Original article

Effectiveness of a parent-training program in Spain: reducing the Southern European evaluation gap

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ABSTRACT

Objective: We implemented and evaluated the Parenting Skills Program for families in Spain 1) to examine differences in parenting skills, social support, children’s behaviours and parental stress pre, immediately post and six months post intervention and 2) to identify mechanisms by which the intervention is related to changes in the four outcomes examined.

Methods: Quasi-experimental study design with pre (T0), post (T1), a follow-up (T2) and no control group, complemented by a qualitative study was used. The outcome variables were social support, parenting skills, parental stress and children’s behaviours. 216 parents completed pre and post questionnaire and 130 parents the follow-up questionnaire. 39 professionals and 34 parents participated in 17 interviews and 5 discussion groups.

Results: Compared with T0, all four outcomes improved significantly at T1. 76% of the participants improved parenting skills and 61% social support. 56% reduced children’s negative behaviours and 66% parental stress. All outcomes maintained this significant improvement at T2. Parents and professionals describe different changes in parents’ parenting skills, stress and social support after participation in the PSP, and in their children’s behaviours. Some subcategories emerged after analysing parents’ and professionals’ discourses.

Conclusions: This study describes positive parenting effects on participants of a parent-training program in Spain, which is a country where implementation and evaluation of these kind of interventions is an incipient issue.

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Palabras clave:
Educación parental
Evaluación de programas
Apoyo social
Habilidades parentales
Estrés parental
Comportamiento infantil

RESUMEN

Objetivo: Se introdujo y evaluó el Programa de Habilidades Parentales para familias a fin de: 1) examinar las diferencias en cuanto a habilidades parentales, apoyo social, comportamientos infantiles y estrés parental preintervención, inmediatamente después y 6 meses después de la intervención, y 2) identificar los mecanismos que explican los cambios generados por la intervención para las cuatro variables examinadas.

Método: Estudio cuasiexperimental con pre (T0), post (T1) y seguimiento (T2), sin grupo control, complementado con un estudio cualitativo. Variables: apoyo social, habilidades parentales, estrés parental y comportamientos infantiles. Completaron el cuestionario pre y post 216 padres/madres, y 130 el de seguimiento. Treinta y nueve profesionales y 34 padres/madres participaron en 17 entrevistas y cinco grupos de discusión.

Resultados: Comparado con T0, las cuatro variables mejoraron significativamente en T1. El 76% de los participantes mejoraron las habilidades parentales y el 61% el apoyo social. El 56% redujo los comportamientos infantiles negativos y el 66% el estrés parental. Las variables mantuvieron significativa la mejora en T2. Padres/madres y profesionales describieron cambios en las cuatro variables tras participar en el Programa de Habilidades Parentales. Surgieron subcategorías tras el análisis discursivo.

Conclusiones: Este estudio describe efectos positivos en la parentalidad de los participantes en un programa de educación parental español, siendo este un país donde la introducción y la evaluación de este tipo de programas son incipientes.

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Introduction

Positive parenting is defined as ‘parental behaviour based on the best interest of the child that is nurturing, empowering, non-violent and provides recognition and guidance which involves setting of boundaries to enable the full development of the child’. 1 There is evidence of a relationship between positive parenting and children’s development in different socioeconomic contexts. 2 Coercive parental behaviours have been related to children experiencing difficulties in self-regulation and aggressiveness, while warmth and effective parental communication have been associated with positive child development. 3 Moreover, parenting effects go beyond childhood, having consequences in adolescence and adulthood. Insecure emotional attachment, lack of stimulation and failure to regulate problem behaviours during childhood are associated with children’s negative development leading to mental problems in teenagers, 4 as well as academic underachievement, engagement in risky, aggressive or criminal conduct during adolescence (violence, drug use, unsafe sexual relations). 5

Parent-training programs aim to improve children and adolescents positive development by giving parents or primary caregivers knowledge about child development, and teaching them skills and self-efficacy for effective parenting (e.g., praise or appropriate discipline). 6 They have shown positive effects on several health indicators such as reduction of risky health behaviours, reduction of unintended pregnancy, improvements on emotional child/adolescent regulation, stress and depression reductions or self-esteem increments. 7,8

