An Effectiveness Evaluation of the Parenting Program Mutual Respect

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Abstract

Aims

To conduct an effectiveness evaluation of a universal, promotive parenting program, Mutual Respect, designed to establish and maintain healthy parent-child relations for parents to toddlers over to parents of teenagers.

Methods

MR consists of six different topics with each session focuses on one of them. The six topics are: Appropriate boundaries, Emotional coaching, Self Esteem, Sleep, Bullying, and Nutrition.

MR was evaluated through a quasi-experimental design with pre and posttest and waitlist control group. 114 parents participated in the study, 91 in the intervention- and 23 in the control group.

Results

There were significant differences between the experimental conditions on most evaluated aspects. In all these cases the parents in the intervention condition reported higher on the measures covering positive parenting skills. Effect sizes ranged from .19 – 1.05.

Parents in the intervention group considered that they were prepared to regulate the child's behaviors and to deal with defiant behaviors, they felt more confident in how to strengthen the child's self-esteem and felt more prepared to handle a situation where their child was bullied, to a higher extent than parents in the control condition. Three of the nine measured items did not reach statistical significance.

The parents liked the program and had benefited greatly from it, and 93.8 % would recommend the program.

Conclusions

MR is a universal prevention program showing promising effects, and since we could not detect any undesirable effects, the program could be an option for local communities to use for universal parenting support.

Keywords

Universal prevention, Parenting program, Effectiveness, Promotion, Quasi-experimental

Introduction

The aim of this study is to evaluate a universal, promotive parenting program, Mutual Respect (Hedström, 2011), designed to establish and maintain healthy parent-child relations for parents to toddlers over to parents of teenagers. In this study we evaluate the program when delivered by trained professionals under real world conditions in a Swedish community. Mutual Respect is a program that aims to facilitate the many decisions normal parents face in their everyday parenting. Some parents are insecure about their ability to be a good parent and how to set limits with their child, and other parents are curious to know more about how to be a good parent with respect to basic values, develop good food and sleep habits, and other issues. Mutual Respect can be a parenting program for these parents.

Parent support programs based on behavioral principles are widely used today e.g. Parent Management Training (Pearl, 2009), Triple P (Prinz, Sanders, Shapiro, Whitaker & Lutzker, 2009), COPE (Cunningham, Bremner & Boyle, 1995), Incredible Years (Webster-Stratton & Reid, 2012), and the Strengthening Parents Program (Kumpfer, Alvarado & Whiteside, 2003), and there are substantial empirical evidence that these programs reduce child problem behavior, reduce parental stress, negative parental reactions to the child, and increase parents' sense of competence (Furlong et. al, 2011; Kaminski, Valle, Filene & Boyle, 2008; Pinquart & Teubert, 2010). Although the behavioral techniques in these programs have been shown to be effective to reduce child problem behavior, they might not be suitable, or even the first alternative, for the majority of parents who want to know more about how to promote a healthy parent-child relation, rather than how to handle problematic child behavior. Nonetheless, the most common universal parenting programs that are offered to ordinary parents in Swedish communities are behavioral programs that originally were developed as selective or indicated prevention programs and were modified to be used for universal prevention.

There is a conceptual distinction between preventive and promotive parenting programs, although both orientations can, and most often are, combined in universal prevention programs (WHO, 2002). Preventive parenting programs typically assume that parents first and foremost need to handle problems in the parent-child relation, or the child's behavior, and these preventive programs offer concrete suggestions how to overcome these problems. The programs stems from a pathogenic tradition, i.e., they are grounded in the literature on risk- and preventive factors. As a contrast, promotive parenting programs are programs that do not primarily combat child problem behavior but make use of the best evidence available to promote positive parenting skills. These programs offer an understanding of the child's needs, with the objective to strengthen the ties between the parents and the child. The approach is salutogenic (Antonovsky, 1987) and focus on the conditions that foster a healthy parent-child relation. Examples of promotive parenting programs are: International Child Development Programme (ICDP) (Hundeide, 2001) and Tuning in to Kids (Wilson, Havinghurst & Harley, 2012) .

Mutual Respect (Hedström, 2011) is a promotive parenting program that aims at promoting skills that parents consider that they need, and give parents basic knowledge about how to promote trust in the parent-child relations. It is a social pedagogic program focused on preparing parents to handle particular every day issues. The program has previously been evaluated with promising results with a quasi-experimental design where the intervention was provided by the program developer (Stattin, unpublished). In the present study we investigated the program effects when the program was delivered by trained professionals, independently from the program developer.

