

# 7<sup>th</sup> INTERNATIONAL CONGRESS OF CLINICAL AND HEALTH PSYCHOLOGY IN CHILDREN AND ADOLESCENTS

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ONLINE

## Efectividad de un protocolo clínico en parentalidad a través de internet frente a la intervención presencial en talleres grupales

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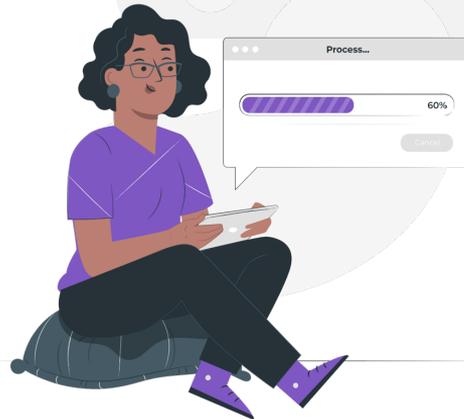
Referencias: AEI/10.13039/501100011033 // UAL18-HUM-D017-B1



## Specific objectives

1

To evaluate and compare the effectiveness of a web-based and group (face to face) third-wave therapy based-parenting program.





## Design

Non-randomized controlled trial (N: NCT04267523)

Pre – Post assessment

2 independent groups with active treatment

## Participants

58 participants

70.1% are female

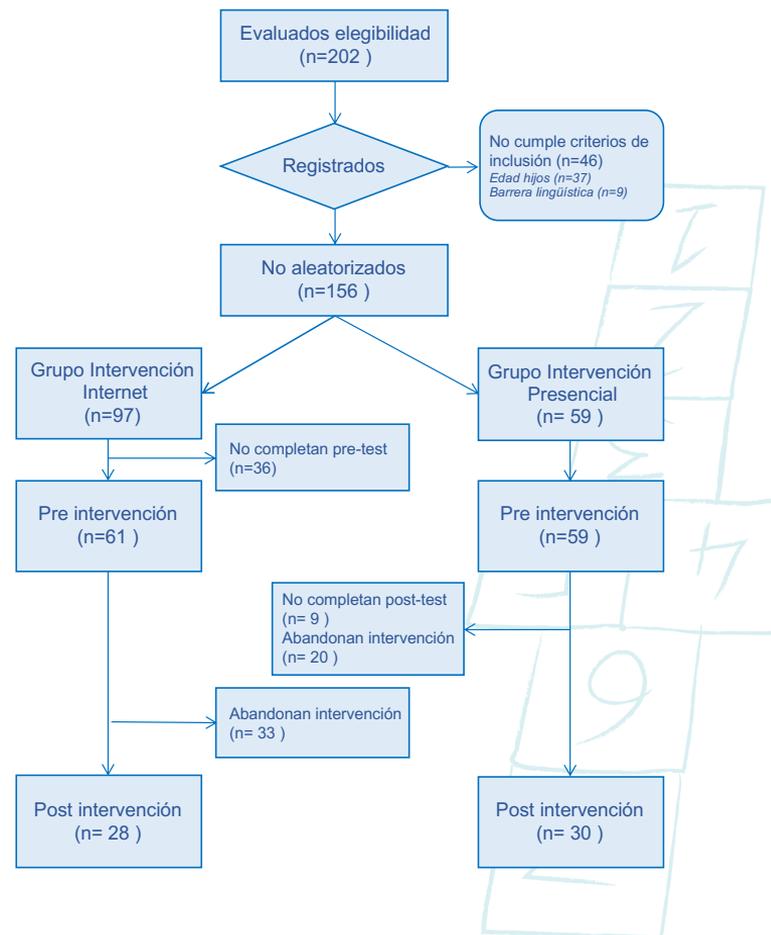
73.68% are married

Mean age 42.2 years (SD=6.32)

Children's mean age 8.18 years old (SD= 4.45)

60.7% male

39.7% of children have a clinical diagnosis.





## Participants

### Web-based parenting intervention

28 participants

Mean age 41.8 years (SD=5.55)

60.71% are female

64.29% are married

82.14% superior studies \*

Children's mean age 7.68 years old (SD= 4.43)

58% male

34.78% of children have a clinical diagnosis.

