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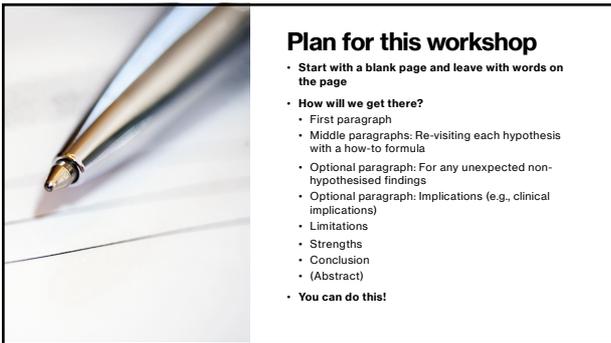
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**First paragraph: Version 1**

-  The first sentence: The main purpose of your study
-  Then straight into talking about your first aim (copied from intro)
-  Then link your first hypothesis and results! Like it's any other 'body' paragraph

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**The first paragraph - continued**

- Mention the first of the aims (from the current study section).
  - The first aim was to examine the...
- Copy in your first hypothesis here (but it's not staying in its current form)
  - Start with whether your results were 'as hypothesised/contrary to expectations'.
- Then explain which literature your finding aligns with
- Then which literature your finding does not align with, and explain why (focussing on their methodology),
- Then: future research may wish to...

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**Example from A. Doyle et al., 2025**

**Whole study aim in lay terms:** Given the profound impact of parental sensitivity on infant development, this study examined how maternal mind-mindedness and infant temperament shape socioemotional outcomes, both individually and combined.

**Aim (copied):** The first aim of this study was to explore the relationship between maternal mind-mindedness and infant socioemotional wellbeing.

**Link to hypothesis, then mention the result in words.** Contradicting hypotheses, neither appropriate nor non-attuned mind-related comments were associated with wellbeing. Additionally, neither mind-mindedness variable independently predicted wellbeing.

**Link to the literature that you cited in the intro-hypothesis bit:** Results contrast previous research endorsing mind-mindedness as influencing advantageous outcomes (Aldrich et al. 2021; McMahon and Bernier 2017; Zeegers et al. 2017). Results also contrast recent longitudinal studies where associations between increased appropriate mind-mindedness during infancy and decreased socioemotional problems during toddlerhood were found (Hobby et al. 2022; Laflamme et al. 2022).

**Why?** Explanations for null results in the current study are possibly attributable to when measures were administered during development. Developmental consequences of mind-mindedness may manifest with maturation, therefore becoming more measurable.

**Future research wishes to do what? How do we move past this methodological limitation that you just mentioned?** Future studies may benefit from extended wellbeing monitoring to clarify whether relationships between mind-mindedness during infancy and socioemotional outcomes during childhood fluctuate over time.

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### Let's get some more stuff ready for the body of your Discussion

- **Go to your Intro in the Current Study section**
  - Copy out the rest of your Aims & hypotheses
  - Paste this into a blank document ready to copy into your Discussion.
- **You also need to understand what your 'highest order' results are.**
  - If you've done your results – save another copy and I'm going to get you to go highlight some things.
    - Go highlight every significant finding!
    - Get rid of your highlighter if you have something get trumped by something else.
  - Descriptive stats can't be significant, so they're not in the highlighted list.
  - For my students, typically, we won't talk about our significant correlations as they're trumped by our regression models.
  - In our regression models,
    - We only talk about the results in the model with all the steps in it, and
    - We only the findings that have not been subsumed by something else.

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### The middle paragraphs

- Mention the second aims (from the current study section).
  - The second aim was to examine the...
- Copy in your hypothesis here (but it's not staying in its current form)
  - Start with whether your results were 'as hypothesised/contrary to expectations'.
- Then explain which literature your finding aligns with
- Then which literature your finding does not align with, and explain why (focussing on their methodology),
- Then: future research may wish to...

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### Example middle paragraph: if you found what you hypothesised

- As hypothesised, [state the finding].
  - This aligns with [mention the research that you cited when you were making the hypothesis in the current study section].
  - \*However, it does not align with [other research that you may have mentioned in the intro, but didn't inform your hypothesis]. This is likely because... [something about their methods].
  - \*Future research may wish to examine...
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- \* Note: if all the research that you mentioned in the intro aligns with this finding, then that's ok... perhaps talk about this finding advancing theory instead of linking to stuff it 'doesn't align with'.

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**Example middle paragraph if you did not find what you hypothesised**

- Contrary to expectations, [state the finding].
- This result is surprising as it does not align with [mention the research that you cited when you were making the hypothesis in the current study section].
- This may be because...
- It is evident, however, that this finding is consistent with...
  - Other research that you may have mentioned in the intro, but didn't inform your hypothesis
  - Or something tangentially related in the empirical research
  - Or some theory
- Future research may wish to...