Method

The universal promotive program Mutual Respect targets all parents, both parents who recently have become parents and parents with older children. The objective is to provide parents with basic knowledge and skills about how to handle everyday parenting decisions, such as when and for how long the child ought to sleep, how to set and communicate appropriate limits for the child's conduct, basic knowledge about the child's nutrition needs, over to promote trust in the parent-child relations. The program includes seven sessions, the first extending over 2 hours and the others over 1.5 hours.

The program consists of six different topics with each session focusing on one of them. The main emphasis is on setting limits for the child in a clear and respectful way. Since this topic is central, the main focus in the present evaluation is on parents readiness to set appropriate limits for their child's behaviors. Values are central in the program. The program is promoting respect between children and adults. The program emphasizes equality and tolerance. Children's intuitive resources are considered. Honesty is considered to be a hallmark for the program and is the foundation for trust and credibility.

The six topics are:

- *Appropriate boundaries.* This theme is about how to establish mutual understanding and respect between parents and children. Issues that are discussed involve: How is the child's development affected by the presence or absence of boundaries? How can the child be encouraged to take responsibility and internalize boundaries? The underlying assumption is that the boundaries set by the parents reflect their parental values.
- *Emotional coaching.* Parents are taught that emotional coaching creates trust and mutual respect between parents and children. It also gives the child the ability to overcome setbacks.

- *Self Esteem.* Questions that are discussed involve: What is self-esteem? How can we give the child a good self-esteem? Why is self-esteem important? What can parents do to improve their child's self-esteem?
- *Sleep.* Parents are taught that sleep is the time for recovery. A central issue is what parents can do to provide the whole family with healthy sleeping habits.
- *How parents can handle a situation where their child is being bullied.* Parents are taught that all children can become victims of bullying. Questions that are discussed involve: How can parents contribute to prevent bullying tendencies?
- *Food from a pedagogical perspective.* Questions discussed involve: What are healthy eating habits? What impact does a parent have as a role model for the child's eating habits?

P*articipants and procedure*

The present evaluation was conducted in a Swedish community, Älmhult, with about 16,000 inhabitants. The group leaders were trained by the program developer during a four day training course. The program was then used by child care centers, counselors, family therapists, kindergarten personnel, social workers and school. Parents were recruited trough adverts at kindergartens and face to face recommendations by the kindergarten personnel to all parents in the kindergarten groups in the community. The program was offered as a part of the ordinary parent support within the community, and it was offered free of costs to all parents

The program was evaluated through a quasi-experimental design with pre and posttest measurements and a waitlist control group consisting of parents who were waiting for a new parenting class to start. Both groups answered the same short questionnaire with the exception that the parents in the intervention condition also reported on their satisfaction with the classes, measured with 6 items.

A total of 137 parents enlisted to take part of the parenting program. Out of those, 113 were offered to participate and 24 were informed that they were on the waiting list. For the evaluation, 115 parents (95 Mutual Respect and 24 Waitlist control) participated at least once in the data collection by filling in a questionnaire either at pretest, posttest or both. There were some attrition among the parents in the intervention condition; 8parents did not participate in the pretest, 11 did not participate in the post test, and, 14 parents did not participate in neither. Attrition for the parents in the waitlist condition was low; only two parents dropped out and did not complete the posttest questionnaire. Hence, we have complete data for 80 parents in the intervention condition and for 22 in the control condition. The statistical analyses of program effects are based on the participants that participated in both the pretest and posttest.

The mean age of the responding parents was 34.6 years (33.7 for mothers and 38.3 for fathers). The gender distribution was somewhat unequal between the groups. Seventy-five percent of the parents in the intervention group were mothers whereas the corresponding figure for the control group was 65%. Both groups had two single parents each. The gender of the children was somewhat more boys in the control group, 13 out of 23 (56.5 %) whereas the number of boys were 45 out of 91(49.5 %) in the intervention group. The age of the children differed, where the children in the intervention group were younger, on average 3.7 years (*SD*=3.44), and the mean age for the children in the control group was 6.4 years (*SD*=4.34).

Before the parenting class started, parents received a letter containing either a confirmation inviting them to a course start or information that all current classes were full, but that they were on a waiting list. In both conditions the mailings included a questionnaire. In both conditions the parents were informed that they would be asked to participate by answering the questionnaires again in about ten weeks. All parents were informed that their participation in the studies was voluntarily. The parents also got information about confidentiality and that only the researchers would have access to the questionnaires. All

parents who completed both questionnaires received incentives equivalent to 56 euro. The procedure, letters and questionnaires were approved by an ethics committee (EPN Uppsala, Dnr 2011/359).