ASD – 37.5%      ADHD -25%

SLI – 12.5%      Medical – 25%

### Face to face group parenting intervention

30 participants

Mean age 42.7 years (SD= 7.02)

80% are female

80% are married

50% superior studies \*

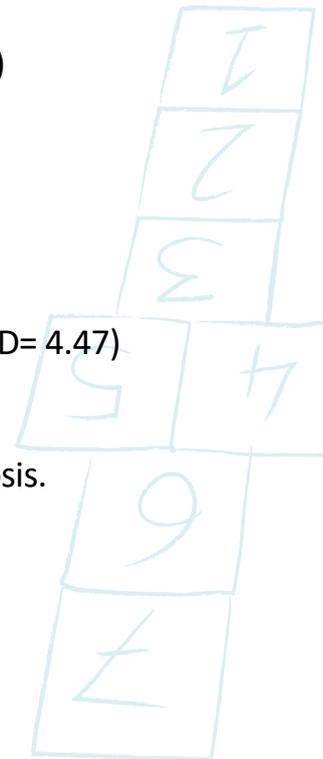
Children's mean age 8.66 years old (SD= 4.47)

46% male

50% of children have a clinical diagnosis.

ASD – 40%      ADHD -46.57%

SLI – 6.67%      Medical – 6.67%



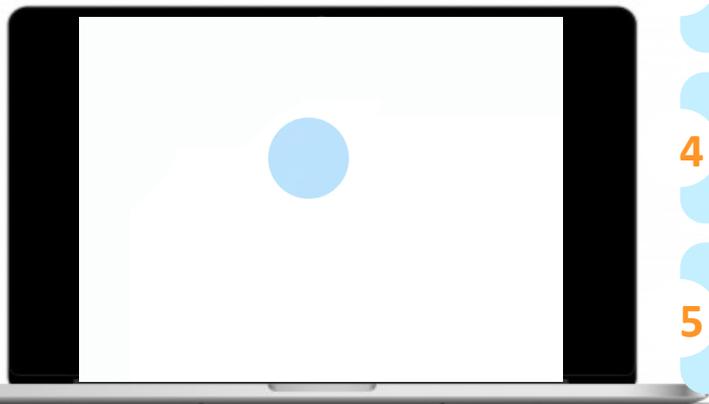
\* Statistically significant differences