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**Next middle paragraph**

- Copy over the rest of your hypotheses and aims from that document that we put them in earlier. Start chopping them into paragraphs/different lines. Then check if the results can be easily aligned to each of those paragraphs.
- Then start writing each paragraph.
  - For example...
  - Plop second aim at the beginning of the next paragraph.
  - As hypothesised, [similar format to above] or Contrary to expectations, [similar format to above]
  - This aligns with [mention the research that you cited when you were making the hypothesis in the current study section].
  - However, It does not align with [other research that you may have mentioned in the intro, but didn't inform your hypothesis]. This is likely because... [something about their methods].
  - Future research may wish to examine...

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**Optional paragraph: For any unexpected non-hypothesised findings**

- Results from this study also uncovered that... [mention the unexpected non-hypothesised finding]
- Why might this have happened?
  - i.e. what's different between your study methods and previous study methods that may help to explain this?
- Future research may wish to...
  - What could researchers do to clarify if your possible rationale about why this happened is true?

Sorry, wait: What is an unexpected finding?

- You got a  $p > .05$  finding for a higher-order thing that you haven't mentioned yet.
- Or something was correlated in a way that perhaps it shouldn't have been.
  - e.g., happiness and laughter scales are negatively correlated

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**Optional paragraph (if you're short on words):  
Implications (e.g., clinical implications)**

- Perhaps, more important for the MCP theses or those short on words.
- Bunch of optional questions that you may, or may not, want to answer:
  - What do your results mean for researchers and how does it advance the field/theory?
  - What does it mean for policy?
    - Perhaps link to the Sustainable Development Goal 3 (Health for all at all ages).
  - What does this mean for practitioners/clinicians?
  - What does this mean for parents/young people?

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**Limitations**

- 1<sup>st</sup> sentence announcing that you have limitations.
  - E.g., It is important to note that the current study is not without limitations.
  - E.g., This study had a number of limitations.
  - E.g., The present study had several limitations.
  - E.g., There are a few noteworthy limitations that must be mentioned.
  - E.g., This study had a few noteworthy limitations.
  - E.g., Whilst this study adds to the literature, there are a few limitations that need to be considered.

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**Limitations**

- Let's number these.
  - First,       Firstly,
  - Second,     Secondly,
  - Third,       Thirdly,
  - Fourth,     Fourthly,
- Focus on methodology stuff.
- We are not doing more than 4 limitations. 3 is great! So, pick your biggest (or best) ones.
  - Cross-sectional?
  - Is something about your sample non-generalizable to the population?
  - Do you have evidence of selective attrition?
  - Power
- We are going to try to rebut our limitations as we go.

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### Strengths

- Announce that you are at your strengths section:
  - E.g., Whilst this study had a number of limitations, it also had several strengths.
  - E.g., There are several strengths that need to be outlined.
  - E.g., Although this study had some limitations, it also has many strengths.
- This is a AND, AND, AND, AND, AND paragraph. No BUTS!
- No limit on how many strengths that you mention.
- Don't number these (no 'first', 'second')

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### Strengths (2)

- Outline the strengths with possible implications (if you can).
- For example: Tell me something great about:
  - the design of the study
    - e.g., experimental
    - e.g., longitudinal / observational design
  - the recruitment and/or the representativeness of the sample
  - the measures
    - e.g., did you have multi-modal assessment measures (i.e., self-report plus observation)
    - e.g., did you have multi-informant responses (i.e., measures from young people, parents, clinicians, independent raters)
    - did you use well-established tasks, coding systems, and/or measures?
  - how amazing your inter-rater reliability was, if you did video coding
  - if you had no evidence of selective attrition (i.e., all your attrition analyses were not significant)
  - how this adds to information about the possible development of young people
  - how this study advances theory
- This study was the first study to address the gap....[outline the gap].

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### Conclusion

- In conclusion,
- Then... Copy your first sentence of your discussion (aka the main aim of your research in your own words). Paste it here! Can edit it if you'd like to.
- Results found/showed... (list findings in different sentences).
  - What were your biggest findings (or lack thereof)? Mention them here.
    - Be clear.
    - Don't over-state, just tell us what you found that was significant.
    - Often you can ignore the non-sig stuff here.
- Then need 1-2 sentences about why it is important and extends the literature (key implication).
- 1-2 sentences: Why should we care? What is your take-home message?
  - E.g., These results contribute to the literature on ????. They highlight the importance of considering ?????.
- Often no references needed in this paragraph. Often, not always.

