The Impact of a Parenting Skills Training Program on Stressed Mothers and Their Children’s Depression Level

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Abstract

In the present study, 250 elementary school children and their mothers participated. First, the mothers were screened using the Parenting Stress Index (PSI). Based on the screening, 80 overstressed mothers were selected; ultimately, 38 mothers were assigned randomly into either the experimental group or the control group. The Parenting Skills Inventory and Depression Scale for Children and Adolescents (SDD) were used prior to and following training to measure the impact of the parenting skills training program on the mothers and their children, whose average age was 10.6 years. The results revealed that the stress of mothers and depression level of children decreased significantly after 8 training sessions.

Keywords: Child depression; Parenting skills training; Overstressed mothers.

1. Introduction

Depression refers to a set of emotions and behaviors such as sadness, unhappiness, blue feelings, poor appetite, insomnia, etc. Child and adolescents depression represents a significant mental health concern because these problems are often associated with psychological difficulties, school problems, low self esteem and increased risk for other serious conditions including anxiety, suicide, substance abuse, etc. (Vulic-Prtoric, et al., 2005).

Parenting skills are one of the most relevant perspectives in the study of relationships between parents and children. Baumrind (1991) grouped the parenting skills in two dimensions, responsiveness and Demandingness, and based on introduced three parenting styles: authoritarian parenting style which in parents are gruelling, limiter and less; indulgent parenting minimum and their responsiveness is maximum, these parents are non demanding, non controlling and partly warm; authoritative Parenting style which in responsiveness and Demandingness are high, control and demanded are in balance.

Various studies have recorded a significant link between depression and parenting styles characterized by low care and high control (McGinn, Cukor, & Sanderson, 2005; Mezulis, Hyde, & Abramson, 2006). McGinn et al. (2005) found that children exposed to an authoritarian parenting style were more depressed than children who experienced a different style of parenting. Another group of researchers (Radziszewska, Richardson, Dent, & Flay, 1996, cited in McPherson, 2004) found that uninvolved (or neglectful) parenting was associated with the highest level of depressive symptoms among adolescents while the authoritative parenting style was significantly related to lower symptom levels. While some researchers study broad categories of parenting styles, others have operationalized this construct by examining specific behavior dimensions such as care and protection. McFarlane, Bellissimo,
and Norman (1995, cited in McPherson, 2004) found that parental care was negatively associated with depression. That is, the higher the amount of care or warmth displayed parents, the lower the risk of depression. Robertson and Simons (1989, cited in McPherson, 2004) found that adolescents who felt rejected by their parents were more likely to be depressed than those who did not feel rejected. It is believed that parental rejection delays the process of parental attachment in children and reduces their willingness to incorporate parental values and beliefs.

Furthermore, Anli & Karsli (2010) founded relation between perceived parenting style and depressive mood in adolescents. Rinaldi and colleagues (2012) revealed permissive parenting by mothers and authoritarian parenting by fathers significantly predicted children’ externalizing behaviors and authoritative paternal parenting predicted adaptive social behaviors. Milevsky et al. (2007) found that authoritative mothering related to lower depression. Roelofs and colleagues (2006) showed that perceived rearing behaviors of parents (in particular rejection and anxious rearing) consistently accounted for a significant proportion of the variance in internalizing symptoms (e.g., anxiety and depression) and externalizing symptoms (e.g., aggression).

On the other hand, Links between higher parenting stress and concurrent problems in child and parent functioning have been demonstrated among typically developing children. Dehart et al. (2006) showed that mothers who have problematic interactions with their children become overstressed, and their anxious state leads to weak parent-child interaction and can have adverse effects on the children's mood and behavior. Furthermore, stress-reduction techniques in parents may improve their children's behavior. Whaley and colleagues (1999) and Moore and colleagues (2004) founded that anxious mothers were less warm and positive in their interactions with their children, less granting of autonomy, and more critical and catastrophizing. Maternal anxiety status appeared to be the primary predictor of maternal warmth during interactions. Crnic and colleagues (2005) demonstrated that both stressful life events and daily parenting hassles predicted negative affect and problem behaviors in a sample of typically developing preschool aged children over a period of 2 years.

According to what was said, parents play a key role in modifying children’s maladaptive behaviors; hence, it is notable that relieving parental stress—particularly in mothers—as a first step may improve parents' mental health and prepare them to better perform their parental roles. One of the most influential programs to control such behaviors is a parenting “skill training program for stressed mothers”. In this regard, the purpose of this study was to examine whether the beneficial effect of authoritative parenting observed in Euro-American middle-class families in the United States (Maccoby & Martin, 1983; Steinberg et al., 1994) can be generalized to the Iranian cultural context. The following hypotheses were proposed for the effects of parenting style on children' depression in Iran:

1. Parenting skills training could change mothers’ parenting styles.
2. Parenting skills training could decrease mothers’ stress, thereby decreasing their children’s depression levels.