## Research Method



### Clinical Protocol

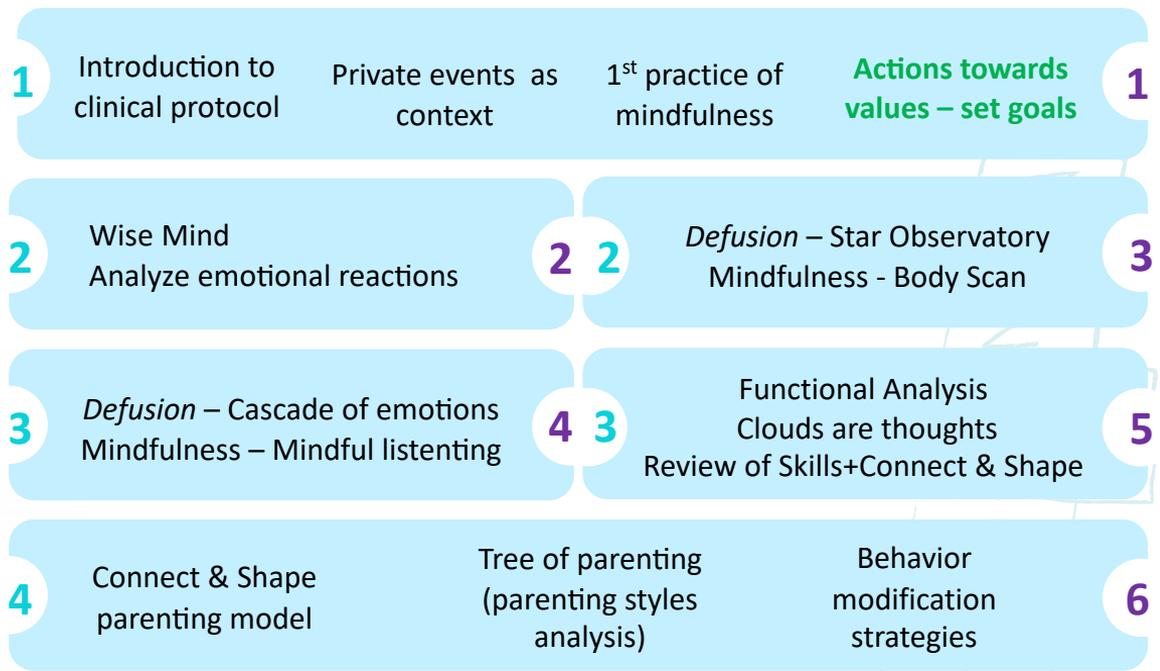


- 1 Fostering **full awareness and attention** to the present moment, both parents' private events and in their children's relationships.
- 2 The use of verbal regulation strategies based on **acceptance**.
- 3 Increasing **perspective taking** of self thoughts, emotion or sensations.
- 4 Providing an **emotional validation** environment in relation to parenting and one-self.
- 5 Providing behavioral activation in actions towards **parents' values**.



