016 (Alini and Jannah, 2019) in Indonesia, the number of preschool children with an age range of 2–7 years is 30.26 million. Meanwhile, according to Psychologyzone 2012 in (Ramadia, 2018) states that in Indonesia toddlers who experience temper tantrums occur at the age of 2–4 years as much as 23–83% and this temper tantrum lasts for 1 year. Based on the results of Esti's 2015 research in (Hanura, 2017) conducted in Jember City, it was stated that many as 17 children (73.9%) were at risk of experiencing temper tantrums because mothers left their children or worked and as many as six children (26.1%) were not at risk. experiencing a temper tantrum.

Temper tantrum behavior that often appears in preschool-aged children usually starts from the interaction between parents and children who are not good, so usually this temper tantrum behavior arises from situations in the house or ineffective behavior from parents. Parents have a great influence on the process of child growth and development, both in the process of physical, mental, social, emotional, and spiritual formation. In fact, it is not uncommon for improper parenting to be the cause of problems in children. When children are faced with coercion from parents,

such as criticism, repeated orders, and repeated physical prompts, it will usually result in rejection from the child that manifests in the form of temper tantrums, vocal rejection, or actions aimed at seeking attention (acting out). For example, when child starts screaming, crying, or throwing himself on the floor, parents are likely to change their decision more quickly and be reluctant to follow-up on disciplinary action (Paramita *et al.* 2019) [1]. According to Kirana, 2013 in research (Supriyanti *et al.*, 2018), the factors that can cause temper tantrums in children include physiological factors (such as children feeling hungry, tired, or sick), psychological factors (when children experience failure and other parents are too demanding that the child is in accordance with their expectations of parents), parental factors (parental care and communication between parents and children), and environmental factors (both the environment in the family and the environment outside the home).

Table 1: Inclusion and exclusion criteria

Criteria	Inclusion	Exclusion
Population	The study consisted of a community of preschoolers who experienced temper tantrums or other external behaviors.	Communities other than preschool children with an age range above 10 years
Intervention Comparison	PCIT Intervention Other treatments, for example, parenting therapy for children, parenting therapy for children, parenting communication therapy for children.	In addition to parenting therapy management for children, parenting therapy for children, parent-child communication therapy
Outcome	The impact of PCIT on temper tantrums in preschool.	No exceptions
Study design and publication type	Studies using cross sectional, True Experimental, Observational and Systematic Review.	No exceptions
Publication years	2015–2021 years	year<2015
Language	English and Indonesian	Languages other than English and Indonesian

PCIT: Parent child interaction therapy.

Preschool age children usually start to have the desire to do various things, such learning to understand and adapt related to the behavior that is expected and not expected by the surrounding environment, and indirectly children also begin to learn which behavior are right and wrong. The role of parents in this case is needed to help children understand the norms and values that apply in their environment. Children need to be given the freedom to do things or activities they want while still providing boundaries in accordance with the norms and values that apply in their environment, so that children understand that there are limits and signs that should not be violated. Thus, it is hoped that through parent child interaction therapy (PCIT) therapy, parents are able to overcome the problem of temper tantrum behavior that occurs in preschool-aged children by combining play and interaction therapy, so that it is hoped that children can grow and develop well and have a good spirit independent and responsible.

Methods

The protocol and evaluation of the literature review will use the PRISMA (preferred reporting items for systematic reviews and meta-analyses) checklist to determine the selection of studies that have been found and adapted to the objectives of the literature review (Table 1 and Figure 1).

The literature search in this literature review uses four databases, namely, ProQuest, Scopus, and PubMed, and Saints Direct.

Table 2: Study search results based on research database

Source language	Year	Database	N	Types of article research studies		
				Cross-sectional	Systematic review	True experimental
English	2015–2021	ProQuest	173	1	2	1
		Scopus	0	0	0	
		PubMed	227	0	1	1
		Sains Direct	1	0	0	0
Results			6	1	3	2

Study search and selection results

Quality rating

Analysis to assess the methodological quality in each study using the JBI Critical Appraisal Checklist was obtained in each study ($n = 6$) with an assessment checklist with several questions to assess the quality of the study (Table 2). We excluded studies of low quality to avoid bias in the validity of the results and review recommendations. In the last screening, thirty studies achieved a score of 50% and were ready to synthesize