2. Material

2.1. Participants

Two hundred fifty children and their mothers were recruited from among girls in the 4th and 5th grade of a primary school in Tehran. The girls had a mean age of 10.6 years and an age range of 10–11 years. The primary school was randomly selected from 22 districts of Tehran using a multilayered random-selection method. The study began in October 2008 and continued until 2009.

2.2. Procedure

Four hundred mothers of female 4th and 5th graders (including 8 classes in each grade) were invited by letter to take part in the session at school. Two hundred fifty mothers volunteered, and the Parenting Stress Index (PSI) was distributed among them. Only 200 questionnaires were completed fully. Based on the PSI, 80 mothers were categorized as overstressed (with scores of 260 or more). Thirty-eight subjects were randomly chosen and divided into control and experimental groups. All 38 completed the PSI and a parenting skills inventory (Baumrind, 1971). Moreover, all daughters completed the Depression Scale for Children and Adolescents (SDD; Vulic-Prtoric, 2003) before their mothers began the parenting skills training program and after it was completed. Upon completing the questionnaire, participants were debriefed verbally regarding the aims of the study.
2.3. Measures

2.3.1. Parenting Stress Index (PSI; Abidin, 1990, 1995)

The PSI is used for the early identification of dysfunctional parent-child interactions, parental stress, family functioning, and risk for child abuse and neglect and to evaluate child custody decisions. The PSI consists of a 120-item test booklet with an optional 19-item life stress scale and an all-in-one self-scoring answer sheet/profile form. Child characteristics in the full scale include Distractibility/Hyperactivity, Adaptability, Reinforces Parent, Demandingness, Mood, and Acceptability, whereas the parent measures include Competence, Isolation, Attachment, Health, Role Restriction, Depression, and Spouse. It yields 17 scores, including 7 child domain scores, 8 parent domain scores, and a total stress score, plus the optional life stress score. The internal consistency coefficient of the tool was determined by the developers (Abidin and Solice, 1991) in a group of American and Iranian mothers; for the total scale 0.93, 0.86 and 0.94, 0.89 for the child domain and 0.83 for the parent domain, respectively (Dadsetan and et al, 2007).

1. Parenting Skills Inventory (Baumrind, 1971)

This questionnaire evaluates parenting skills (including indulgent, authoritarian and authoritative methods of parenting) and consists of 30 statements. Buri (1991) used the pretest-posttest method to determine reliability, and the results were 0.81 for indulgent parenting, 0.86 for authoritarian, and 78% authoritative parenting. Buri also evaluated internal consistency using Cronbach’s α, with results of 0.75, 0.85 and 0.82 for indulgent, authoritarian and authoritative parenting, respectively.

2.3.3. Depression Scale for Children and Adolescents (SDD; Vulic-Prtoric, 2003)

Depression Scale for Children and Adolescents (SDD) has 26 items related to different depressive symptom (like sadness, insomnia, loss of appetite, interpersonal relationship, etc.) described in DSM-IV. It is designed for children and adolescents aged between 9 and 18 years. Vulic-Prtoric et al (2005) evaluated psychometric properties of SDD. In their study, factor analysis yielded two factors that have also been found in other researches: cognitive symptoms and emotional symptoms of depression. The reliability (internal consistency) of SDD was satisfactory (α=0.895). Furthermore, support was with the obtained for the validity of the SDD: the scale correlated in a theoretically meaningful way with the associated psychological construct, as well as with the results on the measures of some other factors related to depression. The SDD showed to be a reliable and valid self-report measure for screening depression symptoms in children and adolescents. Cronbach’s α for this scale was 0.84 in Iranian children (Janbozorgi & Mostakhdem Hoseini, 2005).

3. Intervention

The intervention consisted of an eight-week parenting skills program led by second-year M.S.W. students trained by the author of the program. The mothers met with the group leaders once a week for eight weeks for a didactic session with practice and role play. Each mother was also given an audiocassette recording of relaxation exercises and was urged to practice daily on her own. The program focused on stress reduction through a combination of relaxation methods and cognitive control. The interventions were selected as described by Bailey et al. (1995).

The post-test was administered at the end of the session. All sessions were conducted using a group interaction format, as well as written and pictorial teaching aids. Each participant used a workbook that presented the program concepts along with the group leader, plus exercises, motivational activities, and numerous case examples using mother models in vignettes that described situations common to the participants’ experience.

4. Data analysis

The results obtained are expressed as mean±SEM (standard error of mean). Analysis of covariance (ANCOVA) was used to test the efficacy of the skills-training program relative to the waitlist control. Specifically, post treatment scores for each dependent measure were examined, statistically controlling for pretreatment score. P-values ≤0.05.
5. Results

Table 1: Descriptive analysis showed that the mothers in experimental group decreased after parenting skills training program. Furthermore, authoritative parenting style increased in mothers of experimental group after training.