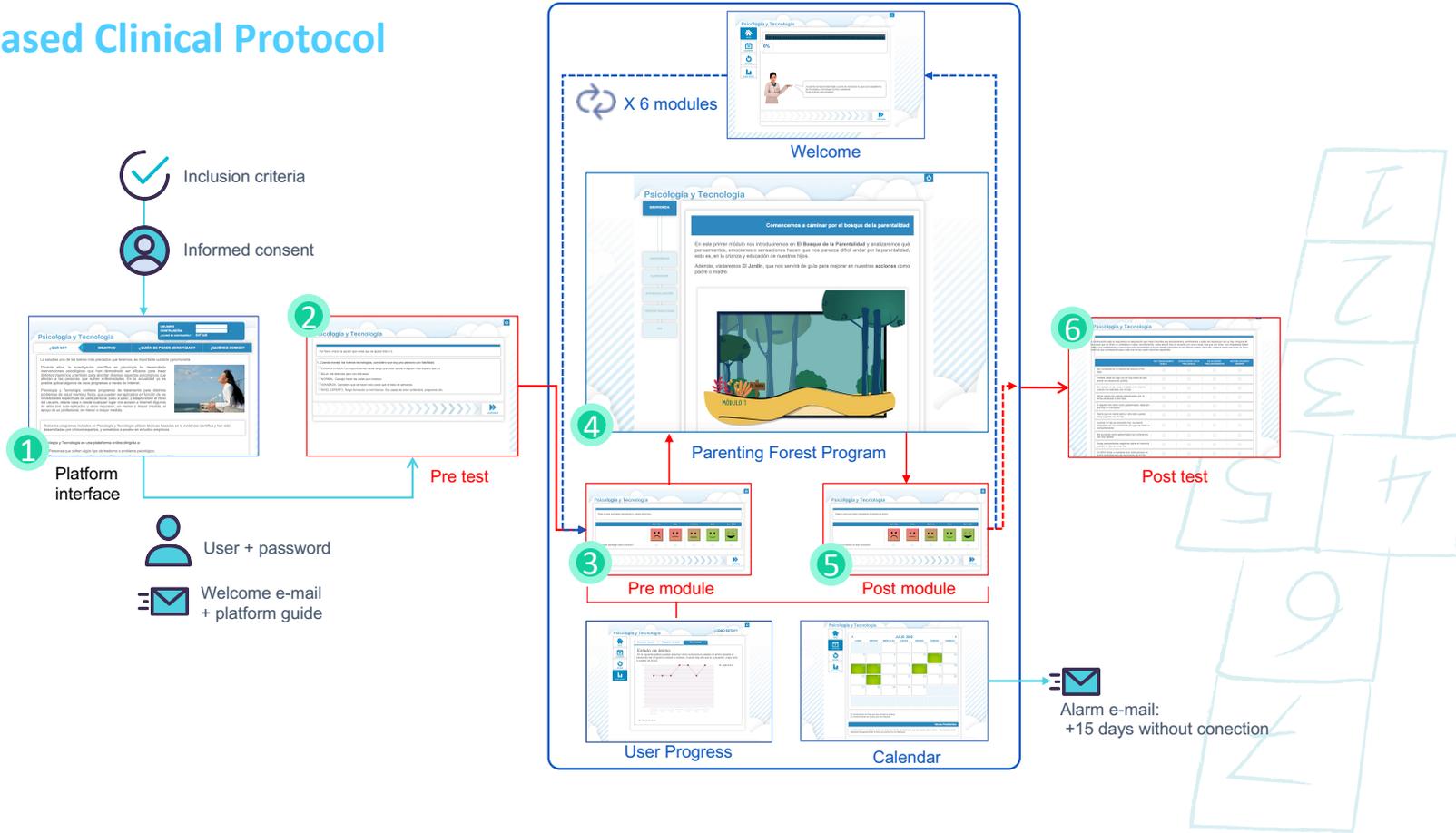
# Research Method

## Clinical Protocol





# Web-Based Clinical Protocol



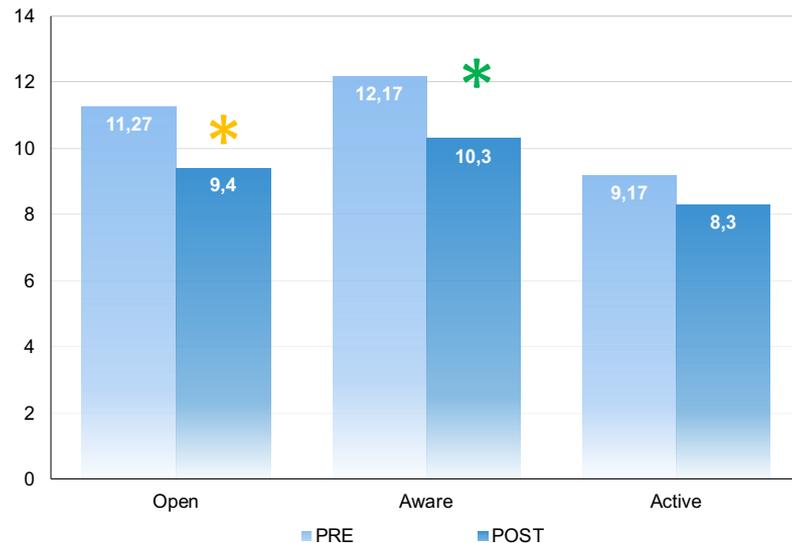
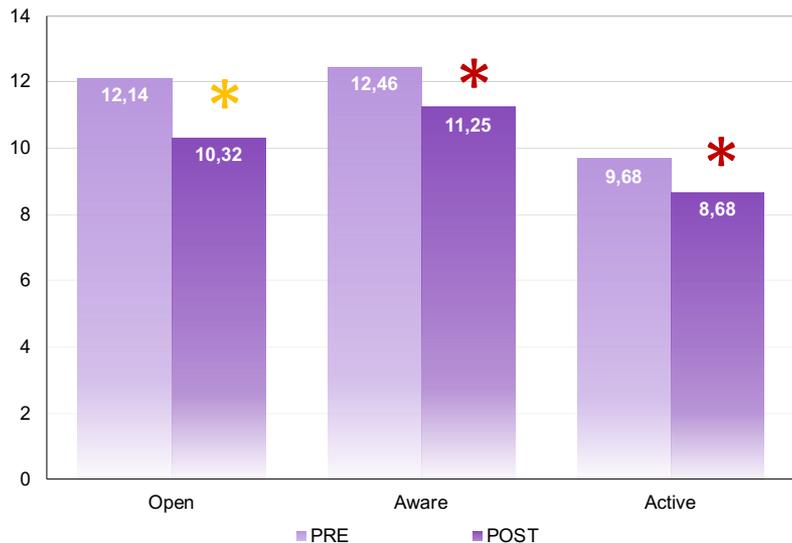