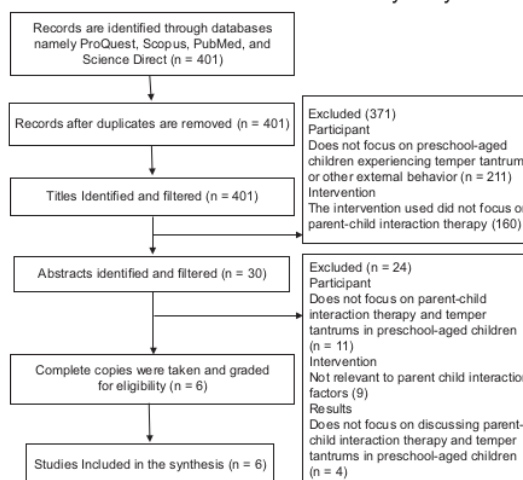


Figure 1: Study search and selection results

data, however due to biased assessment of therapy and articles used in the literature review there were 6 pieces.

Table 3: Literature search results

S. No.	Author and year	Title	Study design, sample	Variable	Instrument	Result of factor analysis	Result summary
1.	Briegleb <i>et al.</i> 2019 [8]	Parents' perception of their 2–10-year-old children's contribution to the dyadic parent-child relationship in terms of positive and negative behavior	Design : cross sectional Sample : 173 children aged 2–10 years	Parents' perception, positive and negative behavior	Pre-trial questionnaire, observation, scale and checklist	Emotional, physical and intellectual	Statistical results show that the child's relationship behavior is a reliable and valid measure. In their parents' perception, girls show more positive relationship behavior and are less problematic than boys. The frequency of problematic child relationship behavior significantly decreased with increasing age of the child, while positive relationship behavior did not show any correlation with the child's age.
2.	(Mingebach <i>et al.</i> , 2018) [3]	Meta-meta-analysis on the effectiveness of parent-based interventions for the treatment of child externalizing behavior problems	Design : Systematic Literature Review Sample: children under 13 years old	intervention, Child externalizing behavior problems	1. Overall child behavior using instruments: child behavior checklist, Dyadic parent-child interaction coding system, teacher assessment of social behavior and other side specific measures such as child depression interaction, social behavior questionnaire 2. Children's behavior violates using the instrument: Externalization checklist, strengths and difficulties of the questionnaire behavior scale 3. PRISMA	Factors that led to children being referred to treatment were behavioral problems e.g., oppositional symptom disorder (ODD), conduct disorder (CD), ADHD, and children described as having externalizing problems.	Parent-based interventions have been shown to be effective in improving behavior in children with external behavior problems, as assessed using parental reports and observational measures. Further analysis focusing on the child's externalizing behavior yielded a significant and moderate effect (SMD=0.45).
3.	Ogundele, 2018 [4]	Behavioral and emotional disorders in childhood: A brief overview for pediatricians	Design : Systematic literature Review Sample: 3042 children with an average age of 4–7 years	Care, Behavior in children	PRISMA	Disorders, depression, anxiety, post-traumatic stress in childhood and pervasive developmental disorder (autism), characterized by internalizing and externalizing	There is evidence-based improvement for some psychosocial interventions but less leverage for pharmacological treatment other than the use of stimulants for ADHD behavioral problems.
4.	Lieneman <i>et al.</i> , 2017 [6], [9]	Parent – Child Interaction Therapy : current perspectives	Design : Systematic literature review Sample : Children 2–7-years-old	PCIT, perspective	PRISMA	Treatment effectiveness, treatment components, adaptation for different populations (age groups, cultural groups, military families, individuals diagnosed with certain disorders, trauma victims, and hearing loss), changes in format (group and home-based), intensive PCIT teacher-child interaction training, preventive medicine (for problems of externalization, child abuse, and developmental delays), and implementation.	The results of various studies indicate that there are several shortcomings of PCIT therapy in contemporary studies related to behavioral health. Many studies conducted on small samples, particularly in the mothers involved, have little demographic diversity and few have long-term follow-up.
5.	Kohlhoff <i>et al.</i> , 2020 [5]	A randomized controlled trial comparing parent child interaction therapy - toddler, circle of security-parenting™ and waitlist controls in the treatment of disruptive behaviors for children aged 14–24months: study protocol	Design: Randomized Controlled design Sample: 90 Toddlers aged 12–24 months	Treatment, Parent Child Interaction Therapy,	interviews, observations, report questionnaires,	parenting capacity, parenting sensitivity, sense of competence of parents in managing negative emotions of toddlers, sense of powerlessness of parenting, parental mentalization of children, regulation of parental emotions, potential for child abuse and parental stress. For children, it will cover children's socio-emotional functions (initiative, relationship functions, self-regulation), child emotional regulation, child attachment security, and child behavior.	Based on the results of the study, it was shown that PCIT therapy in toddlers has the potential to bring significant and lasting changes to children who experience early behavior problems.
6.	Niec <i>et al.</i> [10]	Group parent-child interaction therapy: a randomized control trial for the treatment of conduct problems in young children	Design : Randomized Controlled group pre-test post-test design Sample: 81 families with children aged 3–6 years as many as 42 children	Interventions, treatment of children's externalizing behavior problems	Child behavior checklist, dyadic parent-child interaction coding system, teacher assessment of social behavior and on the other hand special measures like for example child depression inventory, social behavior questionnaire	Parenting stress, and social support on admission	Based on the results of the study, parents in both group and individual PCIT reported significant improvements from care to post-treatment and follow-up in their children's behavioral problems and adaptive functioning, as well as significant reductions in parenting stress. Parents in both treatment conditions also showed significant improvement in parenting skills.