Measures

All items in the questionnaires had fixed response options. The following items had five response options ranging from (1) completely, to (5) not at all. Five items measured various aspects of *Appropriate boundaries*: "Compared to other parents in a similar situation as yours, how safe do you feel in your ability to set boundaries for your child?", "How often are you afraid to inhibit any of your children in their development when you say no and set limits?", "Do you think that you have good knowledge about the role of limits for your child's development?", "Have you ever failed to adhere to certain rules for your children, as this would lead to conflict?", "Do you trust that you will handle a power struggle with your child in a constructive way?". One item measured aspects of *self-esteem* : "There are various things you can do to strengthen a child's self-esteem, how many things can you think of?", One item measured aspects of *Emotional coaching* "Do you feel confident in your ability to support your child when it has experienced a severe adversity?". One item measure *How parents can handle a situation where their child is being bullied*: "If any of your children ever come home and say that he or she is teased or bullied by other children: Do you have confidence in your ability to handle that situation? "Finally, one item measure *Food from a pedagogical perspective*: Do you trust in your ability to give your child healthy eating habits?

Some of the questions were only asked to the parents in the intervention condition after the course. The items had six response options ranging from (1) fully agree, to (6) totally disagree: "By attending this course, I have increased my understanding for my child's behavior", "By attending this course, I'm better at handling every-day problems with my child", "I believe that I have been given guidance in how to set limits in a respectful way", "I

think I am more sensitive to my child's needs", "I would recommend the course to a friend", and "On a six grade scale I give the course the following grade …".

Statistical analyses

Since the intervention and the control group differed with respect to the age and gender of both respondents and their children, the assessment of program effects and effect size was conducted where age and gender of both respondents and children as well as the pretest level of the outcome measures were controlled for in ANCOVAs.

In order to get an idea of the magnitude of the group differences we used Cohens ´*d* by dividing the mean difference between the prevention and control group by the square root of *MS* error from the analysis of covariance of the ANCOVA-design described above.

Results

The results from the ANCOVAs and Cohens ´d are shown in Table 1.

Limit setting. Five items (items 1 through 5) measure limit setting, and two of them were statistically significant. Parents in the intervention group felt significantly more prepared to regulate the child's behaviors by restricting the child, and they believed that they can handle power struggle better than did the parents in the control group. Two items were marginally significant: parents in the intervention group felt that they have good knowledge about the role of limits for their child and their fears of inhibiting their child by setting limits for them were lower than the parents in the control group. However parents' persistence in enforcing rules did not differ significantly between the groups.

Emotional coaching. Two items (items 6 and 7) measure parents' knowledge about how to strengthening the child's self-esteem and supporting the child when experiencing an adversity. Parents in the control group perceived themselves to have this coaching ability to a significantly higher extent than parents in the control group for both items.

How parents can handle a situation where their child is being bullied. Parents in the intervention group were significantly more confident in handling a potential situation where their child was bullied (item 8).

Eating habits. The single item measuring parents' ability to pass over healthy eating habits did not differ significantly between the groups (item 9).

It can be problematic to solely rely on statistical significance tests, as a calculated *p*-value depends on the size of the samples and the mean differences. Cohen's *d* is not sensitive to sample size, as the measure is only considering the magnitude of the treatment effect. As shown in Table 1, the Cohen d´s ranged from .18 to 1.05. The average effect size for all significant items was a Cohen *d* of .72, and the average Cohen *d* for all measured items was .62 . A convention is to regard an effect size of .2 as a small effect, an effect size of around .5 as a medium effect and an effect size of around .8 and above as a large treatment effect (Cohen, 1992). Here, the majority of the effect sizes were in the range of medium to large range.

Parents' satisfaction.

Figure 1 shows the mean levels of different aspects of the parents' satisfaction with the program. As shown in Figure 1, the parents rated the various aspects of the program highly on the six pointed rating scale. The mean for the question about increased understanding for the child's needs was 4.35 (*Sd*=1.85), the mean for the question about handling everyday problems with the child was 4.29 (*Sd*=1.63), the mean for the question about receiving guidance to set limits in a respectful way was 4.23 (*Sd*=1.72), the mean for being more sensitive to the child's needs was 4.21 (*Sd*=1.66), the mean for recommending the course to a friend was 5.51 (*Sd*=0.98), and the overall grade on a six point scale was 5.21 (*Sd*=0.92).

In conclusion, after controlling for initial differences (with regard to the respondents and their children's gender and the pretest level of the outcome measure), there

were substantial program effects on most of the measured aspects of the program. Also, the parents who took part in the program were satisfied with it.