## Results 6-PAQ

Web-based parenting intervention

Face to face group parenting intervention

ANOVA: No statistically significant differences between groups



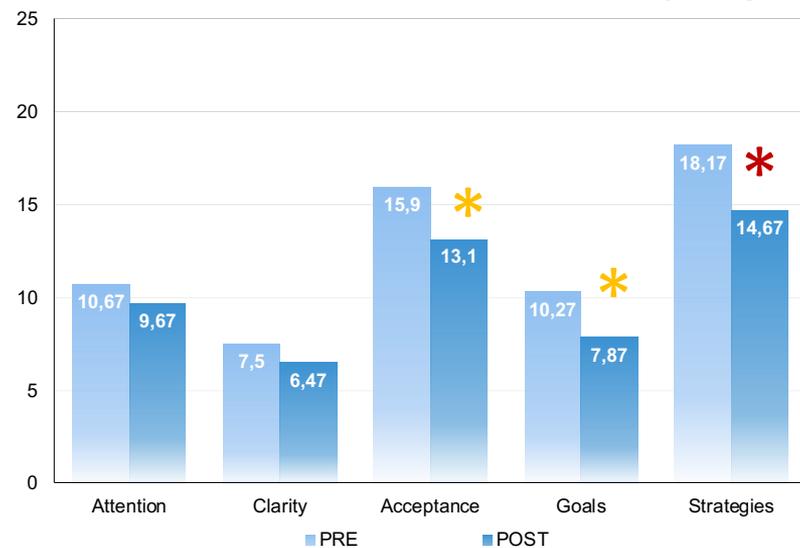
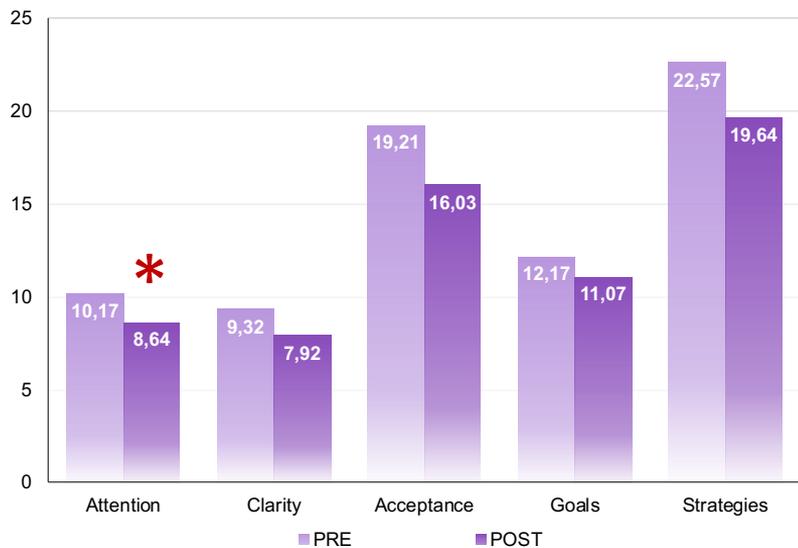