PCIT: Parent-child interaction therapy, PRISMA: Preferred reporting items for systematic reviews and meta-analyses, ADHD: Attention deficit hyperactivity, ODD: Oppositional disorder.

Results and Analysis

The contributing factors in the study of PCIT and problem behavior in children are mostly true experimental and systematic literature reviews. The average number of participants is more than 50 individuals. Overall, each study examines the impact of applying PCIT related to behavioral problems in preschoolers. Studies corresponding to this systematic review were carried out on average in Germany with two studies ((Briegel and

Table 4: Demographic characteristics of the research sample in Journal 1

Author	Data	N	Percent	
(Briegel et al., 2019) [8]	Children's samples	1712	100.0	
	Sex	Woman	843	49.2
		Man	869	50.8
	Children live together	Both parents	1412	82.6
		Widow	171	10.0
		Mom and new partner	89	5.2
		single father	11	0.6
		Foster parents	17	1.0
		New dad and partner	7	0.4
		Adoptive parents	2	0.1
	Is lost		3	-
		Yes	223	13.0
	Migration background	No.	1489	87.0
		2710	100.0	
Master sample		1642	60.1	
	Sex	Woman	1068	39.9
Socio-economic status 2	Low	292	19.4	
	Medium	787	52.4	
	Tall	424	28.2	
	Is lost	209	-	

Hoyer, 2020) [2]; (Mingebach et al. 2018) [3], one study in the UK (Ogundele, 2018) [4], one study in Australia (Kohlhoff et al., 2020) [5], and the other two studies were in the USA (Lieneman et al. 2017b) [6] (Barnett et al., 2019) (Table 3) [7].

Characteristics of study respondents

Respondents in this study were all preschool age children who experienced behavioral problems. In this study, factors related to the impact of the application of PCIT on temper tantrums in preschoolers have been mentioned, with the majority of respondents amounting to more than 50 individuals. Respondents in this study were 2–10-years-old on average from various countries. The gender characteristics of the respondents are almost the same between men and women. The overall respondents are Asian people

Table 5: Description of study characteristics in Journal 2

Author	Inclusion Criteria	Child Age	Meta-Analysis Search Results (N)
(Mingebach et al., 2018) [3]	Positive behavior External behavior problems Symptoms of internalization Children with mental disorders	Preschool age children and school	Controlled trial 20 Controlled and uncontrolled trials 8
	Prosocial Disobedient Aggressive behavior Disturbing behavior Worry Symptoms of depression ODD CD ADHD		

ADHD: Attention deficit hyperactivity, ODD: Oppositional disorder.

and indigenous people from the research location (Tables 4-9).

Discussion

This study proves and answers the researcher's question, namely, how is the impact of PCIT on the temper tantrums of preschoolers. Study characteristics of all included meta-analyses are illustrated in Tables 4-9. On average, individual meta-analyses were included in the primary study. While 2 meta-analyses included exclusively controlled trials, the other 4 meta-analyses included uncontrolled trials. Therefore, the resulting effect is estimated, on the one hand, as a comparison between the experimental and control groups, while, on the other hand, the pre-to-post or follow-up measures.

Table 6: Description of study characteristics in Journal 3

Author	Children's behavioral and emotional disorders	Age and gender	
(Ogundele, 2018) [4]	Challenging Behavior	Learning Disabilities	
		Impaired social and communication skills	
	Annoying Behavioral Problems	Autism	Varies around the world
		Neurobehavioral disorders	
		ADHD	
		ODD	
		Behavioral disorders (CD)	
		Panic disorder	
		GAD	
		Anxiety leaving	
		Social phobia	
		Specific phobia	
	OCD		
Depression			
Autistic spectrum and pervasive developmental disorders	Autism		
	Sindrom esperger		
	CDD		
	Pervasive developmental disorder		
Social communication disorder	Sindrom rett		
	ADHD		
	Sindrom william		
Sindrom Newson	Behavioral disorders		
	Closed head injury		
	Spina bifida		
	Autism spectrum		

CDD: Childhood disintegrative disorder, GAD: Generalized anxiety disorder, ADHD: Attention deficit hyperactivity, ODD: Oppositional disorder.

