



# Reducing hostile parenting through computer-mediated parenting education



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## ABSTRACT

**Objective:** The present study evaluated a computer-mediated parent education program aimed at improving parents' self-concept and dysfunctional parenting practices.

**Design:** Employer-based parent education services were offered as part of a corporation's employee wellness program. Participants (N = 247) were asked to complete pre- and post-test surveys including surveys of demographic information, parental self-concept, and dysfunctional parenting behaviors.

**Results:** Participants reported clinically significant levels of dysfunctional parenting practices at baseline. Results from the single-dose intervention indicated a significant decrease in hostile parenting from pre-test to post-test, which was likely predicted by parents' sense of competence at baseline.

**Conclusion:** Computer-mediated parent education workshops were efficacious in improving parents' self-concept and reducing parents' use of hostile parenting tactics. The study provides an important contribution to the extant literature by documenting the effectiveness of computer-mediated parenting programs, particularly those offered through the workplace.

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## 1. Introduction

Parents create a home environment for their children that serves as the context of children's social, emotional, and physical development, and it is patterns of parenting behavior, in part, that create the emotional tenor of this context. Parents may be warm, caring, and empathetic, or they may be cold, harsh, and insensitive, each general style – if consistent over time – then impacts the child's development in predictable ways. For example, parenting that is warm, sensitive, and supportive facilitates children's socioemotional development, as children from these environments tend to show more positive affect, less negative affect, and fewer externalizing behaviors (Eisenberg et al., 2001; Kaplan, Evans, & Monk, 2008). Conversely, evidence shows that hostile discipline is associated with children's internalizing and externalizing behaviors, peer interpersonal violence, misbehavior, academic struggles, aggression and delinquency, and can predict psychopathology symptoms in adolescence (Bayer et al., 2012; Brannigan, Gemmell, Pevalin, & Wade, 2002; Cole et al., 2014; Jia, Wang, & Shi, 2014; Hallquist, Hipwell, & Stepp, 2015; Hinnant, Erath, & El-Sheikh, 2015; Tang & Davis-Kean, 2015). Though parent-child relationships change over time, hostile parenting at all stages is a risk factor for lasting negative emotional outcomes for children (Brannigan et al., 2002; Lorber & Egeland, 2009). As evidence, Lorber and Egeland (2009) found that

poor quality parenting during infancy, as defined by negative affect, negative regard for child, and insensitivity, remained a significant predictor of externalizing behavior in individuals through their mid-twenties.

Hostile parenting practices include overly critical responses to children, high levels of control, censorship of children, and punishment that is inconsistent, may be aggressive or physical, and relies on lecturing, limiting, and controlling, rather than teaching and redirecting (Brannigan et al., 2002; Cole et al., 2014; Hallquist et al., 2015; Tang & Davis-Kean, 2015). Children parented in environments characterized by pervasive negativity and stress are impacted on a biological level, as research indicates their cognitive reactivity systems are associated with increased negative emotionality and heightened sensitivity to stress over the long-term (Brooker & Buss, 2014; Cole et al., 2014; Hinnant et al., 2015).

In the extreme, hostile feelings directed toward children are expressed as neglect or abusive behaviors (Crouch, Skowronski, Milner, & Harris, 2008). However, even in less severe cases, children whose parents engage in hostile, aggressive, and insensitive interactions, whether these interactions are directed toward the child or not, are reared in contexts that accept, condone, and encourage such behaviors (Kempes, Matthys, de Vries, & van Engeland, 2005). Social cognitive theory posits that children reared by hostile parents will imitate the behaviors they have seen modeled in their environment and turn to similarly hostile and aggressive interaction styles, believing that this interaction style is effective to meet their goals (Bandura, 1977; Jia et al., 2014; Kempes et al., 2005). Similarly, other family members may

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learn from and imitate behaviors that they see modeled by a hostile or aggressive parent. In two parent families, for example, one parent's negative or hostile interactions with a child impact the second parent's interactions with the child, leading to increased negativity in the parent-child relationship with the second parent as well (Kim, Lee, Taylor, & Guterma, 2014). Children who are disciplined more (particularly if the punishment is physical or aggressive, but even if it is nonviolent) are more likely to display behavior problems, as the parent and child engage in a reciprocal pattern of repeated misbehavior and punishment (Kim et al., 2014). Systems theory asserts that all parts of the family system contribute to the interactions that occur within the family, hence hostile interactions between parent and child contribute to overall patterns of family functioning predictive of individual health and wellbeing outcomes into adulthood (Darling, 2007; Elgar, Craig, & Trites, 2013; Freed, Rubenstein, Daryanani, Olino, & Alloy, 2016; Lerner, 2006; Whitchurch & Constantine, 1993; Yap, Pilkington, Ryan, & Jorm, 2014). For example, parents struggling with parenting-related stress are more likely to discipline their children, as are parents who have a poor quality partner relationship or those who are living in a violent community context (Kim et al., 2014).