Table 2: Stress scale differences before and after the training program

| Source                       | SS     | df | MS     | F      |
|------------------------------|--------|----|--------|--------|
| Pretest                      | 2461.61| 1  | 2461.61| 8.63***|
| Group                        | 8935.46| 1  | 8935.46| 31.33***|
| Error                        | 9981.54| 35 | 285.18 |        |

* p< N.S, ** p<0.05, *** p<0.01

As Table 2, ANCOVA showed that parents in the experimental group had significantly decreased stress after the skills training program

Table 3: Differences in mothers’ stress and its effect on children’s depression levels before and after the training program

| Source                       | SS     | df | MS     | F      |
|------------------------------|--------|----|--------|--------|
| Pretest                      | 472.835| 1  | 472.835| 21.896***|
| Group                        | 122.333| 1  | 122.333| 5.665**|
| Error                        | 734.228| 34 | 21.595 |        |

* p< N.S, ** p<0.05, *** p<0.01

As Table 3 shows, parenting skills training program for mothers can decrease their children’s depression levels.

Table 4: Differences in parenting styles before and after the training program

| Source                        | SS     | df | MS     | F      |
|-------------------------------|--------|----|--------|--------|
| Indulgent parenting           | 130.854| 1  | 130.854| 8.500***|
| Group                         | 48.538 | 1  | 48.538 | 3.153 *|
| Error                         | 538.830| 35 | 15.395 |        |
| Authoritarian parenting       | 238.420| 1  | 238.420| 9.787***|
| Group                         | 0.001  | 1  | 0.001  | 0.000 *|
| Error                         | 852.633| 35 | 24.361 |        |
| Authoritative parenting       | 13.916 | 1  | 13.916 | .528 *|
| Group                         | 110.083| 1  | 110.083| 4.180**|
| Error                         | 922.46 | 35 | 26.356 |        |

* p< N.S, ** p<0.05, *** p<0.01

As Table 4 shows, parenting skills training could signify in mothers with authoritative parenting styles.
6. Discussion

Results show that parenting skills training in mothers can increase authoritative parenting style, and decrease stress of mothers and their children’s depression levels. In the present study, the small sample size and the brief period between the pretest and the post test may have made demonstrating substantial changes more difficult, especially in terms of effecting measurable changes in overall stress levels and coping styles over an eight-week period. Despite these limitations, noteworthy benefits were demonstrated. We observed that learning parenting skills could significantly decrease the participants’ (mothers’) stress levels. This suggests that stress management and relaxation for mothers may have the effect of decreasing their children’s depression. This is in line with the focus of the stress-management program (Lazarus and Folkman, 1984) which emphasized cognitive control concepts and techniques.

Our study is consistent with several studies such as, McGillicuddy et al. (2001) reported that a parenting-skills training program resulted in significant improvements in parental coping skills in the experimental group, compared with waitlist controls. Anli & Karsli (2010); Milevsky et al. (2007); Radziszewska, Richardson, Dent, & Flay, (1996, cited in McPherson, 2004) showed that children and adolescents with more authoritative parents had lower depression.

Many studies such as McGinn, Cukor, & Sanderson (2005); Mezulis, Hyde, & Abramson (2006) showed that different aspects of parenting lead to various levels of depression. According to this, mothers who use a more authoritative method experience more positive interactions with their children and have children with lower depression. Furthermore, research has established a strong link between stress and child internalizing and externalizing symptoms (Grant, et al., 2003). Also, Roelofs and colleagues (2006) suggested that perceived rejection and anxious rearing behaviors of parent consistently predict anxiety and depression in children. There for, stressed mothers produce depression in own children.

Many developmental psychologists would agree that maternal cognitions play an important role in parenting and child development (Conrad et al., 1992; Damast et al., 1996; Fewell and Wheeden, 1998; Holden, 1995; Sigel & Kim, 1996; Sigel and McGillicuddy-DeLisi, 2002). Therefore, it seems necessary to design psychological interventions to enhance parents’ awareness of their responsibilities toward their children. It is hypothesized that maternal knowledge about child development influences the ways that mothers interpret their children’s behavior and how they interact with their children (Cote and Bornstein, 2001). Mothers who are knowledgeable about child development are more likely to create an environment that is appropriate to their children’s development and/or more likely to interact with their children in more sensitive ways, which in turn supports their children’s social and cognitive development (Goodnow, 1988). In contrast, mothers who have unrealistic expectations about child development or a limited repertoire for effectively interacting with their children may use more ineffective parenting strategies, such as harsh and inconsistent discipline, thus setting the stage for less optimal child development (Dukewich et al., 1996). Although numerous studies suggest that maternal knowledge is a significant component of high-quality parenting, several limitations of this literature remain to be addressed. First, not all studies support the hypothesis that maternal knowledge promotes a high quality of parenting. Some studies show no significant relationship between maternal knowledge and parenting, especially those that focus on predominantly white, well-educated, and middle-class mothers (Conrad et al., 1992; Myers, 1982).

In conclusion, these findings suggest that parental discipline styles characterized by harsh, punitive, or inconsistent discipline and high stress levels are associated with increased anxiety and depression. Care and control in parenting explained a small proportion of the variance, but discipline style was the only significant predictor, suggesting the need for a shift in research focus.

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