## Results DERS

Web-based parenting intervention

Face to face group parenting intervention

ANOVA: No statistically significant differences between groups

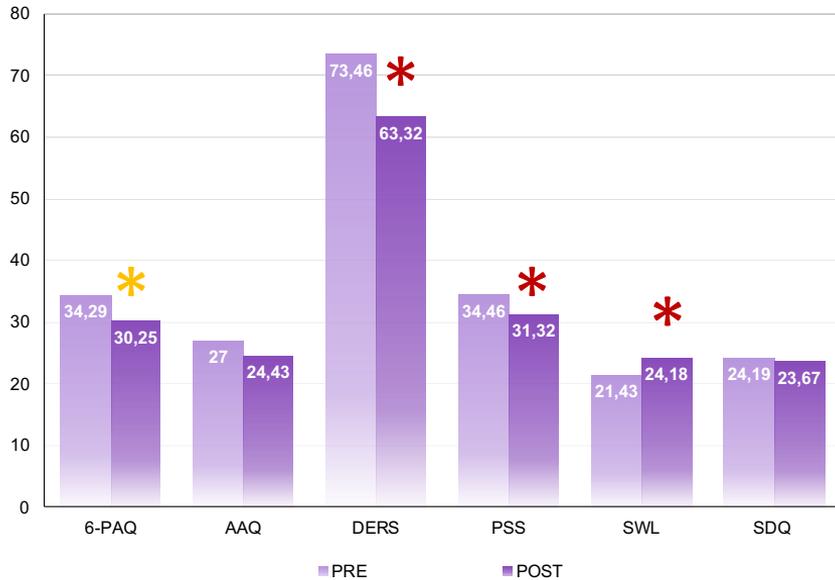




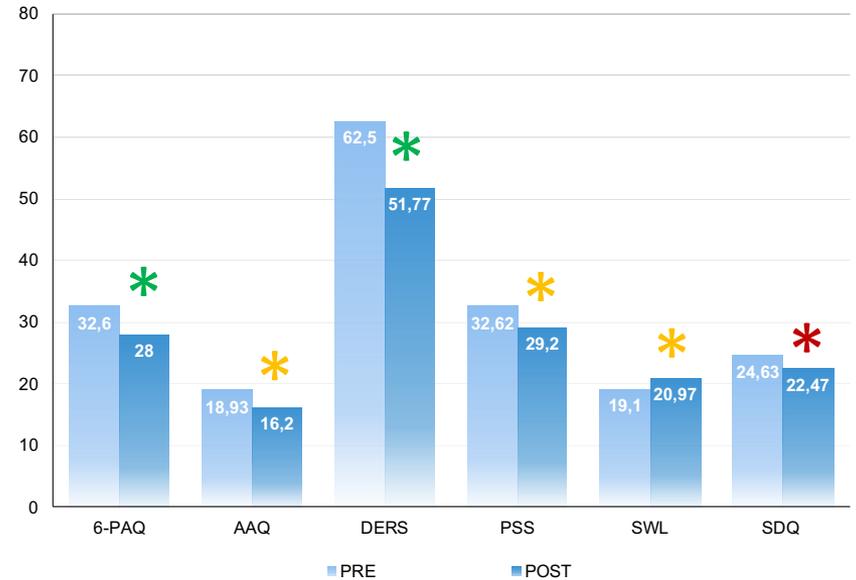
## Results Outcome scores

### Web-based parenting intervention

ANOVA: No statistically significant differences between groups



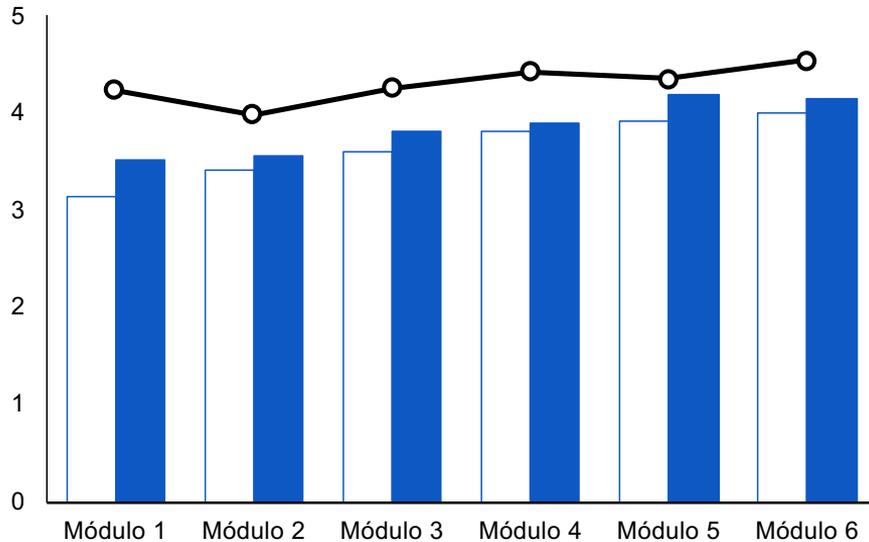
### Face to face group parenting intervention