Supportive, positive parenting is associated with parents' sense of efficacy, an optimistic belief that they are competent parents, and an internal locus of control with a self-enabling belief in their ability to affect their child's behavior (Bandura, 2012; Evans, Nelson, Porter, Nelson, & Hart, 2012). Parents who experience a great deal of stress are less likely to have an internal locus of control, and instead hold a self-debilitating belief that they have no control over their child's behavior (Bandura, 2012; Bernstein, Laurent, Measelle, Hailey, & Ablow, 2013). Bandura (1977, 2012) emphasized the importance of self-efficacy in completing a task, describing an efficacious individual as one who is motivated to persevere at a difficult task and have success. Therefore, an efficacious parent will persist in their efforts to foster positive behavior in their children, even when they are under stress or the task is difficult. There is evidence, for example, that increases in parental efficacy predict decreases in child's disruptive behavior (O'Connor, Rodriguez, Cappella, Morris, & Mcclowry, 2012). Conversely, parents with a low level of efficacy engage in ineffective parenting practices that foster poor child behavior - corporal punishment or increased use of punitive interactions that focus on criticizing and scolding the child and demanding compliance - confirming the parent's belief that they have little ability to change their child's behavior (Evans et al., 2012; Sanders & Woolley, 2005). This increased poor behavior then further decreases the parent's self-efficacy, which breeds more misconduct and adjustment difficulties, creating a cycle of poor behavior and ineffective parenting (Kim et al., 2014; Khoury-Kassabri, Attar-Schwartz, & Zur, 2014; Yaman, Mesman, van IJzendoorn, & Bakermans-Kranenburg, 2010). Systems theory picks up this self-efficacy theme from social cognitive theory and asserts that the parents' level of efficacy and locus of control are associated with child behavior, with parent and child reciprocally influencing one another in an interdependent and bi-directional way (Darling, 2007; Lerner, 2006).

### 1.1. Parenting support services

The vast majority of parents with children under age 18 (75%) seek information about parenting online (Duggan et al., 2015). Social media is an Internet forum that is particularly popular with these parents, as approximately 75% turn to social media for social support, and more than half (59%) consider the parenting information they find on social media to be valuable. Technology-based service provision options are a means of connecting with families seeking parenting support and information through widely used and trusted mechanisms. Literature on computer-mediated parenting education emphasizes that this type of service provision is growing and has the potential to positively impact a large number of families, but research has yet to examine whether it reaches comparable in-need groups as those served through traditional

parent education settings (Breitenstein, Gross, & Christophersen, 2014). In a recent paper, Kazdin and Blase (2011) acknowledge this outstanding need and asked, *What models of intervention delivery will help reach the population of individuals in need?* wherein the authors call for "a portfolio of preventive interventions with various models" (p. 28), and evidence on the efficacy of each model.

There is an undeniable need for an examination of which service models work best for whom and which outcomes are amenable to change through computer-mediated service delivery mechanisms; researchers are slowly moving beyond feasibility studies to assess the influence that such programs have on both parents and children (Breitenstein et al., 2014; Hall & Bierman, 2015; Powell, 2013). As an example of the slowly accumulating evidence for the efficacy of computer-mediated parenting services, Gelatt, Adler-Baeder, and Seeley (2010) conducted a randomized control trial of participants in a web-based education program for stepfamilies and found that the program significantly decreased over-reactive parenting. Similarly, Sanders and colleagues (Sanders, Baker, & Turner, 2012; Sanders, Calam, Durand, Liversidge, & Carmont, 2008) have shown evidence from randomized controlled trials that online adaptations of Triple P (Positive Parenting Program) consistently yield positive parent and child outcomes for families of children with disruptive behavior, while Enebrink, Högström, Forster, and Ghaderi (2012) report that in a randomized controlled study of parents of children aged 3–12 with clinical conduct problems, computer-mediated parent training yielded parent and child outcomes comparable to in-person parenting programs. In a randomized controlled trial of parents with serious mental illness, Kaplan, Solomon, Salzer, and Brusilovskiy (2014) found that an online parenting program offering education and support effectively improved parenting and coping and decreased parenting stress.

These studies specifically target particular at-risk portions of the population, often selecting samples based on problem behavior or clinical diagnosis. Prevention efforts prior to clinical diagnosis are a crucial mechanism for closing the gap between the presentation of problematic behavior or mental health symptoms and the estimated relief provided through psychobehavioral or pharmacological treatments (estimated at only 50%, given maximized coverage of those seeking treatment, clinician efficacy, and treatment compliance; Hahlweg, Heinrichs, Kuschel, Bertram, & Naumann, 2010). Indeed, the widely recognized mediation of children's behavior problem by parenting practices has led to the acknowledgment that universal prevention is a key component of a public health approach to bolstering child and family wellbeing, given that treatment through family services can never hope to reach full coverage for children's behavior problems. Given the pervasive implications of self-efficacious parenting for all families and the impacts harsh and aggressive parenting practices may have on children's outcomes, interventions that specifically aim to reduce hostile parenting behaviors in an effort to improve parent-child interactions represent a promising universal prevention effort that may prove pragmatically delivered through computer-based platforms. Although the US Department of Health and Human Services (2011) National Prevention Strategy calls for clinical and community services as one of the four strategic directions, few parenting efforts have addressed the community service component from a universal or primary prevention perspective.

### 1.2. The present study

The studies mentioned above indicate that secondary prevention, or targeted computer-mediated parenting programs are beneficial to clinical populations - particularly in samples of families with young children. Clearly, more work is needed before broader claims of effectiveness for computer-mediated service delivery models can be confidently made in non-clinical settings for a range of families, particularly when considering impacts for specific parenting outcomes like hostile or over-reactive parenting. The goal of this paper is to build the parenting service delivery literature by exploring outcomes from a

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