These interventions have been extensively used and evaluated primarily in Anglo-Saxon countries and in some Central European countries. However, parenting programs are an incipient issue in Southern European countries. 9 Where, although implementation of such programs has increased in recent years, in most cases they lack standard implementation and any evaluation of the intervention. 10

In order to overcome these limitations Southern European countries and, specifically in Spain, a group-based parent-training intervention [Parenting Skills Program for families (PSP)] was developed, implemented and preliminary evaluated in Barcelona. 11,12 The objectives of this study were: 1) to compare parenting skills, social support, children’s behaviours and parental stress before the parent-training intervention, immediately after it, and again after six-months, and 2) to identify the mechanisms by which the intervention is related to changes in the four outcomes examined.

Methods

Description of the intervention

In the context of the community health strategy “Health in the Neighbourhoods” 13 in Barcelona (Spain), parenting problems were identified as a community problem. After confirming that no parent-training interventions based on a theoretical framework had been previously used in the city, the Parenting Skills Program for families (PSP) was designed and implemented. PSP is based on the “Program Guide to Development of Emotional, Educational, and Parental Competencies”, 14 which includes components associated with more effective parent training programs and, in addition, incorporates scientific recommendations. 15 The program consists of 11 weekly sessions of 90 minutes in which, following written guidelines, 10-14 parents with children 2-17 years old participate. Children only participate in two sessions. The program suggests some different strategies depending on the children’s age, but the core components are the same. Parents are grouped according to their children age. The main contents of the program are development stages understanding; attention, respect, recognition and warmth needs; self-esteem and assertiveness; active listening and empathy; effective communication; problem-solving; negotiation and agreements; everyday family organization and boundaries and norms for children’s behaviour regulation. The PSP was piloted between 2011 and 2013. 11

Research design

This is a quasi-experimental study with measures before, immediately after the intervention and after a follow-up of six months (T0, T1 and T2, respectively), with no control group. It combines quantitative and qualitative methods. The quantitative study aimed to identify the magnitude of changes from the baseline situation, immediately and six months later in the four outcomes examined. The objectives of the qualitative study were descriptive and explanatory. Specifically, the aim was to identify mechanisms related to changes in the four outcomes examined, increasing breadth of understanding of quantitative outcomes.

Sample and data collection

Professionals involved in the intervention: 1) worked in social, health or educational services or in socio-educational associations related to family’s issues; 2) received training on PSP; and 3) implemented the interventions in Catalonia, primarily in Barcelona. Parents selected to participate: 1) had children 2 to 12 years old; 2) spoke Catalan or Spanish; 3) had not participated in other parent-training program; and 4) were recruited by education, health or social services or socio-educational associations. Professionals used different types of recruitment strategies (poster, personal interviews, phone calls…).

Quantitative sub-study

A questionnaire with five sections was used in order to collect data from parents about: 1) parental stress, 2) social support, 3) parenting skills, 4) children’s negative behaviours, and 5) sociodemographic profile. The four initial sections were based on previously validated scales in similar populations. The first section included the Spanish version of the Parental Stress Scale 16 consisting of 12 items distributed in two subscales (baby’s rewards [α = 0.77] and stressors [α = 0.76]) scored on a five point Likert scale (degrees of agreement/disagreement) (points scored between 1-5). Section two included the Duke-UNC Functional Social Support Questionnaire 17 consisting of eight items grouped into two subscales (confident [α = 0.92] and emotional [α = 0.81] social support) scored with a five point Likert temporal scale (points scored between 1-5). Section three used a scale that included 19 items distributed into six dimensions of parental skills, scored using a four point Likert temporal scale (points scored between 0-3), which has previously been translated into Spanish and validated. 18 Its subscales were: 1) children’s understanding, 2) emotional self-regulation, 3) parenting self-esteem, 4) empathetic and assertive communication, 5) agreements, and 6) behavioural regulation (Cronbach alpha ranged between 0.69 for subscale 6 and 0.89 for subscale 4). The fourth section used the five-item problems behaviours subscale of the Strength and Difficulties Questionnaire (α = 0.83) 19 where items are scored on a three point Likert scale (points scored between 0-2). The fifth section collected sociodemographic data about sex, age, country of birth, marital status, educational level and employment status.

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