The study averages related to parental behavioral interventions, which are characterized by teaching effective parenting behavioral strategies and skills to manage children's behavior. Some studies use non-behavioral interventions. These interventions focus, for example, on parent-child communication or problem-solving strategies. Furthermore, several meta-analyses have focused on specific parent-based interventions (eg PCIT etc.).

Table 7: Description of study characteristics in Journal 4

Author	Inclusion Criteria	Child Age	Main Outcomes Parenting Capacity
(Lieneman <i>et al.</i> , 2017a) [9]	Treatment effectiveness Treatment components Adaptation to specific populations (age groups, cultural groups, military families, individuals diagnosed with certain disorders, victims of trauma and hearing loss) Format-based adaptation	2–7 years	Based on the results of PCIT research over the past decade focused on examining and enhancing the effectiveness of PCIT in community settings and targeting more families facing complex personal and contextual challenges

PCIT: Parent-child interaction therapy.

Table 8: Description of study characteristics in Journal 5

Author	Inclusion Criteria	Child Age	Main Outcomes Parenting Capacity
(Kohlhoff <i>et al.</i> , 2020) [5]	Disruptive behavior (e.g., tantrums, aggression, irritability)	14–24 months	1. Positive and negative parenting 2. Parenting sensitivity 3. Parental competence in negative emotions of toddlers 4. Parental helplessness 5. Mentalization of parents about children 6. Parental emotion regulation 7. Potential for child abuse and parental stress

The overall behavior of children, both external and internal, was assessed using instruments in each study (e.g., child behavior lists) and using direct observation or through direct reports from parents, teachers, and the surrounding environment.

Table 9: Description of study characteristics in Journal 6

Author	Inclusion Criteria	Child Age	Main Outcomes Parenting Capacity
(Barnett <i>et al.</i> , 2019) [7]	Children's defiance or conduct disorder Parenting stress Social support Post-therapy care and follow-up 6 months	3–6 years	Parents in both group and individual PCIT reported significant improvements from intake to post-treatment and follow-up in their children's behavioral problems and adaptive functioning, as well as significant reductions in parenting stress.

PCIT: Parent-child interaction therapy.

Symptoms of externalizing behavior in preschool children are the main targets in the application of this parent-based intervention, a greater impact of this intervention can be expected compared to the outcome category of interventions for more distant children such as internalizing symptoms or proportional behavior. The impact of parent-based interventions on internalizing symptoms needs to be critically evaluated, because these interventions often accompany externalizing disorders in childhood. In addition, research on parent-based interventions for the treatment of children with internalizing disorders is still very scarce. Although several meta-analyses have presented results on the effects of parent-based interventions on children's proportionate behavior and reported small effects, further research is needed.

Literature limitations

At the beginning of looking for journal articles in several databases of international journal articles, there were no journal articles that specifically talked about PCIT therapy and how it could help preschoolers who had temper tantrums.

Conclusion

Parent-child interventions were found to be effective in dealing with children's externalizing behavior problems. This intervention is done by reducing problematic behavior in children as a whole. In addition, this intervention is more effective because it can minimize costs and has a positive effect in the long term. Based on the results obtained, this meta-analysis supports parent-based interventions as evidence-based interventions for the treatment of external behavioral problems in children. In addition, this meta-analysis also supports certain interventions that are based on a broad empirical database (e.g., PCIT). Based on the results of a strong database analysis showing the effectiveness of parent-based interventions there must be a shift toward broader interventions. The role of parents is very important in the development process of their children and is an influential factor in the origin of externalizing disorders. Therefore, the role of parents or caregivers in the treatment of child behavioral disorders is very important. Because, the long-term consequences of externalization problems and disorders that occur in children can be detrimental to children, their families and the surrounding environment.

For this reason, it is very important to improve mental healthcare for children who have problems and disorders outside of their bodies.