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### Abstract

- Copy your conclusion. Paste it in the Abstract section
- Remove the words, "In conclusion"
- Add 2-3 sentences at the beginning that set the scene
  - Big problem AND Something else
  - BUT...
  - THEREFORE, this study aims to...
- Add in some method details into the middle (1-2 sentences)
  - Participants? How many? Who were they? Age/Gender?
  - What your participants do?
- Then keep the stuff from your conclusion to finish it off. Voila!

**ABSTRACT**

Positive mother-infant interactions are important for infant development. Both mother and infant characteristics, such as maternal depression and infant temperamental negative affect are risk factors for adverse mother-infant bonding and infant outcomes. Although these predictors have been researched individually, limited studies have considered them in concert. This study aimed to examine the role of infant age (6-, 9- and 12-months), infant temperamental negative affect and maternal depression on maternal and infant social positive engagement during the Still-Face procedure. Participants were 85 ethnically-diverse mother-infant dyads (44 % girls). Mothers responded to questionnaires, prior to attending the laboratory for the Still-Face procedure (i.e., a task involving a social stressor). Results showed a significant moderating relationship between infant age, infant temperamental negative affect, and maternal depression on infant social positive engagement. For 12-month-old infants, higher infant temperamental negative affect was found to be compounded by greater maternal depression symptoms resulting in significantly lower social positive engagement following a social stressor. This relationship was not found for younger infants. No predictors were associated with maternal social positive engagement. Results from this study contribute to the literature on infant wellbeing. Results highlight the importance of interventions that aim to reduce maternal depression symptoms, especially, in maternal depression may disproportionately influence 12-month-old infants who have negative temperament.

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In conclusion, this study aimed to investigate how youth self-efficacy and parent-perceived self-efficacy impacted indicators of engagement during healthcare transition. Uniquely, findings have demonstrated that parent-perceived self-efficacy holds most value in predicting transition readiness. Conversely, youth self-efficacy holds most value in predicting general adherence. Thus, both perspectives hold great importance for different outcomes. To promote successful healthcare transition and general adherence, self-efficacy interventions that involve AYAs and parents could be beneficial.

**ABSTRACT**

**Background:** Adolescent and young adults (AYAs) with a chronic health condition face multiple challenges as they transition from pediatric to adult healthcare. To facilitate engagement during healthcare transition, one supportive psychological skillset is health self-efficacy. Outcomes that indicate engagement during healthcare transition involve transition readiness, lower distress, quality of life and general adherence. Although researchers have examined the impact of youth self-efficacy on engagement during healthcare transition, studies are yet to examine the impact of parent-perceived self-efficacy during healthcare transition. The current study aimed to investigate how youth self-efficacy and parent-perceived self-efficacy impacted indicators of engagement during healthcare transition.

**Methods:** Participants were 54 AYAs and 48 parents who were recruited from The Centre for Adolescent and Young Adult Health at Westmead Hospital. Participating AYAs ranged in age from 12 to 25 years old ( $M = 17.74$ ,  $SD = 2.56$ ,  $Mdn = 17.08$ ). Adolescents completed scales examining health self-efficacy, distress, health-related quality of life and general adherence to treatment. Parents completed scales examining AYAs' health self-efficacy and transition readiness from pediatric to adult healthcare.

**Results:** Uniquely, findings have demonstrated that parent-perceived self-efficacy holds most value in predicting transition readiness. Conversely, youth self-efficacy holds most value in predicting general adherence.

**Conclusion:** Both perspectives hold great importance for different outcomes. To promote successful healthcare transition and general adherence, self-efficacy interventions that involve AYAs and parents would be beneficial.

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### Revisiting the other way to do the first paragraph of the Discussion

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### First paragraph: Other Version



**The first sentence: The main purpose of your study**



**Then go through all of your major findings.**



**If you're going to do this version: Write this paragraph later once you've clarified for yourself what your 'highest order' results are.**

Like a summary of your 'highest-order' results in less technical terms than your results.

You will talk about your results in words, but not using the numbers.

- Yes: "there was a strong significant relationship between X and Y"
- No: "r = .89, p = .013 between X and Y"

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### Example - First paragraph: Other Version

**Discussion**

This study aimed to investigate the relationship between maternal mind-mindedness, infant temperament, and infant socioemotional wellbeing. Contrary to hypotheses, results indicated that both appropriate and non-attuned mind-minded comments were not significantly associated with, or predicted, infant socioemotional wellbeing. Aligning with hypotheses, there was a significant interaction between appropriate mind-minded comments and negative affect which predicted infant socioemotional wellbeing. Particularly, infants with higher negative affect who received greater appropriate comments demonstrated significantly better socioemotional outcomes when compared to infants with lower negative affect.

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