Discussion

The aim of this study was to evaluate the effectiveness of the universal parenting program Mutual respect when trained professionals in regular practice delivered the program. At post-test there were significant differences between the parents in the intervention and waitlist conditions on most of the measured aspects. In all these cases the parents in the intervention condition reported higher on the measures covering positive parenting skills.

Parents who took part in the parenting program Mutual Respect considered that they were prepared to regulate the child's behaviors and to deal with defiant behaviors, they felt more confident in how to strengthen the child's self-esteem and felt more prepared to handle a situation where their child was bullied, to a higher extent than parents in the control condition. Three of the nine measured items did not reach statistical significance. One tapped if parents were afraid to inhibit their child's development by setting limits to their conduct. The other was if parents failed to adhere to rules when they anticipate that that would lead to conflict, and the third concerned parents' ability to give the child healthy food habits.

The parents who took part in the intervention program liked the program and believed that they had benefited greatly from it, and 93.8 % answered that they would recommend the program to a friend. Overall, the parents who took part in the program were satisfied with the program.

Since this effectiveness trial is focusing on promoting positive parenting skills and good parent-child relations among ordinary parents, rather than treating problematic parent-child relations and child problem behavior, it is noteworthy that most effect-sizes were around the criteria for moderate to large treatment effects. These effects are remarkable since many of the

participating parents will probably maintain and develop good parent-child relations regardless of this intervention. Hence, one might argue that there would not be so much room for improvements. Still they do. We think that it is relevant not just to focus on the statistical significances but to focus on meaning of the results as indicated by the effect sizes. This argument is particularly relevant for the present study since the control condition involved a limited number of participating parents, increasing the type-two error. Effect size is not sensitive to sample size and is therefore a complement to significance test. Using both indices we can conclude robust program effects for a universal sample of parents.

We used single items as indicators rather than scales. The reason for not using well-established generic scales, like parents sense of competence, stress, or affect regulation (Brennan, Heflinger, & Bickman, 1997; Johnstone & Mash, 1989; Moretti, 2003) was that Mutual Respect was not developed to change more general aspects of parenting, but is focused on a circumscribed set of skills that parents could make use of in daily life. The items used in this evaluation were closely tailored to capture the content of the program. In this evaluation we captured four of the six components in Mutual Respect. We did not measure the components Sleep and Values as these areas were found to be hard to seize adequately in pilot tests.

There are a number of limitations in this evaluation. First, we were forced to conduct a quasi-experimental study rather than as a randomized control trial, because of initial problems to recruit participants. Second, the recommended sample size of at least 75 parents per program (Gartlehner, et al., 2006) was not fulfilled due to the same reason. Third, we were able to measure only four of the six components of the program. Despite these limitations, we believe that the evaluation instrument we have developed target the relevant aspects of what Mutual Respect is supposed to change in parenting. The present study is one of the few which have been able to demonstrate moderate to large effects of a universal parenting program. We

conclude that Mutual Respect as a universal prevention program show potential to strengthen parenting skills of ordinary parents, and since we could not detect any undesirable effects, the program could be an option for local communities to use for universal parenting support.

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Table 1. Adjusted means and standard deviations for the intervention and control groups at post-test and effect size and ANCOVA results controlling for initial differences on the pre-test measure and the participants and their childrens age and gender.

			Intervention		Control		
	F	*p*	Adj *M*	Adj *SdE*	Adj *M*	Adj *SdE*	´*d*
1. Compared to other parents in a similar situation as yours, how safe do you feel in your ability to set boundaries for your child?	3.42	0.67	2.15	.06	2.41	.12	.52
2. How often are you afraid to inhibit any of your children in their development when you say no and set limits?	3.33	.073	4.09	.10	3.73	.16	.55
3. Do you think that you have good knowledge about the role of limits for your child's development?	12.43	.001	1.62	.06	2.13	.12	.98
4. Have you ever failed to adhere to certain rules for your children, as this would lead to conflict?	0.37	.544	2.50	.09	2.39	.15	.18
5. Do you trust that you will handle a power struggle with your child in a constructive way?	12.95	.001	2.22	.06	2.73	.12	1.05

6. There are various things you can do to strengthen a child's self-esteem, how many things can you think of?	6.94	.010	2.52	.07	2.94	.14	.71
7. Do you feel confident in your ability to support your child when it has experienced a severe adversity?	6.85	.011	2.22	.08	2.64	.13	.77
8. If any of your children ever come home and say that he or she is teased or bullied by other children: Do you have confidence in your ability to handle that situation?	11.85	.001	2.28	.06	2.79	.13	.92
9. Do you trust in your ability to give your child healthy eating habits?	.52	.47	1.8	.06	1.91	.13	.19

Figure 1. Participant's satisfaction with the program