References

1. Paramita AD, Hadis FA, Hartiani F. Penerapan parent-child interaction therapy (PCIT) untuk menangani masalah perilaku disruptive pada anak usia prasekolah (Parent-child interaction therapy (PCIT) for the treatment of disruptive behavior problem in preschool children). *J Ilmiah Psikol Mind Set*. 2019;10(1):45-54. <https://doi.org/10.35814/mindset.v10i01.738>
2. Briegel W, Hoyer J. Psychiatric disorders and distal 21q deletion-A Case report. In *J Environ Res Public Health*. 2020;17(9):3096. <https://dx.doi.org/10.3390/ijerph17093096>
3. Mingeback T, Kamp-Becker I, Christiansen H, Weber L. Meta-meta-analysis on the effectiveness of parent-based interventions for the treatment of child externalizing behavior problems. *Plos One*. 2018;13(9):e0202855. <https://dx.doi.org/10.1371/journal.pone.0202855>
PMid:30256794

4. Ogundele MO. Behavioural and emotional disorders in childhood: A brief overview for paediatricians. *World J Clin Pediatr.* 2018;7(1):9-26. <https://doi.org/10.5409/wjcp.v7.i1.9>
5. Kohlhoff J, Cibralic S, Wallace N, Morgan S, McMahon C, Hawkins E, et al. A randomized controlled trial comparing parent child interaction therapy-toddler, circle of security-parentingtm and waitlist controls in the treatment of disruptive behaviors for children aged 14-24 months: Study protocol. *BMC Psychol.* 2020;8:1-14. <https://dx.doi.org/10.1186/S40359-020-00457-7>
6. Lieneman CC, Brabson LA, Highlander A, Wallace NM, Mcneil CB. Parent-child interaction therapy: Current perspectives. *Psychol Res Behav Manag.* 2017;10:239-56. <https://doi.org/10.2147/prbm.S91200>
PMid:28790873
7. Barnett M, Miranda J, Kia-Keating M, Saldana L, Landsverk J, Lau AS. Developing and evaluating a lay health worker delivered implementation intervention to decrease engagement disparities in behavioural parent training: A mixed methods study protocol. *BMJ Open.* 2019;9(7):e028988. <https://dx.doi.org/10.1136/bmjopen-2019-028988>
PMid:31324682
8. Briegel W, Greuel J, Stroth S, Heinrichs N. Parents' perception of their 2-10-year-old children's contribution to the dyadic parent-child relationship in terms of positive and negative behaviors. *Int J Environ Res Public Health.* 2019;16(7):1123. <https://dx.doi.org/10.3390/ijerph16071123>
PMid:30925823
9. Thomas R, Abell B, Webb HJ, Avdagic E, Zimmer-Gembeck MJ. Parent-child interaction therapy: A meta-analysis. *Pediatrics.* 2017;140(3).
10. Niec LN, Barnett ML, Shanley J. Group parent-child interaction therapy: A randomized control trial for the treatment of conduct problems in young children. *J Consult Clin Psychol.* 2017;84(8):682-98. <https://doi.org/10.1037/A0040218>
11. Barnett ML, Niec LN, Peer SO, Jent JF, Weinstein A, Gisbert P, et al. Successful therapist-parent coaching: How *in vivo* feedback relates to parent engagement in parent-child interaction therapy. *J Clin Child Adolesc Psychol.* 2017;46(6):895-902. <https://doi.org/10.1080/15374416.2015.1063428>
PMid:26467101
12. Fitri LN. Hubungan Fungsi Afektif Keluarga Dengan Perilaku Temper Tantrum Anak Usia 3-5 Tahun Di Kecamatan Patrang Kabupaten Jember; 2018.
13. Niswati AK. Pengelolaan Orang Tua Terhadap Perilaku Temper Tantrum Anak Usia Prasekolah; 2018.
14. Nursalam. Literature Systematic Review Pada Pendidikan; 2020.
15. Suhartini T. Skripsi Hubungan Komunikasi Orang Tua Dengan Temper Tantrum Pada Anak Prasekolah; 2017.
16. Yiwuiyouf R, Ismanto A, Babakal A. Hubungan Pola Komunikasi Dengan Kejadian Temper Tantrum Pada Anak Usia Pra Sekolah Di Tk Islamic Center Manado. *J Keperawatan Unsrat.* 2017;5(1):110265.

The Impact of Parent Child Interaction Therapy on Temper Tantrums in Pre-school

ORIGINALITY REPORT

16%

SIMILARITY INDEX

12%

INTERNET SOURCES

9%

PUBLICATIONS

10%

STUDENT PAPERS

MATCH ALL SOURCES (ONLY SELECTED SOURCE PRINTED)

1%

★ Submitted to Western Wyoming Community College

Student Paper

Exclude quotes Off

Exclude matches Off

Exclude bibliography Off