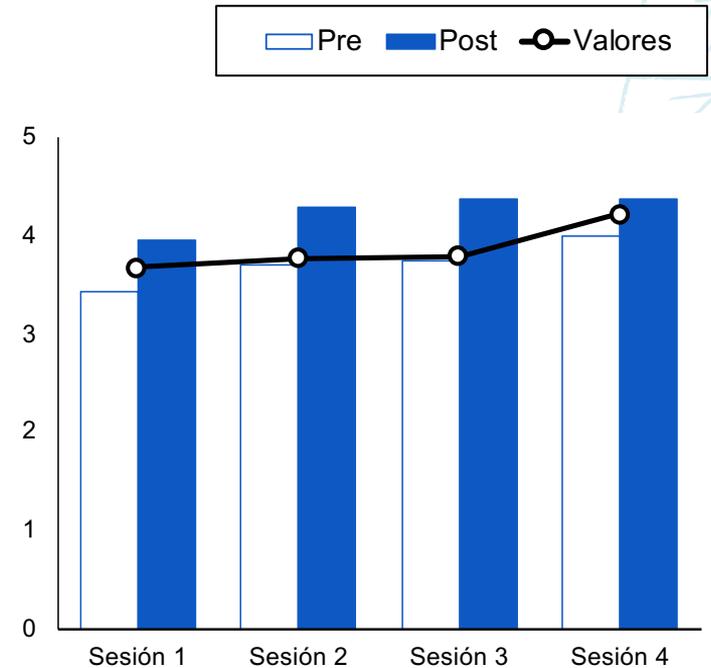


## Results Process mood

### Web-based parenting intervention



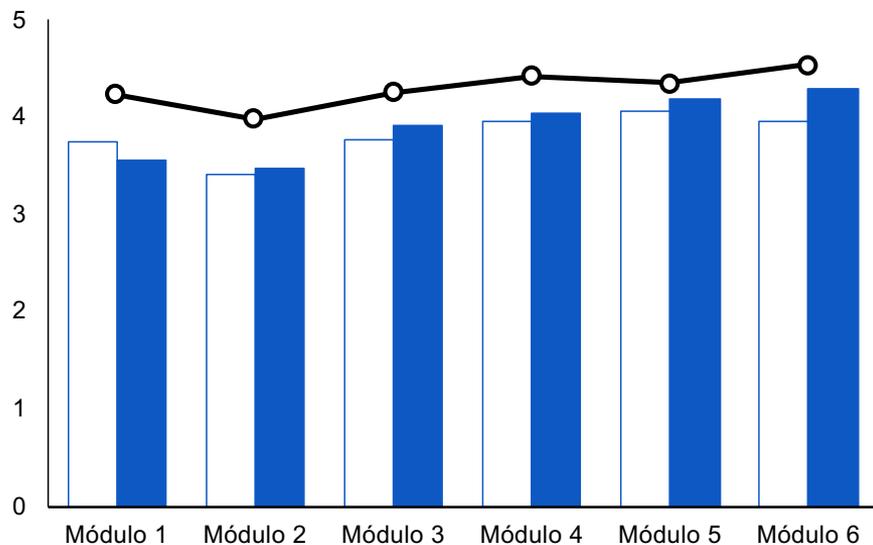
### Face to face group parenting intervention



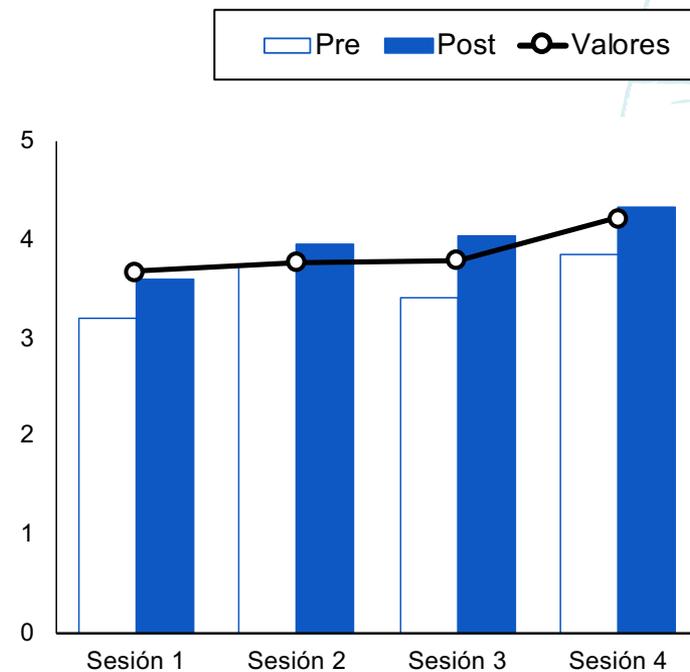


## Results Process coping

### Web-based parenting intervention



### Face to face group parenting intervention





## Conclusions

- ✓ The clinical protocol “The Forest of Parenting” has shown to be effective to the improvement of parental psychological flexibility, emotion regulation and satisfaction with life.
- ✓ Web-based parenting intervention obtain lower effect size than face to face group parenting intervention. Although both formats are effective, face to face intervention is more powerful.
- ✓ The intervention protocol (online + group) improves parental psychological flexibility, emotional regulation and parental stress in both ...
- ✓ No statistically significant differences were found between groups.
- ✓ Process measures show an upward trend in coping, mood and values-directed actions.
- ✓ Lack of treatment adherence: The dropout rates are between 45-50% of parents.

